New York State Journal of Medicine

Published by the
MEDICAL SOCIETY
of the STATE of NEW YORK



Volume 47

Part 1

JANUARY 1-JUNE 15, 1947

(Pages 1-1438)

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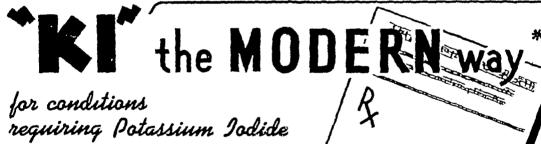
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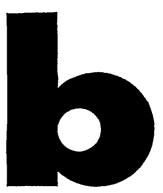
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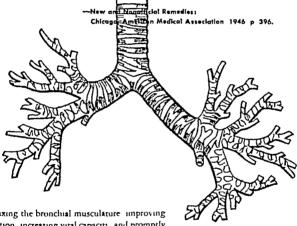
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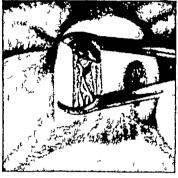
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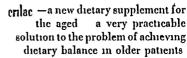
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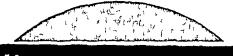
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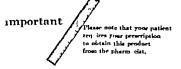
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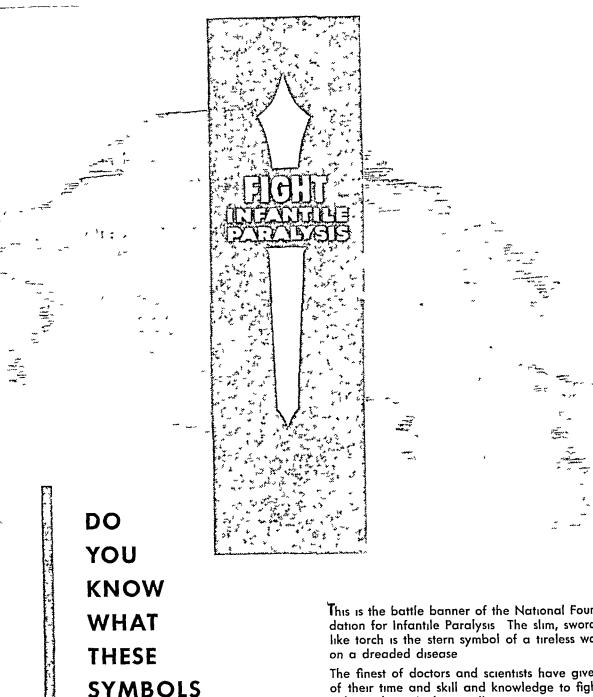
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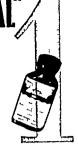
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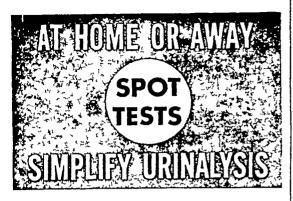


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FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

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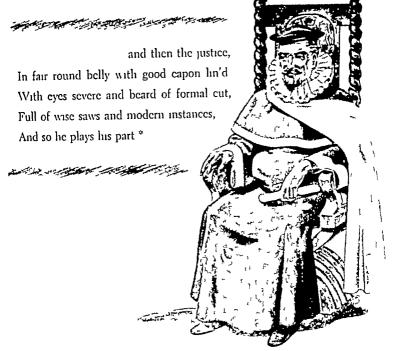
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Accepted for advertising in the Journal of the A M.A

WRITE FOR DESCRIPTIVE LITERATURE



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Soper Horace W., M.D. Phenolphthalem American Journal of Digestive Diseases p. 297.—July 1938

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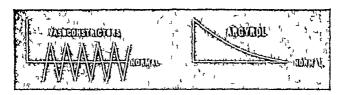
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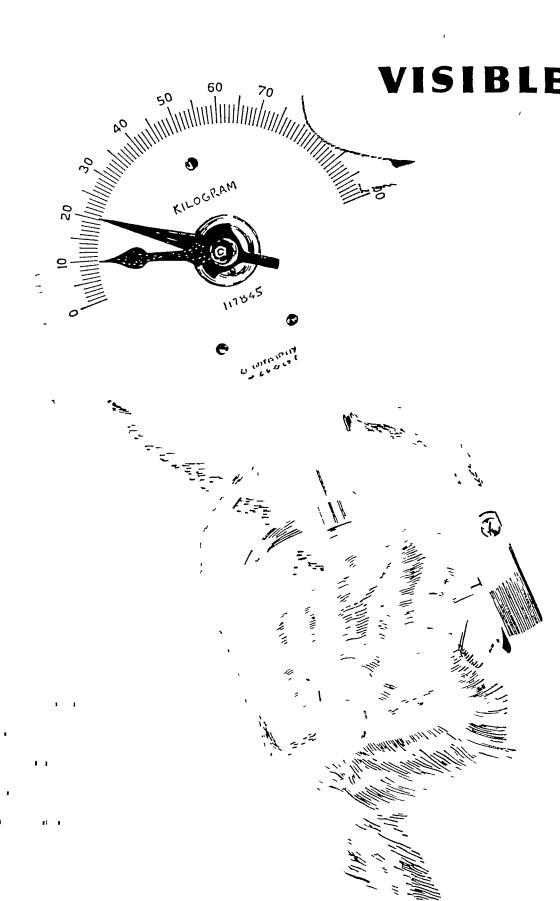
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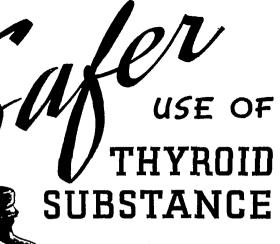
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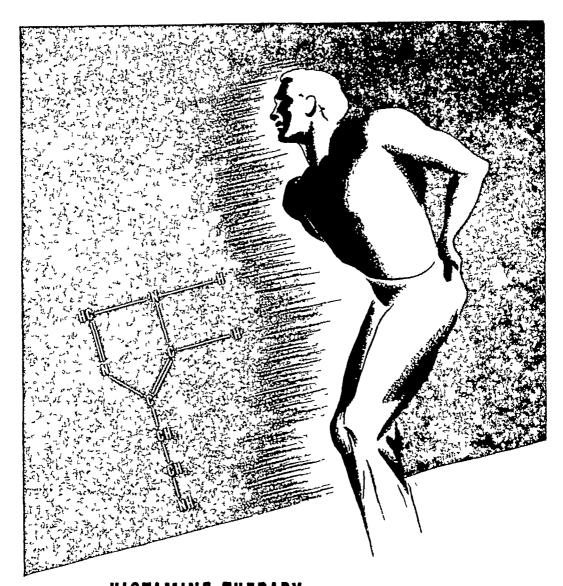
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Endocrinology VXXI, p. 567 1943.
 Am. J Physiol. CXXXV p. 474,
 Brit. Med. J 1 p. 245, 1943.
 J Nutrition, VII p. 547 1934.
 J.A.M.A. CXXIII, p. 1049 1943



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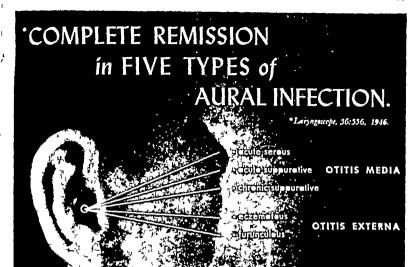
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In all cases one balf dropperful was applied to the infected lesions two to four times daily

Annols of Allergy 4:33,1946. Arch.Ololoryngol., 43,605,1946. New Eng. J. Med.,

New Eng. J Med., 234:468,1946. Ohio Stote J Med.,

42,600,1946, J. Maine M. Assoc, 37 181 1946, Literature describing the uses of Glycrite of Hydrogen Peroxide in chronic purulent otisis media and in talend infections of the skin and of unious membranes will be sunt to physicians on request

Available on prescription in one-onnce bottles with dropper

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TO A WIDE VARIETY OF FOODS

oped He distinguishes between sweet and sour, bitter and bland, as indicated by grimaces and refusal to take food which is bitter or sour. But individualized taste develops rapidly with growth and experience. There are far-reaching advantages in providing a widely varied diet at a very early age. The diversity will accustom the infant to a wide range of taste, he will learn to enjoy the variety of foods essential to optimal growth and development, aversion to strange foods, so often developed when first introduced at a later date, is thus largely avoided.

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*Tyrothricin acts swiftly to destroy bacteria when applied locally Antibacterial effects of penicillin are not marked until two hours after topical application

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Supplied in 1-ounce bottles with dropper assembly

Sharp & Dohme, Philadelphia 1 Pa





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- 2 Removes excess sebum as well as other fatty materials and loosens epithelial debris
- 3 Seems to lessen formation of new comedones and facilitates removal of those that do form
- 4 The acidity of Acidolate (pH 6 25) approximates that of normal skin and does not change the protective action of sweat
- 5 Renders the skin receptive to the action of prescribed therapeutic agents.
- 6 Insures the patient's cooperation because of early favorable response to the "Acidolate Massage cleansing technique,
- 7 Contains no alkalis no irritating fatty acids of low molecular weight and no allergenic substances
- 8 Water miscible, Acidolate rinses off readily with hot or cold hard or soft water



Printed instruction sheets for use of Acidolate by some vulgaris patients available to physicians on request

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Supplied in 8 oz and gallon bortles

1 Swartz J H and Blank I H J A M A 125 30 (May 6) 1944



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TIME does not affect

AZODRINE

(epinephrine | 100)

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A fresh solution always available by simply adding a NEBUTAB to the prepared diluent

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Available — In packages of one and three vials,
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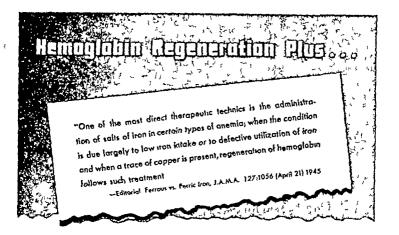
Perhaps you prefer to make your own test. Many doctors do There is no better way to prove to your own satisfaction the superiority of PHILIP MORRIS

* Laryngoscope, Feb 1935, Vol XLV No 2, 149 154
 Laryngoscope, Jan 1937, Vol XLVII, No 1, 58 60



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However, rapid return of the feeling of well-being would not so generally follow administration of Licuran B if it did not provide, in addition to the proper ratio of copper and iron, correction of the B-vitamin deficiency which so frequently complicates hypochromic anemia

The ratio of copper to Iron in Licuron B assures efficient utilization of the Iron. The incidence of gastrointestinal reactions, often seen in iron therapy, is reduced because it is possible to give less iron and still get a more rapid regeneration of hemoglabin. During administration of Licuron-B the level of general health often rises as dramatically as does the level of hemoglabin. The grateful patient is enjoying improved nutrition occasioned by the liver B-vitamins and crystalline thiamine, riboflavin and niacinamide in Licuron B

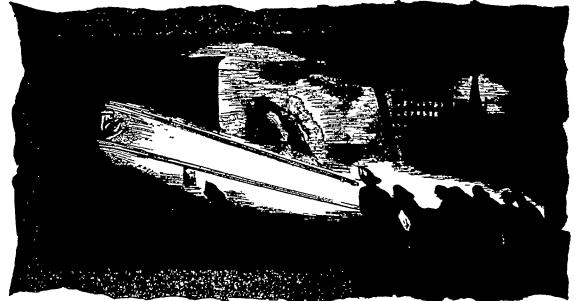


Small, easy-to-take Licuron-B tablets are supplied in bottles of 100 500 and 1000 Literature and sample on request. Wisconsk Alumni Research Foundation—U S. Pat. No. 1,877,237 LAKESIDE LABORATORIES, DNC., Milwoukee 1 Wisconsia.









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VOLUME 47

JANUARY 1 1947

NUMBER 1

Editorial

Much Needed Information

The Council on Medical Service of the American Medical Association is to be con gratulated on the excellence of its newly issued compilation "Voluntary Health In surance vs. Compulsory Sickness Insurance" The booklet of 124 pages contains twenty four articles from various sources and an introduction by Edward J McCornick, M D, Chairman of the Council, and constitutes a landy reference work for writers, speakers, and debaters, as well as for the information of the doctors and the public in general We quote from the introduction

If the answer to whatever medical problems may exist cannot be given by the 90 per cent of physicians whose opinions are generalized in this work, there can be no logical answer We expect engineers, lawyers, ministers, and architects to guide us when national problems in their respec-We follow our tive fields confront the Nation great military and naval leaders when our country is threatened by other nations. This is as it should be. Trained men should guide us in their particular fields Who would desire to have his house built by a doctor or lawyer? Who would choose as his architect a soldier or minister? Who would feel safe in a court of law represented by a social worker, a politician, or an engineer?

The medical profession is opposed to communism socialism, collectivism, and compulsion in any field of endeavor in America and especially in the medical field. There is no selfialness in our stand. We desire better living conditions and in creased opportunity for all. We recognize the fact that medical progress must cease and that sickness and mortality will increase under any government program of compulsory health insurance. We do not desire the promised increase in medical incomes under government control.

It is the hope of the Council on Medical Service of the American Medical Association that the material herein assembled will give to those who peruso it a few of the reasons for the desire of all physicians to remain free men and free women As we have contributed during war and disaster, so we now desire to contribute in peace to the wel fare of all and to the preservation of Democracy

We hope that this booklet will be read thoroughly by doctors and the public alike. The importance of the subject is great. Sooner or later the public will have to decide which path it will travel The final decision should be based on the fullest possible information—not propaganda. Therefore, such a compilation of source material from widely scattered publications, all authoritative, and issuing from a responsible Council

of the American Medical Association is a valuable step in the right direction

Along the same lines, the Medical Society of the State of New York, through its Bureau of Public Relations, has prepared and will shortly issue a handbook in the form of questions and answers on the subject of sickness insurance, entitled "Check and Double Check," by Mr J Weston Walsh, a school teacher of Portland, Maine Mr Walsh discusses the question of voluntary health insurance vs compulsory sickness insurance, giving what he thinks are the outstanding points in the controversy, from the standpoint of a plain American citizen, just as they impressed him in the course of his own work on the handbook.

Mr Walsh was asked to do the job because this question will ultimately be decided in the forum of public opinion. He is thinking here of what would happen to him under compulsory sickness insurance. As an average citizen, he does not like it Legislators already know the doctors do not like it. Here is the evidence that the J. Weston Walshes of the country do not like it either.

It is hoped this subject will be approached

in the spirit of inquiry, which is Mr Walsh's attitude, before opinions are formed on so important a matter as how to obtain medical care Hence, the title, "Check and Double Check"

Free of large masses of statistics, and written in a colloquial style, the author's aim is simplification without distortion. This painstaking work is offered for use as a speaker's handbook. For this purpose, a ready-reference index is provided. The pamphlet is intended for editorial writers, radio commentators, ministers, teachers, lawyers, and members of Chambers of Commerce, Parent-Teachers' Associations, Women's Clubs, labor unions and Granges, as well as doctors called upon to speak on the subject

Copies of the American Medical Association's pamphlet may be had by writing to the Council on Medical Service, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois

Those desiring copies of "Check and Double Check," may obtain them by writing to the Bureau of Public Relations, Medical Society of the State of New York, 292 Madison Avenue, New York 17, New York

A New World for the Doctor

The citizen-doctor of this part of the postwar world, if he can find a place to work, obtain an automobile and the equipment he needs to furnish his office, can probably make out as well here as any citizen-doctor ever has, and far better than his colleagues in many foreign lands. At least he still has the opportunity to exercise his resourcefulness in a competitive and relatively free society. So much for his own work and opportunity in his small orbit.

As a doctor, he has increasingly available scientific information of great variety and accuracy to put to use for his patients' benefit, thanks to the research of many people in many fields. Of his medical knowledge and material he can be reasonably certain. There he is on sure ground.

As a citizen, he is, in all likelihood, befuddled by the maze of extraordinary events in which he is living, the astounding, sinuous, and expanding use of propaganda to persuade him to believe he thinks this or that, and the clever stage management which is calculated to provide an illusion of reality for many situations, acts, and attitudes of the grossest absurdity. As a citizen, he must feel that he is being given the run-around, for, on the other hand, the realities, not the stage-managed illusions, often prove to be more preposterous and grotesque than they can be made to appear by any device

Actually, the modern citizen appears to be the victim of his own "improvements" His improved communications systems, for example, have swamped him by their number and excellence, his still somewhat medieval personal biologic equipment does not necessarily qualify him even with benefit of improved education to cope understandingly with the complex and allegedly improved social, economic, and political situations of

which his improved communications make He is not on sure ground as a him aware edizen

But every doctor-citizen is also a taxpayer About this there is a profound simplicity that invites comprehension All the doctorcitizen has to do is to apply himself and his scientific information and material gainfully and he will have the wherewithal to pay his taxes both direct and indirect. A refresh ingly simple thought in a complex world Expensive simplicity

As a doctor-citizen taxpayer what sort of a postwar world may be expect in which to exercise his art of medicine in order to pay his taxes? Says the New England Journal

of Medicine 1

The postwar world, to date, has been a world of mutual distrust, jealousy, and suspicion It has been a world of unrest, of strife of disharmony, of violence, of muscle-bulging We are learning again, as we have learned before and forgotten

that alliance in a common cause does not mean even temporary friendship The emotional factor of good will is a personal, not a group, phenomenon, and rarely is the moral discipline of the individual sufficient to place good will above im mediate self interest

The Four Freedoms, around which the allied nations rallied in the dark war days, have been kicked into a cocked but by some of their adher ents and allowed to remain there by the rest

Palestine, which gave us one of our early ex amples of man's violent reactions to a policy of good will toward man still furnishes us with illustrations of violent reactions

Our domestic problems we will no doubt stag ger along with and settle in the usual bivalent democratic fashion-partly right and partly wrong So far as our foreign relations are con cerned, Brooks Atkinson, the able New York Times correspondent recently returned from Russia, has given probably the best picture of the working policy toward its neighbors of the bear that walks erect It might be phrased in the words to his skipper of the mate of the whaler Mozambique "All I wants from you is ccevility and d little of that "

The Submariner

We quote from an article entitled "The Mental Health of Submariners, with Special Reference to 71 Cases examined Psychiatrically "In attempting to explain the break downs that occurred when the submariner hit the beach, "A commonly held theory that 'lack of an escape route' in submarine service 15 rejected, it was found that in such cases breakdown is merely postponed until there is an escape route "

We agree with Surg Lt McHarg' but we think his standards are too high mariners, he concedes, do not break down on duty because they have no escape route Confronted with a situation about which there can be no possible argument they make the best of it. We are reminded of the remark of the veteran foretop man when he read Nelson's famous signal "England expects every man to do his duty" "What does the b think we are going to do?"

When he gets ashore and has an escape route, he breaks down And who is there

with a standard high enough to blame him? Confronted with a given situation there are three things that you can do with it, change it, or commit suicide submariner cannot change it, there is no sense in suicide because he is probably going to be killed anyway, so he puts up with it

Except in our more pessimistic moments. we hesitate to compare ordinary life with that of a submariner We have never lived the life of a submariner, therefore, we deem it terrifying and unlivable But is it? He lives in a fairly stable temperature If there is such a thing as an ideal communal community, his is it The life of every man on board is in the keeping of every other gets food, clothing, the roof over his head from a paternal government. In wartime he is sustained spiritually twenty-four hours a day by the consciousness that he is engaged in a holy cause—the extermination of the enemies of mankind. And he never has a nervous breakdown until he gets ashore. Why not? Because he can't afford to

"Because he can't afford to" is perhaps a rather brutal way of stating his predicament

¹ Vol. 235, No 9 Aug. 29 1946, p 310

¹ McHarg James F: Jour Ment. Sc 92: 343 (April)

If he performs his task, no matter how humble it may be, he has the supreme satisfaction of being an integral, essential part of his community. By the simple turning of a valve, he has saved the lives of the ship's company just as surely as did the captain who ordered the dive. That is the almost perfect state. With few exceptions the reason anyone has a nervous breakdown is because he is thinking of himself first and his duty second.

When he gets ashore and feels the solid earth under his feet, what confronts him? A wife who may have been unfaithful? Probably not, because she had no misgivings Yes, we know that submarines about him sometimes touch at foreign bases, but we are painting in broad simple strokes Another mouth to feed? Very likely A housing shortage? Certainly Higher prices? Yes A country and production paralyzed by selfish minorities and unprotected by a government shamelessly political The very world menaced by the atomic bomb—the invention of man himself Is it any wonder that a submariner promptly has a nervous breakdown? He can afford to The essential tensions of his existence are relaxed the leisure, for the first time in weeks, or months, to think about how he feels common with the great majority of human beings—the fools—he expects to feel well Why should he? Issuing naked from his cellular existence, confronted by some of the

conditions we have mentioned, he doesn't feel at all well. The conditions are not of his making and he has no control over them And, presently, he falls panting and exhausted upon the warm bosom of the Veterans Administration

How would it be if all of us pretended we were submariners? Thousands of men have elected to be mariners because they liked the life. Conrad and McFee, for example, elected to live in a microcosm because they felt they had a chance, not necessarily of dominating it, but of living in it—happily

We do not pretend to be an authority on psychiatry, but the Church has had a good deal of experience with it. As the Prayer Book says in "My duty toward my Neighbor," "and to learn and labor truly to earn mine own living, and to do my duty in that state of life unto which it has pleased God to call me"

Dear, dear, what have we stumbled on? Life in a submarine means making the best of it from day to day. Why don't we all try it? The submariner doesn't break down because he has no escape until he steps ashore. Well, we all of us have just as much of an escape as he has—death. His term of duty may be shorter and his chances of death greater. But the civilian risks death every time he crosses the street. Suppose we think over the comparison. And delay just another day before resorting to our particular, individual escape mechanism.

Current Editorial Comment

Resignation of Dr Rogers.—Dr Edward S Rogers has resigned as Assistant Commissioner of Health, as noted in our Medical News column His departure is acknowledged with many regrets by those who have been associated with him in developing the close relationships between the State Department and certain activities in the State Society

The Public and Penicilin Opportunely, we think, the Council of Pharmacy and Chemistry of the American Medical Association makes available to physicians

1 J.A M.A 131 1423 (Aug 24) 1948

facts about the use of penicillin and invites inquiries about other drugs and therapeutic agents. The Council takes note of the fact that unwarranted fears have been created in the minds of the public "concerning the value of penicillin and other new remedies," by some recent articles in "periodicals of wide circulation," which articles, unfortunately, the Journal of the American Medical Association says, are factually incorrect Doubts and fears in the minds of patients concerning the therapy which they receive may prevent "the fullest realization of benefits from treatment"

This, in our view, is a very restrained statement. It does not take into account the

further distortions, misinterpretations, amplifications of possibly originally slight misstatements of fact which occur by word of mouth and are passed on for distribution and additional amplification Often the original source is forgotten or mushaid, or wrongly remembered, or is of no apparent consequence to the loudspeakers of the human communications system which is concerned principally with volume of word traffic and the devil take the hindermost even if informed as to the facts, can never hope to cope with this verbal traffic problem, but that certainly is no excuse for not doing what they can, when they have the opportunity to get in a word edgewise, and the Council by briefing the doctors performs a most hudable service. Of the periodicals the Council save

Physicians should be in a position to give their patients the facts concerning penicillin and to allay any doubts or fears created by these publications. Briefly, the facts concerning the latest developments in penicillin therapy are as follows.

1 Commercial penicillin has consisted of varying mixtures of one or more of the five known fractions F, G, Y, K and dihydro F

2 Penicillin K is apparently rapidly destroyed or eliminated in the body, and therapeutic levels are not achieved or maintained in the body fluids following ordinary doses

3 Commercial penicillin now available is predominantly penicillin G, which is known to be effective although some of the penicillin produced for a few months in 1945 may have had relatively less G and more K than previous or subsequent batches

4 As far as facts are available, penicillus F and X are as active clinically as penicillus G Further research will be necessary to define

their usefulness with preciseness

5 Since precise methods are not available for the routine determination of the quantities of each fraction in each batch of penicillin the National Research Council has recommended increased desage of penicillin as a safety precaution, particularly in the treatment of syphilis, in which the end result of therapy cannot be evaluated for a long time

6 Although bacteria have been made restant to penicillin in the test tube, development of clinical reastance has not become a problem. Such an eventuality may be provented, in part, by giving adequate and not

minimum doses of penicilin

7 All penicillin and penicillin pharmaceu ticals currently on the market have been ex ammed and cortified as to safety and efficacy by the United States Food and Drug Administration

8 It is possible that natural or synthetic variations of the penicilin molecule will result in the development of a clinically better penicillin. None better than penicillin G is now available.

While it is realised that the rapid develop ments now being made in therapeutics make it increasingly difficult for busy physicians to read and evaluate the many scientific articles appearing in hundreds of periodicals, the physician can keep himself informed of the more important developments through a study of the Reports of the Council on Plan macy and Chemistry Furthermore Council office and its personnel are always ready to answer inquiries and furnish information on drugs and therapeutic agents cians, by using this service, can allay the fears of their patients who have come to doubt the efficacy of penicillin even when properly used

Seems as Though Doctors, and others, are frequently chided for using long words

in their speaking and writing

Latest blood to our knowledge in the war against long words has been drawn by Dr Hugh R. Walpole¹ who contends that Basic English can convoy most thoughts worth conveying Says the Chronicle

Prolegomenously, it may appear vespertilional to asseverate that reduction of the verbal arms mentarium would occasion no diminution in communicability but Dr Walpole's antisesquipedaliansim is based upon authoritative ratiocina tion

The teleology of ideational communication shows a quinque millennial blastogenesis and proliferation toward the sesquipedalian from the almost ectogenetic phase of hieroglyphical literation and primitive syllabification to our own period of dollachonomenclatural tautology

We approach the point of nonassimilability and the danger of evolving an intellectual extrateritoriality from which the majority would be relegated to sterile antidisestablishmentarianism

The Chronicle is of the opinion that the good doctor has "got something there"

The editors of this Journal, after careful consideration of Dr Walpole's contention and of the Chronicle's observation, are inclined to agree We are reminded that there is no zeal comparable to that of a reformed sinner The short, Anglo Saxon word for us in future, brothers!

^{1 &}quot;Antisequipedalianism"-Ban Francisco Chroniele.



In Memoriam

Dr Kirby Dwight, for a long time an active participant in the affairs of the Medical Society of the State of New York, an officer and a wise counselor, died on December 3, 1946, after several months of invalidism, at the age of saxty-six.

Dr Dwight was born in Fairfield, lowa, in 1870 He was graduated from Princeton in the class of 1901 and from the College of Physicians and Surgeons of Columbia University in 1905. After interning at Roosevelt Hospital and the Sloane Maternity, he practiced in New York City, became Associate Surgeon at Roosevelt, and later Director of Surgery at I incoln Hospital, where he also served as Vice-President of the Board. He was a Diplomate of the American Board of Surgery, a Fellow of the American College of Surgeons, and a member of the New York Surgical Society. A Fellow of the New York Academy of Medicine for many years, a Trustoe, a member of its important Committee on Public Health Relations, he participated actively in this work as well as in that of the County Society, of which he was successively Treasurer and President. His club was the University

An outstanding and lovable personality has been taken from our ranks. After a service of five years as Treasurer, Dr. Dwight was elected a Trustee last year and was a member of the Society's Publication Committee. He served most faithfully in these various capacities and endeared himself to his friends and colleagues by his quiet and gracious manner, by his kindliness, by his keen sense of humor, and by his readiness to be helpful whenever called upon. The memory of his presence will remain as a very fond one among his associates, who will ever mourn his untimely death.

LOCAL ANESTHESIA FOR CESAREAN SECTION

FRANK P LIGHT, M D, Brooklyn, New York

(From the Long Island College Hospital)

POR many years local anesthesia has been used for cesarean sections at the Long Island College Hospital We admit that it was far from satisfactory until the technic now in use was adopted late in 1941 This technic was described in detail by Beck in 1942. For his preliminary work, the reasons for the selection of the various solutions and the dangers of local anesthesia the reader is referred to that article

This presentation will be limited to a brief description of the technic and our results with it

Technic

Three different solutions are used

Solution 1 consists of 50 cc of 1/2 per cent procame without adrenalm. It is employed for the intradermal and subcutaneous infiltrations which anesthetize the site of the incision. Adrenalm is omitted from this solution to avoid skin sloughing which occasionally follows its use

Solution 2 is prepared by adding 1 cc of 1 to 1,000 adrenalin to 200 cc of 1 per cent procaine. This 1 per cent procaine and 1 to 200,000 adrenalin solution is used only for the deep nerve-blocking injections which are made in the vicinity of the semilunar lines at the outer borders of the recti muscles.

Solution 3 is made up of 50 cc of 1/2 per cent processe to which 1/4 cc of 1 to 1,000 adrenalin is added. It is used to infiltrate the peritoneum ver the lower part of the uterus. This solution is used later if it is felt that more injections are needed to complete the anesthesia.

A 10 cc syringe equipped with lateral and plunger rings is used for all injections

The point of a 1½ inch 25-gage needle, bevel down, is introduced into the skin, slightly to the left of the midline, at the upper end of the proposed incision, and enough of solution 1 is injected intradermally to raise a wheal about 1 cm in diameter. The needle is then carried toward the symphysis, directly under the skin, injecting solution constantly throughout the length of the needle. The point of the needle is then elevated and another intradermal wheal is raised, from below. As the needle is withdrawn, repeated small injections are made into the deeper subcutaneous tissue. This has been accomplished with one needle puncture of the skin in raising the original wheal. The needle is then

introduced into the second wheal and the process is repeated. Usually three or four such punctures will completely anesthetize the entire length of the proposed incision, using a total of about 25 cc of solution 1 (Fig. 1)

The skin and subcutaneous tissues are anesthetized almost immediately and may be incised down to the fascia over the rectus muscle inch 22-gage needle is then introduced just above the fascia and passed outward to the outer border of the right rectus muscle The plunger is pulled back to make certain that the needle is not in a vein and 2 cc of solution 2 are forced into the region adjacent to the linea semilunaris Similar injections are made at intervals of 1 cm on each side of the wound as shown in Fig 2 At the upper and lower angles, the needle is passed obliquely so that the injections may extend beyond the limits of the incision It is essential that an attendant keep a record of the amount of solution used, since it has been found that at least 90 cc of solution 2, but rarely more than 110 cc, are needed to give complete anesthesia in this area. If the injections are made correctly, a continuous mass of 1 per cent procame is placed along this area on each side of the incision in order that it may infiltrate through the fascia and block the nerves before they give off the terminal branches which supply the abdommal wall from the peritoneum to the skin

At this point the time is noted by an attendant and ten minutes are allowed to clapse before proceeding with the operation. This interval is necessary for the blocking of the nerves. The waiting period is the most difficult part of the procedure, as only a portion of the time is needed to ligate the superficial vessels. However, the success of the local anesthesia depends upon its strict observance.

After the required time has elapsed a small incision is made in the fascia with a knife and this is enlarged with scissors. Scissors are used because with imperfect anesthesia their use will be felt even though a knife incision might not, since pain sense disappears before tactile sense. Thus the operator is warned that a somewhat longer interval of waiting is indicated or that more of the anesthetic agent should be used. Rarely is it necessary to use more procaine. When the scissors are not felt, the operator may proceed with the assurance that the anesthesia is perfect and that even the peritoneum may be incised without pain.

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Obstetrics and Gynecology, May 1, 1946

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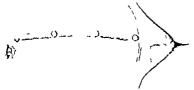
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The peritoneum is then exposed by separating the inner margin of the rectus muscle from its sheath Slight traction on the fascia with clamps facilitates the dissection and will not cause pain if the anesthesia is adequate. The peritoneum is then grasped with claimps and incised usually causes no pain unless too much tension is exerted by the clamps. If it causes discomfort the pentoneum should be injected with solution 3 before it is incised Rarely has this been found pecessari

At this point, 5 ec of solution 3 are injected Into the subpersioneal tissue at each side of the bladdor

Next the pentoneum on the anterior surface of the uterus about 1 inch above the bladder is picked up with smooth pointed forceps and 10 ee of solution 3 are injected beneath the bladder reflection With gentle circular pressure this fluid is massaged toward the sides and under the bladder (Tig 3)

A transverse incision is made in the bladder reflection and seissors are passed beneath on one side opened, and withdrawn Using the finger in a side to side motion, the peritoneum and bladder are then freed from the lower uterine This step is repeated on regment and cervix the opposite side and the adhesion in the mid line is cut. The bladder is then entirely freed If it seems necessary, an upper from the uterus flap 18 separated in a similar manner

At this point, 1/1 grain of pantapon and 1/100 grain of scopolamine are given and nitrous oxide inhalation is started. The uterus is incised with a knife until the membranes are encountered and the incision is then enlarged with bandage scis-The child's head is delivered manually and with pressure on the fundus, the rest of the body follows easily Immediately after the delivery of the child, the nitrous oxide is discon tinued The gas should be given for only one minute to produce analgesia rather than anesthesia. If given for any longer period it may give rise to an excitement stage with vomiting and cause the patient to force the intestines into the operative field Immediately after delivery of the child 1 cc of ergotrate is given



Deep injections to block the nerves The needle is introduced at the junction of the fascia and subcutaneous tissues and the injections are made at 1 cm intervals in the region of the semilunar line

The uterms wound is now closed with fater rupted sutures placed 11/2 em apart ubiele ass tauth held, but not fled. The wound is the spread apart so that a hand may be introfered for separation and removal of the placents To the separation and removal of the players and trons oxido is again administered for our to The previously introduced sutmes me plant and additional ones are placed wherever The uterme inclsion is then es tion, pletely by auturing the flap to the

The abdominal wall is closed in ally the closure is accomplished a -fort but, if necessary, additione " solution 3 may be used

The amounts of the various of required for the entire of Table 1

TABLE 1 -- AMOUNTS OF

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Foluti B 1	Ce 10 30	Hefactory
Holution 2 Folution 3	00 110 10 20	 ul the thir patient died
Total	110 1 0	 _

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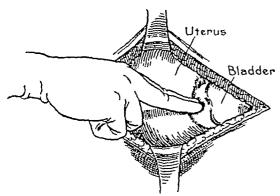


Fig. 3 Ten cc of solution 3 have been injected beneath the bladder reflection and it is now disseminated by pressure over the wheal

To determine the efficacy of this local technic, the patients are divided into four groups

I Those in whom the anesthesia was completely satisfactory

2 Those in whom the anesthesia was fair. In this group are the patients who complained to some extent through part of the operation. Later questioning revealed that these patients had felt little or no pain, but were either frightened or had complained of the uncomfortable position on the operating table.

3 Those in whom the anesthesia was poor These patients complained throughout the procedure and apparently experienced real pain or were of such an excitable nature that they should have been recognized as poor candidates for local anesthesia

4 Those who might be regarded as complete failures In this group it was necessary to supplement the local with general anesthesia

The number in each of these groups is shown in Table 3

TABLE 3 -- RESULTS

_	1,1252 0	14200010	
1234	Completely satisfactory Fair Poor Failures	216 15 6 18	84 7 per cent 5 9 per cent 2 4 per cent 7 0 per cent
	Total	255	

Two cases of placenta previa were eliminated from the tabulation because fresh vaginal hemorrhage occurred after the operation had been started and was proceeding satisfactorily. This required the rapid delivery of the child. Hence inhalation anesthesia was used

If the first two groups are combined, it may be concluded that the anesthesia in 90 6 per cent of the cases was satisfactory. By combining the last two groups, it may also be concluded that 9 4 per cent were failures

The entire series of cesarean sections was the work of 21 different surgeons 16 staff men, and 5 residents As might be expected, many of the

failures occurred early in the experience of a new resident, before he had developed any great degree of surgical skill or had not yet learned the importance of nor acquired the ability to handle the tissues gently. Some of the staff men used the technic on only one or two occasions and it could hardly be expected that their results would be good. Some of the other men do not have the temperament or the patience, nor are they willing to take the time to develop a satisfactory local technic. In the hands of those operators who have been willing to take the time and have had the patience to completely master the technic, the results have been almost uniformly excellent

As was stated by Dr Beck in his original description of this technic, the procedure is time consuming. This disadvantage is felt to be more than compensated for by the advantages of the technic. The average time necessary to complete the operation was slightly less than eighty minutes. (Shortest, thirty minutes, longest, one hundred and fifty-five minutes, average, 79 5 minutes.) It should be obvious that no-body could follow the detailed steps of the technic, handle the tissues with proper respect, and hope for a satisfactory outcome if he completed the operation in thirty minutes.

Recently, 100 mg of Demerol and ½00 grain of scopolamine have been administered to 67 of the patients one hour before operation. The operators who used this preoperative medication found it to be very satisfactory and without harm. All of the infants breathed immediately after delivery.

In 45 instances, operations other than the cesarean section were done (Table 4) For these additional procedures, the local anesthesia usually was supplemented with nitrous oxide analgesia. In those cases subjected to hysterectomy, the local technic was followed until the child was delivered and the rest of the procedure was completed with inhalation anesthesia. This naturally was done in the interest of the child

TABLE 4-Additional Operations

Tubal ligation for sterilization Hysterectomy Tubal ligation and hermorrhaphy Myomectomy	30 12 1 2

There were only two cases in which any complication occurred during administration of the local anesthesia. In one, the blood pressure rose during the injection of solution 2 above the fascia. However, by the time the ten minutes had elapsed, the pressure returned to normal and the operation continued uneventfully. In the other case, the blood pressure was noted to be falling before the first injection. As the skin was infiltrated with solution 1, the pressure continued

to fall. This patient was returned to her room and twenty four hours later the cesarean section was done under inhalation anesthesis.

Postoperative complications were infrequent Superficial infection of the wound occurred once with unoventful recovery Separation of the wound took place in two instances. One was resutured on the fourth day and a satisfactory recovery was made. The other was resutured on the fifth day and the patient died. The details of this case are presented below.

Three patients had postoperative homorrhage. Two of them died — These will be described later. The other patient was subjected to hysterectomy four and a half hours after the initial procedure and a piece of placenta was found in the utorus. The patient recovered — This should emphasize the importance of carefully examining the placenta at cesarean section— It is understood that the obstetrician at this point is preoccupied with his utorine closure—but there should be someone in the operating room, competent to inspect the placenta—to whom this responsibility may be delegated.

Pulmonary embolism followed the cesarean section in one case and resulted in death of the patient. This case is reported later

Four mothers died a mortality rate of 1.5 per cent. The details of the four deaths follow

Case Reports

Care 1-S B 20 years old was in her second pregnancy Her first pregnancy had been terms nated by cesarean section because of an asymmetrical pulvis. Under local anesthesia, a low single flap cesarean section with transverse incision of the nterus was performed electively Some bleeding was noted under the flap but since no bleeding point could be found the closure was completed About one hour after return to bed evidence of shock appeared. Soon vaginal bleeding began. In spite of large amounts of glucose plasmu and whole blood there was no improvement. Four and onehalf hours after operation the patient was again taken to the operating room and the abdomen reopened Four to five hundred ec. of blood were found free in the peritoneal cavity The blood had extravasated under the entire bladder flap the lower parietal peritoneum, and into the broad liga ment. Rapid hysterectomy was performed. Bleed ing continued from under the bladder until several bleeding points low down were ligated The patient was returned to bed in serious condition and died six hours later Inspection of the removed uterus showed no lateral extension of the transverse incirion.

Case 2 —Because of a previous cesarean section, an elective Krönig operation was done under local anesthesia on the patient, M S Two hours after operation the patient went into shock. Fifteen minutes later there was a guest of blood from beneath the abdomined dressing. A transfusion was given

and the patient was returned to the operating room. When the wound was reopened, diffuse venous bleeding from the rectus muscle was found. There was no free blood in the peritoneal cavity. Several small bleeding points found under the bladder flap were ligated. The abdominal wall was again closed apparently with all bleeding controlled. Another transfusion was given. The patients condition appeared satisfactory and remained so for a number of hours. Later, she again went into shock and in spite of transfusion died ten hours after the second operation.

It is possible that had these patients been under general anesthesia a more careful and thorough inspection night have been made revealing the bleeding points before the initial closure. Thus it is felt that local anosthesia may have played a part in both of these deaths.

Case 3 -The patient, B C was an elderly primi para with a breech presentation and failure of en gagement after a short trial of labor A Krönig cosarean section was done under local anesthesia On the fourth postoperative day signs of intestinal obstruction appeared. A Miller Abbott tube was inserted with no change. The next day the wound was inspected and a loop of gut was found just be-The wound was resutured. There noath the akin was evidence of an overwhelming infection and in spite of all therapy her condition became worse On the seventh day anuris developed followed by come and death on the eighth day. This death was due to infection, but because of the wound disruption local anesthesia cannot be eliminated as a contribut ing cause of death

Case 4—An elective Kröniz operation with sterilization was performed on the patient M. H., who had had two previous reserv in sections. Eleven hours after operation, a fall in blood pressure and a rise in pulse was noted. There was no bleeding After plasma and whole blood transfusion her condition was excellent. The day after operation there occurred a partial collapse of the right lung. With the use of carbogen this condition cleared up. From this time on the condition remained satisfactory except for a low-grade temperature until the thirteenth day after operation when the patient died suddenly of pulmonary embolism

It is generally accepted that pulmonary and embolic complications occur much less frequently following the use of local anesthesia than with inhalation anesthesia. This death demonstrates, however, that they can and do occur

One of the chief advantages of local anesthesia is that there is rarely any delay in resuscitation of the fetus. This was borne out in our series of cases

Six neonatal deaths occurred, a fetal mortality incidence of 2 3 per cent. In three cases where placents previa was the indication for the cesarean section, the infants died on the minth day after delivery by cesarean section for abruption placentae. Erythrobiastosis fetalis caused the

death of one infant and another died at thirtyeight hours from cerebral malformation. As is usual, all of the fetal deaths occurred as a result of the maternal complication which gave rise to the indication for cesarean section or as a result of congenital anomalies

In conclusion, it may be stated that the advant uses of the technic listed by Beck in his original description have been borne out in our four years of experience with it. There were no immediate deaths attributable to the anesthetic agent. The only case of bleeding from the placental site was one in which a piece of placenta was left behind.

The general condition of the patients immediately after operation was almost uniformly excellent and their convalescence gratifyingly smooth Dehydration was rarely seen because the patient could take fluids before, occasionally during, and immediately after operation

In spite of the fact that many of these patients had eaten only a short time before operation, vomiting rarely occurred. When it did occur, the danger of aspiration pneumonia and plugging of the bronchi was not present because the patient was conscious at all times. Intestines were seldom seen or handled during the operation

Soft diet could be taken within a few hours after operation. Hence, distention and gas pains were very infrequent

Embolism occurred in only one case

The absence of delay or difficulty in resuscitation of the fetus is stressed above

The fact that local anesthesia requires gentle handling of the tissues is felt to be an advantage

It must be admitted that there are some patients too highly excitable, almost morbidly fearful, who are not suitable candidates for local anesthesia. With experience, these patients can be recognized and another anesthetic agent elected. Also, with experience, the operator will find that the number of such cases that should be excluded will diminish. Then, it is felt, the incidence of failures will be materially reduced.

After proper selection of patients, the only disadvantage is that the operation is time consuming and tries the patience of the operator. With practice, the technic can be mastered and will be found eminently satisfactory.

142 JORALEMON STREET

Reference

ARE AMINO ACIDS NEW MIRACLE DRUGS?

Protein hydrolysates and amino acid mixtures are rapidly becoming as notorious as the vitamins. New and astounding claims of therapeutic or nutritional virtue appear in the press and even in some professional publications. No doubt amino acid therapy has a definite and useful place in medicine. Even the most enthusiastic proponent of the virtues of the amino acids will be astounded, however, at the therapeutic results claimed for the preparation marketed by Vincent Christina & Co under the name "Aminogen" (not to be confused with "Amigen"). According to an advertisement appearing, as might be expected, in Modern Medicine, "Aminogen" should be used in the treatment of gastroduodenal ulcers. This in itself is not remarkable, since CoTui and others have claimed benefit in such cases by the administration of amino acid mixtures orally. However, "Aminogen" is claimed to be so miraculous in its curative powers that, when given in 2 cc amounts intragluteally, it "aids in restoring normal protein plasma levels," "aids protein regeneration," "encourages hemoglobin formation," "eliminates mus-

cular spasms," "controls pain," and "hastens ulcer healing" Just how 2 cubic centimeters of an amino acid solution, even if given hourly, could have any measureable effect on the "protein plasma level" or aid protein regeneration is not explained Perhaps moistening the tongue with beef broth might accomplish the same benefit without the inconvenience of an intragluteal injection, and it would taste better! The antispasmodic and analgesic actions of small amounts of amino acids have not heretofore been re-Have the competitors of Vincent Christina ported & Co overlooked these properties? Such claims do not appear in the advertisements of competing prod-Vincent Christina & Co seem to be striving for a reputation in making exaggerated and unwarranted claims for unscientific products "Aminoranted claims for unscientific products "Aminogen" and the claims made for it approach the acme in quackery Isn't it unfortunate that the terms of the Federal Trade Commission Act do not permit adequate control over such advertisements when they appear in professional publications?—Current Comment, J.A. M.A., September 7, 1946

LARYNGECTOMY AND ITS PSYCHOLOGIC IMPLICATIONS

JAMES S GREENE, M.D., New York City

(From the National Hospital for Speech Disorders)

HE first successful laryngectomy is said to have been performed by Billroth in the early Since that period, when the operation was almost invariably fatal, the treatment of the patient with cancer of the larvnx has progressed through three phases During the initial phase emphasis necessarily was centered on improving surgical technics, with such excellent results that today operative mortality is practically nilsecond phase was a natural sequel to the first, for with improvements in surgical technics attention was directed to the development of methods to restore some measure of voice and speech to the patient who had lost his larvax. You are all undoubtedly familiar with the several devices and technics that have been evolved the various modifications of the reed type artificial larvay the electrolaryux, of more recent invention and the technic of producing esophageal voice, which is by far the most satisfactory method of developing a substitute voice and the one which we employ in our postlaryngectomy clinic.

Up to this point, interest had been focused for the most part on mechanics, both surgical and reeducational. But as it became evident that lar yngectomy had far-reaching effects on the patient psychologically as well as physically, attention turned increasingly to the psychic factors involved in the treatment and rehabilitation of

the patient with laryngeal cancer

Let no one underestimate the psychic trauma incident to laryngectomy It is equally as serious as the physical trauma itself. As one patient graphically expressed it "The victim of laryn geal cancer undergoes a radical metamorphosis the instant the laboratory brings in the ominous verdict. However stouthearted he may be, when given the choice between an early death and total removal of the voice box, he suffers a shock from which he never completely rallies

After the operation, he finds himself unable to make anything but unintelligible grunts. He cannot help being seized by terror and despair What will his life be like without a voice? What can he do for a living? '

In an effort to secure more detailed informa tion regarding the psychologic concomitants and sequelae of laryngectomy, we recently submitted a questionnaire to 70 patients in our postlar yngectomy clinic. Of the list of questions asked

Presented before the 140th Annual Meeting of the Medical Society of the State of New York, Section on Ophthalmology and Otolaryngology May 2 1946.

each patient, the five which elicited the most sig nificant data were the following (1) Did vou experience any fear, apprehension, or anxiety about your original hoarseness? (2) When you were finally given the correct diagnosis and told that you must lose your larvax, what was your (3) What were your experiences in the hospital before your operation, did anything happen to disturb you emotionally?, (4) How did you feel after the operation when you first tried to talk and found that you could not?. and (5) How did you react after the operation when you attempted to resume your old associa-

The incidental information elicited by the first question-"Did you experience any fear, apprehension or anxiety about your original hoarseness?"-was in many respects more significant than the specific answers to the query be expected, a majority of patients (41, to be exact) indicated that they felt no particular anxiety about their original hoarseness, ninetoen admitted that they had been worned almost from the onset of symptoms, while the remaining ten said that they became anxious only after the symptoms had persisted for a considerable period

those who admitted early two stated that their first symptom was difficulty in swallowing, which seemed to arouse apprehengion sooner than the much more common symptom of hourseness.

As a matter of incidental interest, we noted in each case the length of the period between the onset of symptoms and the final diagnosis. This ranged from a few weeks to a year or more-and in one case to seven years! In this last case, the early diagnosis had been "nerves," apparently because the hoarseness fluctuated in seventy The patient, a woman of 40, explained The first doctor who voice would come and go examined me gave me a prescription for nervous-I tried this for a few months and then went to another doctor This way around took me to twelve different doctors, and I still was not getting better The last two doctors sent me out west to a dry climate. At the end of two years I returned no better for my sojourn in the west.' Other diagnoses reported were colds, laryngitis (seemingly the early diagnosis most often made). "bad tonsils," "voice strain," "throat irritation,
"bronchitis," and "sinus trouble" This all points up an urgent need to educate not only the

public but the general practitioner to the possible significance of voice changes

In the majority of cases studied, the diagnosis of cancer came as a complete shock, since the patient had not been led to take his symptoms too seriously. It is at this point that psychic factors begin to dominate the picture, as indicated by the replies to our second question In answer to the query—"When you were finally given the correct diagnosis and told that you must lose your larynx, what was your reaction?"-19 of the patients indicated that they had accepted the verdict with what might be termed philosophic resignation, several of these, however, mentioned that they had not fully comprehended that the voice would be gone permanently Fifty-one of the patients, or more than two thirds, reacted by becoming acutely depressed and apprehensiveto the extent, in at least 3 cases, of seriously contemplating suicide "I nearly went crazy," one patient explained "I was like someone going to the execution," another recalled other said that he felt he might "just as well go out the window," adding, "I almost wished it was my heart instead" A fourth related was so upset at first that they were unable to operate until my fifth day in the hospital"

The next question—"What were your experiences in the hospital before your operation, did anything happen to disturb you emotionally?"elicited the information that in a number of cases the patients were not prepared psychologically or the operation, and the paucity of details they eceived contributed greatly to their anxiety and pprehension One patient related "I could lot find out anything definite from any doctor to lear the haze, and never once received a positive inswer to the simplest of questions. It was not intil I was in the midst of the operation, and leard the doctor and his assistant discussing the case, that I learned my voice was to go, that, in fact, my larynx was already out"

Another patient understood that he was undergoing a tonsillectomy and discovered what had actually happened only when he tried to talk to his nurse after the operation He spoke of this later as the "most brutal thing" that had ever been done to him. The shock was so great that when he came to our postlaryngectomy clinic a year or more after his operation, he was still deeply resentful and referred in the bitterest terms to the surgeon who had performed the laryngectomy

Conversely, a number of patients mentioned that prior to the operation they had received a full explanation of what was to happen and were grateful for it Several spoke appreciatively of visits they had received from people who had undergone laryngectomy and had learned to talk

This seems to be the most valuable type of preoperative reassurance and helps immensely to prepare the patient psychologically for the laryngectomy However, care should be taken in the selection of the visitor. One of the patients in our study disclosed that he had been called upon by a man just beginning to talk again and that the raucous noises his visitor made in attempting to speak were more discouraging than reassuring Another patient mentioned that the nurse who attended him had undergone laryngectomy several years before and had been completely voiceless ever since, the prospect of facing

a similar fate was acutely depressing

Our fourth question—"How did you feel after the operation when you first tried to talk?"concerned the patient's reactions immediately following laryngectomy The replies indicated that it is at this stage that the patient is at the lowest point of depression Only 7 out of the 70 patients reported that they were not greatly discouraged, of these, one had suffered severely for some months prior to the operation and recalled that she was "so grateful for the relief that nothing else mattered" The remaining 63 patients declared that they were extremely depressed, and approximately one third of these mentioned that worry about holding their jobs added to their depression It was noted that this fourth question elicited more emotionally charged answers than any of the others These replies were couched in such terms as "I was completely desolated, they told me it might be worse, but I couldn't see how " "I just about went insane" didn't care about living any more, the future was black " "I was in the depth of misery, it was all just too terrible to think about "

We were interested further in learning what continuing effects the loss of his larynx has on the patient's personality, more particularly, to what extent and in what direction it influences the patient's interpersonal relationships after he returns to his old environment Questioned in this regard, more than half of the patients reported that on meeting former acquaintances they were depressed and sensitive and became seclusive, a number mentioned that they avoided even their best friends Several patients stated that, while they did not attempt to withdraw from contact with others, they had definitely grown more irritable Some who had purchased artificial larynges revealed that the use of such devices increased their sensitivity, one patient declaring "I felt like a brand new circus freak."

When the patients were asked how they reacted to the news that they could learn to talk again without mechanical aids, almost without exception they reported a resurgence of hope and optımısm

It is at this stage in the rehabilitation of the patient who has lost his larvax—that is, when he comes for training to develop a substitute voicethat the influence of psychic factors is perhaps most apparent, because at this point they can actually and very definitely hamper treatment We have observed that the patient who is abnormally depressed, sensitive, and anxious has much greater difficulty in developing a substitute voice than the patient who psychologically is better adjusted to his handicap Probably this can be explained on the basis of neuromuscular As you know, in learning to speak again, the nationt who has undergone larvagectomy must aspirate air into the esophagus by a contraction of the sternohyoid, thyrohyoid genichyoid, mylohyoid, and the anterior portion of the dignstric muscles, and then cructate-coordinating the process of eructation with articu lation.

The entire procedure must at the same time be coordinated with respiration. This at best is difficult for the beginner, and the necessary coordination is all but impossible if the patient is a prey to destructive emotions and the neuromuscular tensions they generate. Sometimes these tensions are so pronounced that they produce marked esophageal spasms which effectively prevent the individual from making any sound

We have observed that among the principal factors influencing the patient's psychology, and hence his adjustment to the loss of his larynx and his response to voice training, are his personality and vocation before the operation, as well as his social and economic status. The psychic trauma incident to laryngectomy, as might be expected, tends to exaggerate certain personality traits. Thus, a person who before laryngectomy was anxious, sensitive and retiring, becomes more anxious, sensitive, and seclusive after the opera tion and has greater difficulty in mastering the new voice technic Similarly the patient whose vocation centered attention on his voice, for in stance, the person who has been a salesman, teacher, or lecturer, or the patient on a higher social or economic level, frequently is more sensi tive and anxious following laryngectomy than (let us say) the day laborer, because he has suffered greater ego deflation.

The case of the youngest patient in our senes illustrates to what extent the loss of the larynx may affect the whole personality, and how fear and anxiety may interfere with the acquisition of a substitute voice An attractive young woman of 25 the patient in question discovered that she had cancer of the larynx when she was a bride of only two months. She underwent laryngectomy shortly thereafter Describing her feelings fol lowing the operation, she related

"When I was actually faced with the knowledge that I could not speak again, it just about finished me I did not want to see anyone or do anything I felt that my future and my marriage were rulned I could foresee my husband a love changing first into pity and then into aversion. I had been shown an artificial larynx, but it so disgusted me that I would much rather have remained mute than use it. Then I heard of the postlaryngectomy clinic at the speech hospital and enrolled in it. At first I made no progress, because I was so depressed and felt so completely hopeless. My husband, a captain in the Army Air Force, had just been shipped west and I had not heard from him in two or three weeks. I was sure that he had decided to leave me My imagination pictured him saying Now that I m away I'll stay away She's disfigured, she will never be like a normal girl.' But finally, after agonizing days and nights, during which I oried most of the time I received a letter from my hus-He had been unable to write before and assured me that I still was the only girl for him My spirits lifted and my speech work progressed so rapidly that, as you know, I m now ready to be discharged "

Inasmuch as psychic factors do play such a vital role in the rehabilitation of the patient who has lost his larynx, and since these factors become operative at the moment that the diagnosis is interpreted to the patient, I should like to make a few recommendations. These are based not only on the results of our detailed study of 70 patients, to which I have referred throughout this discussion, but also on the general observa tions we have made in working with some 200 patients in our postlaryngectomy clinic over a period of several years. The principal suggestions I would make are

The patient with cancer of the larvnx should be told frankly, before the operation, that his larvnx must be removed and exactly what this will mean in terms of losing his voice and curtailing certain of his activities I recommend this procedure because the patient is in a better condition, physically and psychologically, to cope with the shock of the complete revelation before the operation than he is following it. Our study revealed that those patients who had been given a frank, complete, and sympathetic explanation of what was in store for them regained their equilibrium more quickly than those who were unprepared and discovered the full extent of their misfortune only after the operation.

Before the operation, the patient should be visited by someone who has undergone larvagedtomy and has developed a good speaking voice. This is one of the most effective means of reassurance, and as such is a valuable preoperative mental hyriene measure.

The same person should call on the patient immediately after the operation, because at this

stage, our study indicated, the patient is at the nadir of his depression. As one person stated, "It's all right to say to yourself before the operation that you won't speak again, but when it actually happens it deals you a staggering blow"

4 As soon after the operation as the surgeon deems advisable, the patient should receive voice training, and this should be carried out away from the hospital in which the operation took place, with all the tragic associations it holds for the patient

5 The rehabilitation program should embody psychologic as well as re-educational measures In this connection, group therapy, supplemented, of course, by individual work, will be found most effective, because it gives the patient valuable psychologic support. It brings him in contact with more advanced patients who serve as models and sources of encouragement. The progress which more advanced patients have made counteracts the effects of any initial difficulties the new member of the group may experience. Furthermore, through association with others in a similar plight, the individual realizes that his position, while unfortunate, is not unique, and this realization in itself materially helps him to adjust to his changed status.

61 IRVING PLACE

THE PASSING OF THE FAMILY DOCTOR

Mountin showed that, as early as 1938, not only were rural practitioners decreasing in numbers, but they were older than their urban confreres. His study indicated both that fewer graduates were locating in smaller towns and that many of the younger physicians who originally located in rural areas were migrating to the larger cities.

In the June, 1946 issue of the Journal Lancet, it was shown that North Dakota with 641,935 population has 363 physicians, South Dakota with 642,961 population has 334 physicians, Montana with 559,456 population has 361 physicians, and Minnesota with 2,792,300 population has 2,565

physicians

Smith, Executive Secretary of the Nebraska State Medical Association, in the July issue of the Wisconsin Medical Journal said, "As it looks from Nebraska, the medical profession has an unrecognized number one problem—the threatened extinction of the general practitioner— The seriousness of this situation is more evident in the rural areas and smaller towns—Older men are retiring or are removed by death, and are not being replaced by younger men—This is a blow at the very foundation of medicine

Contributing to the searcity of physicians rurally and their concentration in the larger cities is the trend toward specialization. In 1941, it was found that of 175,382 physicians in the United States, 140,000 engage in private practice, and of this latter number 36,483 limit their practice to various specialties. In 1946, it was found that 30 per cent of

practicing physicians are full specialists and 20 per cent are partial specialists, leaving only 50 per cent of practicing physicians in general practice.

of practicing physicians in general practice. The American system of medicine always had had the general practitioner as the very hub of its machinery. Family doctors are an essential part of the economy of American families. Transportation and communications systems have not been developed to a point were general practitioners should be allowed to decrease in number. Neither should the necessity of general practitioners be overlooked in solving the increasing costs of medical care. How much will medical care cost as the public is forced to seek its medical care from one specialist after another instead of from the family doctor?

This continuing decrease of general practitioners should be recognized as the greatest problem of organized medicine in this country at the present time With its proper solution will come correction of maldistribution of physicians, decrease of the high cost of medical care, and higher quality of medical care

uniformly over the whole country

Unless the medical profession, itself, provides the answer in the not-too-distant future, some governmental agency will be given control of both medical education and medical practice in order to permit compulsory placement of physicians in rural areas Would it not be far better to accept the challenge now, and to see that the profession provides the answer in a democratic manner rather than permit forced regimentation?—E J S—Journal Lancet, October, 1946

PERENNIAL VASOMOTOR RHINITIS A MODERN APPROACH TO DIAGNOSIS AND TREATMENT

F HOWARD WESTCOTT M.D., New York City

(From the Allergy Climic of the New York Fye and Ear Hospital)

ASOMOTOR rhinitis constitutes a large per centage of the cases referred to the allergist from the nose and throat specialist. This has become more and more prevelant as the nose and throat surgeons have discovered the futility of treating these patients by any of the local forms of therapy now available and generally acceptable to them

At the moment, varomotor rhinitis has attained about the same place in the nose and throat office as neurocirculatory asthenia and essential hyper tension have acquired through the years in the medical or internists' practice Without a doubt. it is a definite entity as far as the patient is con cerned and the symptoms are quite consistent and constitute a disease to them even if it is must a symptom complex to us

One may well question my right to speak on such a subject, but I am drawing on my experience of the past fifteen years in the allergy clinics of two large general hospitals and one very active ear, nose, and throat hospital where I have had the most complete cooperation of the visiting staff and the advantage of having resident nose and throat interns at my elbows at all times

In the past twelve months, our average daily clinic attendance has been 45 cases and the aver age number of these patients with nonseasonal rhinuts runs about 32 per cent without hay fever and 28 per cent more with both vasomotor rhi nitis and seasonal rhinitis, or hay fever remaining 40 per cent, approximately 5 per cent were authmatics, 7 per cent were upper respiratory infections or cases of sinusitis which failed to respond to all previous forms of local therapy, 13 per cent, miscellaneous forms of allergy including migraine, dermatons, etc. and 15 per cent were nonallergic cases and were not accepted or failed to return for further study

Diagnosis

Diagnosis of vasomotor rhinitis depends a great deal upon the description of the symptoms reported by the patient, and differs very slightly with those described by characteristic cases of seasonal rhinitis or hay fever To clarify the picture these complaints usually include a watery nasal discharge with alternate obstruction and patency on either or both sides, mucoid moist nasal discharge with periods of mucopurulent content, and often times, periodic bouts of ancezing and itchy nose

In detailed anamness we find that there are certain times when these symptoms are completely quiescent and others when they are mild and again severe There is no consistency, how ever, either in the individual cases or in the group as a whole but it seems the early morning and evening are ant to be worse, and also during the change in seasons and at the full or ascending

When these patients present themselves at the nose and throat office or clinic, the problem is usually one of differentiation between vasomotor rhinitis and the presence of some organic local pathology which can cause these same symptoms It is therefore, imperative before so classifying the patient to be sure that there is no low-grade mucous membrane infection in the upper respiratory tract or any gross deformity or distortion in the passages, presence of tumors or evidence of overuse of decongestants sold over the drugcounter by radio burleague, or prescribed by too busy general practitioners for temporary relief until they could "look them over "

The diagnosis is therefore dependent on a positive history and an essentially negative physical examination A description of a so-called "typical allergic membrane" varies with almost everyone's capacity to describe color changes and degree of swelling, but many of them do show a boggy, swollen, moist membrane varying from a pale pink to a turbid, purplush hue depending upon the stage of edema, venous congestion, and secretory state then present In uncomplicated cases, no purulent secretion is present but dirty. yellow crusts of old dried mucoid secretion may lurk in dependent areas, especially under the turbinates.

X ray and transillumination studies may also show some harmess in the antra and other sinus spaces but invariably they are reported as "clear returns" after urigating. In many instances definite diagnosis of thickened membranes can be made by the experienced x ray interpreter Smears of the secretions have been advocated by many to determine the ecamophil per cent of leukocytes, but in routine studies of 44 cases the average smear only revealed 45 per cent with in

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Ophthalmology and Otolaryngology May 3 1946

TABLE 1

	Tests to Inh	alants)F	oods——		otal
Type of Case	Number of Cases	Marked	Marked	Moderate	Positive	Negative
Allergie Infectious Combined	79 10 11	(86%) 70 (other than dust) (50%) 5 (other than dust) (82%) 9 (other than dust)	30%	36%	66%	34%

creased eosinophil present, and I do not depend upon nasal smears unless to determine a frank preponderance of pus cells (leukocytes)

Allergic Aspects

Allergic aspects of vasomotor rhinitis should be first investigated after a tentative or definite diagnosis has been established by the above criteria. Here an entirely different angle of approach is attempted and a relationship between symptoms and the patient's daily life habits, environment, response to change of atmosphere, foods, drugs, and emotional reactions must be considered. A careful history is of utmost importance because many short cuts in the allergy study are possible by reason of intelligent exclusion of unlikely potential allergens, i.e., testing for animal danders, orris, silk, etc., in absence of reasonable contact

In definitely suspicously allergic or hypersensitive persons, a history of some other allergic disorder in the family background is enough to cause a suspicion of allergy and the presence of migraine, urticaria, hives, eczema, asthma, etc, is very strong supportive evidence

In the absence of any of the preceding factors, we are apt to be faced with a completely negative set of skin tests to all the usual foods and inhal
set by any technic used, provided the extracts

Lives are not irritants as is true in many

especially among the foods

To make any semblance of consistent diagnosis by skin testing, the operator must be well acquainted with his extracts and have used them frequently, recently, and under controlled conditions. A review of results in routine skin testing (50 chinic and 50 private cases) done under such conditions reveals the facts shown in Table 1 regarding their value as a diagnostic aid in vasomotor rhinitis

Allergic cases averaged three marked inhalants and 8 per cent showed significant reactions to dust alone — Eighty-five per cent of the cases had dust as a major allergen by skin testing

Another aid frequently employed as of diagnostic value is the degree of eosinophilia found on nasal secretion and in peripheral blood

Nasal smears on 44 persons revealed 13 allergic cases or about 30 per cent with no eosinophilia present and 11, or 25 per cent, with only occasional or a few, and the remaining had moderate to marked per cent of eosinophils present. This seems to indicate that nasal mucoid secretion need not necessarily have a high degree of eosin-

ophils to be of an allergic nature, but that when a high percentage is found it is presumptive evidence that we are dealing with an allergic disorder Not infrequently, however, a high eosinophil count is found in the presence of a bacterial invasion along with a high per cent of pus cells At the present time, we are not doing nasal smears routinely in cases that have enough other positive findings to put them in the allergic catagory for treatment Blood counts of 70 patients showed that 52, of 70 per cent, have from 0 to 4 per cent, and 18, or 30 per cent have from 5 to 20 per cent Here again any abnormal count must be only presumptive evidence because such a high percentage of these proved allergic patients had what we consider a normal blood differential count

Sinus x-rays are required on all clinic cases before being accepted for treatment, and all private patients were either x-rayed or said to have clear sinuses by a competent nose and throat surgeon, who usually had both x-ray and clinical examinations on which to base his statements. Among these 100 cases, x-ray reports were seen on 97 and these revealed 53 to be clear, 18 to be slightly cloudy or slightly thickened, 22 to be cloudy, and 4, very cloudy or thickened

During the past few years when such a large percentage of my clinic practice has consisted of these cases of perennial rhinitis, my general impression was that most of them were responding poorly. However, after reviewing these 100 consecutive cases, I realize that this impression was erroneous. It was undoubtedly predicated on the fact that most of these patients respond to practically all local and new therapeutic measures when first administered, but the symptoms quickly return even during the period of treatment. This fact is well illustrated by a review of results in using the following drugs (50 cases)

Potassium chloride
Ascorbic acid (vitamin C)
Cortalex (adrenal cortex)
Chlorophyl (physiologic)
Benadryl
Anthallan
45% improved 55% no change
50% improved 40% same
60% improved 45% same
60% improved 45% same
60% improved 40% same
20% improved 80% same

My present opinion on the result of treating perennial rhinitis is more encouraging. I am re-

porting 55 cases as improved and 15 cases as un changed or too alightly improved to consider a positive change. Unless some very definite en vironmental inhalant or ingestant factors are uncovered which are specific, and whose removal allows almost immediate relief, the usual course of therapy results in slow unprovement. This im provement depends upon the duration and sever ity of the symptoms, and the number of contribu ting causes. The more complicated the en vironment and more obscure the cause the slower the response to treatment

It is my feeling that the best results are obtained when a standard minimum diagnostic study is undertaken based upon the principle set forth in this report, and then a therapeutic program based on this study should be intensively and carefully followed. An average plan of treatment should include the following

1 Avoid the given list of positive skin reactive substances including inhalants foods drugs, animal danders, cosmetics, etc

2 Avoid too frequent and drastic changes in

environment, especially drafts, changing tem poratures dampness excessive dryness, air cool ing etc

Follow a given nonallergic diet made up of negative skin test foods plus known nonchnically

Use nonallergic cosmetics, cover all pillows with nonnerous covers, stop smoking and avoid house dust, house pets, etc.

Desensitization with the indicated substances, which in 93 per cent of cases consisted of house dust, feathers, orns, animal dander, and catarrhal vaccino

High vitamin A dosage-50,000 to 100,000 units a day in all bacterial cases and high vitamin C. 100 to 500 mg a day in inhalant cases.

Contrast baths and histamine desensitization to thermal or physical allergies

Nonspecific measures for all those for which specific therapy could not be recommended, and the temporary use of antiallergic drugs for symptomatic relief

130 East 67 Street

DOCTOR URGES HEART PATIENTS TO LIVE NORMAL USEFUL LIVES

A Philadelphia physician states that many patients who have serious complications of the heart can be reassured and allowed to live normal lives according to the October 19 issue of the Journal of

the American Medical Association.
William D Stroud M.D., who is on the board of directors of the American Heart Association points out that there are ' many murmura, especially in the pulmonic area, which are absolutely of no impor tance from the standpoint of circulatory efficiency or length of life. In fact, many children with definite valvular damage live the full span of life and others do not develop circulatory insufficiency until the third fourth or fifth decade. Certainly their lives can be much happier if their physical activities are unrestricted and I doubt whether the normal physi cal activity of childhood plays any part in the progress of the pathologic lexion.

Medicine can aid patients with heart trouble to

lead practically normal lives, according to Dr Stroud. "Most people with coronary insufficiency know the things that bring on pain such as walking after meals or in cold weather against the wind, he states. "If it is necessary for these persons to make such effort, it is perfectly possible for them to ward off an attack by dilating the coronary vessels with a tablet of glyceryl trinitrate before making such an

Dr Stroud is of the opinion that patients with heart trouble should be permitted to smoke and

"Most people who smoke know whether or not they are sensitive to nicotine," he said "If a man is not senstitive to nicotine I believe it is perfectly safe for him to smoke. However sensitive or not, in the presence of angina of effort or a healed coronary occlusion if a person is having substernal pain I believe eliminating tobacco will tend to lessen the frequency of attacks of pain

Many physicians advise patients with hyperten-discase not to drink. To myself is seen or reason why patients with these conditions should not drink in moderation. Many patients with anguna of effort secure as much relief from brandy or whisken as they do from glyceryl trinitrate and I can see no reason why they should be deprived of the pleasure of drinking unless there is some evidence that alcohol is injurious.

The author holds out further hope for the heart disease patient by concluding in this optimistic tone I feel that the average patient with a healed coronary occlusion can return to a sedentary occupation part time in about three months. Although it is debatable, because of the possibility of further occlusions, I believe it is safe to allow such patients to drive a car three months or so after their acute episode Also if they do not have angine of effort three or four months after their original attack any mild form of exercise such as golf or swimming in warm water seems indicated, is desired. It is my feeling that too many such patients are made total invalids unnecessarily In fact it is my experience that after adequate collateral circulation has developed it really doesn t seem to matter what activi-ties these persons carry on within reason from the standpoint of developing further coronary occlu-sions. Certainly a patient is a happier and more useful member of his community if he can lead an approximately normal life.

TREATMENT OF BATTLE FRACTURES OF THE SHAFT OF THE FEMUR

JOSEPH D GODIREY, M D, Buffalo, New York

COMPOUNDED fractures of the femoral shaft challenge the faculties and facilities of surgeons as do no other fractures. From the management of "battle fractures" we may very well augment our knowledge. It is with this in mind that significant facts, gathered from a relatively large experience in the handling of such, are herewith presented.

The object of complete, uninterrupted immobilization with maintenance of length and position followed by bony union seemed a will-o-thewisp in many cases. The resultant stimulus produced modifications in management and, from our observation post, an earlier and more satisfactory approach to the reparative, surgical program

Audacious surgery, blood volume restoration, and antibacterial therapy initiate the casualty to his planned program of repair much earlier in his convalescence

Penicillin became available in the spring of 1944 and this series of 54 cases represents the first to have the added protection afforded by the routine administration of the drug in a planned program

Surgeons, assigned to hospitals administering primary treatment, cannot be too highly commended for their expeditious and effective accomplishments. Over 85 per cent of those wounded were operated on within the first twenty-four hours.

Debridements were thorough, obviously devitalized soft tissue was excised, loose or perilously attached bone fragments were removed, mass ligations were avoided, incisions and wound extensions were in fascial planes, missiles were removed insofar as was practicable, pockets and recesses were obliterated, the integrity of the vascular tree was surveyed, nerve supply was evaluated and dependent drainage for wound debris was provided for, if, and as possible

Casts were, and should be, informative Better than two thirds of the compounding agents were high explosive fragments These, spinning as they penetrate and perforate, are more apt to carry in a greater variety of contaminants than the less innocuous, relatively smooth bullet

Copper sulfate series were routine on admission and a request for 500 cc of whole blood accompanied the blood sample. This was the minimal amount for replacement therapy in these fractures. Values reported dictated the quantities of whole blood to follow.

Hematocrits ranged from 20 to 47, the average being just over 30 The detailed breakdown was

	Percentage
20-24	19
25-29	19
30-34	26
35-39	19
40-and above	17

Blood restoration called for the administration of these amounts

Cc	Percentage
Under 1,000	34
1,000-2,000	34
2,000-3,000	17
3,000-4,000	6
Over 4,000	9

Reactions were remarkably few when one considers the operational difficulties and tempo of a service providing care of such magnitude to the seriously wounded

Penicilin was administered in doses of 25,000 units every three hours. Days of administration averaged twenty-two days—a long period, in the light of present knowledge, but we felt that it was better than too brief a course, especially when dealing with wounds often necessarily and purposely left open

Radiologic studies were carried out as indicated The average wounding-to-reparative-surgeryinterval was under ten days in over two thirds of the cases

Restored to satisfactory physiologic balance, the patient was ready for reparative surgery. The distal thigh and proximal leg were prepared and a Kirschner wire was drilled, slowly, through the distal femur or tibial tubercle. In the former, if the fracture was above the lower third of the femur, in the later, if the fracture was below the junction of the middle and lower thirds. Passage of wire through traumatized tissue was avoided if possible.

A traction bow was applied and the extremity suspended in the 90—90—90, or vertical traction position, by means of the overhead, or so called "A" frame The entire operative field was then prepared This advantageous operative position affords excellent access to all quadrants of the thigh, it is a most adequate means of controlled traction and defines the fascial plane approaches very well

Smears and cultures were taken from the superficial and deeper strata In the light of the monumental work done by Dr Champ Lyons, on a routine run of contaminated wounds, our bac-

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Orthopedic Surgery, May 2, 1946

tenelogic studies did not justify any conclusion beyond the fact that contaminants were many and varied

The operator is the appraiser of the wound He alone determines its necessities, possibilities, and potentialities

Cardinal principles of wound management cannot be overemphasized Gentle and meticu lous handling of all tissue is a necessity for no claim is made that antibacterial therapy will prevent the septic decomposition of devitalized tissue, nor will it sterilize retained hematomata Ameontractile muscle was eliminated by sharp dissection, bleeding vessels were lighted without encompassing adjacent soft tissue hematemata were removed and the depths of the wounds in rigated from within outward with copious amount of saline. All pockets and recesses were climi-True, another hematoma undoubtedly formed but it was felt that its sentic possibilities could be safely neutralized by administration of the antibacterial substance Loose bone frag ments, and those with dubious periosteal attach ments, were removed

Twenty per cent of the cases required minimal tramming before closure and only 5 cases or 10 per cent required more extensive surgery. In these 5 patients, the wounds were left open until the fifth to seventh day and then closed. Approximately 70 per cent were adjudged clean and ready for closure on original inspection in base hospitals. Well-débrided wounds provided ex cellent access to the fracture zone.

Twenty-three cases were rigidly internally fixed in anatomic alignment, 15 through the original wound, 8 through elected posterolateral incisions. Four cases were immobilized by means of the Roger Anderson apparatus. Twenty cases were treated with skeletal traction only. The Army half ring splint with Pierson attachment was standard. Traction on a posteriorly displaced, distal fragment was accomplished with a wire and bow combination pulling at right angles to the shaft. Seven were immobilized in one and a half spicae, post-operatively.

As throughout, the judgment of the operator again determined the extent of the closure to be done. Considered were the feasibility and mechanics of endothelm fascial, cortical perfected, and tendinous coverage, the obliteration of dead space, provision for dependent drainage and skin coverage. Relaxing incisions, flaps, and grafts played significant roles at this juncture.

End-on mattress sutures of black silk were favored as they approximated deep and superficial layers, and removal left no nonabsorbable suture material buried in the depths of the wound Where necessary "OO' and 'OOO' chromic gut were used in the deep layers.

The posterolateral fasciotomy, as an incisional approach to the femoral shaft, follows fascial planes, provides excellent exposure, leaves an exit thoroughfare for wound debris, and, having served its purpose, will close spontaneously and well, without autures.

Fine meshed gauze, fluffed into the wounds, proved to be superior to vaschine gauze, or the usual rubber drains

Dressings should be copious, soft, and so applied as to exert a steady, evenly distributed pressure

Postoperative traction varied in direct proportion to the amount of muscle loss. Positions had to be checked frequently and the short, abducted, and flexed, proximal fragment necessitated shifting the distal fragment to align with the proximal in a few instances.

Postoperatively, copper sulfate senes determined the necessity for the intravenous therapy, and replacements to good physiologic levels were the order of the day

Physiotherapy was instituted when advised by the attending with particular stress on development of the inevitably poor quadricons

Nutrition played a major role and it was noted that, quite consistently, these patients lost ten to thirty five pounds. Muscle mass and tone decreased wounds failed to heal, and, without evidence of gastrointestand disease, hematocrit, hemoglobin, and plasma protein levels fell.

A dietary survey, based on 200 figures, speaks for itself in comparing available and ingested food

	Avnilable	Ingested
Proteins	99.2	81 1
Carbohydrates	391.8	294.9
Fats	122 1	102.2

Obviously, protein levels were dangerously low and after augmenting the diet, these were the values

	Available	Ingested
Proteins	129 7	114,85
Carbohydrates	386 0	205 1
Tats	150.8	131.5

This relatively small series did not justify iron clad conclusions but it did stimulate a greater, more comprehensive, and inclusive survey. More proteins were made available and the wounded gained weight, appetites improved, and, most important, wounds healed ever so much more rapidly due to a positive balance fostering new tissue synthesis.

Results

1 Conclusive and final evaluation of this series is pending but follow-up records received on 60 per cent are most encounging

- 2 Our average observation period was eighty days postwounding
- 3 Five cases returned to the States with draining sinuses Three of these closed and have remained so Two are, as yet, unreported
- 4 Two patients developed abscesses, one at five weeks, the other at seven These were drained, clinically, they did not communicate with the fracture zone, and both healed without incident
 - 5 There were no deaths
- 6 One amputation was at midtibia for dry gangrene secondary to a femoral artery severance and ligation. This was performed three months after admission with the femoral fracture well "frozen"

Conclusions

1 The pillars of management of compounded fractures are adequate, bold surgery, maintenance of excellent physiologic balance, and the

intelligent use of antibiotics

- 2 The posterolateral fascial plane dissection is an excellent avenue to and from the femoral shaft
- 3 The 90—90—90, or vertical traction position, provided unsurpassed access to all portions of the thigh and traction is easily maintained
- 4 Internal fixation does have a place in management of selected compounded fractures but one must weigh its advantages against the disadvantages scrupulously. It is an aid in soft tissue care and *must* not be performed for the sake of internally fixing these fractures.
- 5 Dietary deficiencies cannot be tolerated as new tissue synthesis is impossible if the patient is in negative balance
- 6 If there is a question of serious septic possibilities, staged or delayed closure may be employed to insure success of the therapy

Note The preceding is essentially a preliminary report Nonavailability of complete follow up information of at least two years' duration, justifies reservation of certain opinions until these studies are completed

CAROTENE AND VITAMIN A IN THE BODY

In plants, vitamin A potency follows closely the yellow-orange color of fruits and vegetables sweet potatoes, carrots, and yellow turnips were active in curing vitamin A deficiency, whereas the white varieties were largely without effect. Soon the concept became established that the yellow plant pigments alpha, beta, and gamma carotene and kryptoxanthine were precursors of vitamin A in the body and that the transformation of these hydrocarbons to the alcohol vitamin A took place in the liver The latter conclusion rested on the observations of Olcott and McCann¹ that when liver tissue from vitamin A deficient rats was incubated with carotene, and the ultraviolet absorption spectrum of the brei was examined, there was evidence of the presence of vitamin A These observations were both confirmed and denied in subsequent studies Nevertheless, the liver has been considered the site of change of carotene to vitamin A. Several older studies have shown that when carotene is administered parenterally the vitamin A content of the liver is not increased. In a contribution to this subject, Deuel and his coworkers3 demonstrate that, whereas carotene given by mouth is effective in combating vitamin A deficiency without evidence of accumula-

tion in the liver, it has no effect in this situation when administered parenterally, although in the latter case there is active deposition of the pigment in the Furthermore, it was shown that there is no destruction of carotene in the intestine servations not only raise the question with respect to the alleged part played by the liver in the change of the hydrocarbon pigment to vitamin A but also point to the intestinal wall as a possible site for this transformation One needs only to recall the effective way in which the intestinal epithelium synthesizes fats from the products of enzyme hydrolysis of the fat in the food to concede that the foregoing ex-A sound concept of gastroplanation is reasonable intestinal physiology is the beginning of wisdom in Deviations in absorption play an imnutrition portant part in clinical syndromes such as pellagra or pernicious anemia and in other nutritional deficiencies —Current Comment, JAMA, October 5, 1946

¹ Olcott, H S, and McCann D C Carotenase J Biol Chem 94 185 (Nov) 1931
2 Rea J and Drummond, J Ztschr f Vitaminsforsch
41 177 1932
3 Sexton E J Mehl, J W and Deuel, H J 31 299 (March 11) 1946

DIVERGENCE INSUFFICIENCY AND PARALYSIS

LIAMES WATSON WHITE, M.D., New York City*

The BRINGING the subject of divergence insufficiency and paralysis to your attention it is not with the idea of adding anything to the etiology, nor is it an attempt to locate a center controlling the lateral divergence of the visual AXCS Anatomists and neurologists, as well as many ophthalmologists denied that a separate center existed to control the lateral divergence of the visual axes, but thought that this function was controlled by a relaxation of the converging function

When the visual axes converged excessively, it was frequently, and still is considered either an overaction of convergence or a paretic lateral rectus of one or both sides. In later years however, the presence of a diverging center has been granted as probable but the exact location and mechanism of the function is still in question

I heard the late John M Wheeler present a paper on this subject some years ago cussors discussed cases of paresis of the lateral recti

Duane, in 1905, discussed this and gave the classic findings which do not vary in character in any of the cases reported here, but vary only in the amount of deviation

The typical findings are an esophoria or esotropia, more marked at 20 feet than at 33 cm The deviation becomes less as the tests are made at distances within 20 feet. Duane found that the esophoria or esotropia reduced in almost mathematical accuracy until at 20 cm many cases exhibited an exophoria His tests were made for convenience at 20 feet 10 feet, 3 feet 0 50 M, and 20 cm

Since divergence is a distant function tests should be made at greater distances than 20 feet, often at 100 to 1,000 feet. Many cases that are an esophoria at 20 feet become an esotropia at some greater distance

If diplopia is present, it is homonymous however, there is no increase as the eyes are rotated from right to left, as in a paresis of a lateral rectus, but rather, there is often less in looking to the right or left than in the primary position A prism, base out, sufficient to fuse the images at 20 feet, is quite insufficient at some greater distance, for example a prism fusing objects at 20 feet will be insufficient for traffic lights a block or Oncoming automobiles will be double Prism divergence for distance, which is normally 3 to 9 prism degrees, with the majority varying 4 to 7 prism degrees, is less than normal and many cannot overcome I prism degree, base in. at 20 feet.

The diplopus can rarely be taken at the usual 30-inch distance as most cases fuse at this distance The test for diplopia is botter made at 20 feet.

The symptoms are, beside diplopia, asthenopia of the panoramic type, burning of the eyes and lids nausca, and headaches The symptoms are so persistent that many patients are classed as neurasthenics and go the rounds of ophthalmologists and neurologists. The vision is usually normal with correction possible when necessary The kind and amount of ametropia has little, if any, effect. It is possible to have an asthenopus. due to divergence insufficiency, increased by an ametropia, or to a vertical imbalance.

Prangen noted the frequent presence of a hyperphona. Many of my cases have shown a hyperphona, usually small in amount and frequently so comitant that no one elevator or depressor can be named, which makes the hyper phona seem more like a divergence in the vertical plane. In others the paretic elevator or depressor is easily determined. The symptoms are so per sistent and severe that many cases resort to vari ous types of drugs to relieve the pain.

According to Sherrington's Law of reciprocal innervation, when an abductor is stimulated, the direct antagonist or the adductor of the same eye is relaxed and vice versa.

When the right-hand rotators are stimulated the left-hand rotators are relaxed, and vice versa. Duane, and others, give this law as the cause in the development of a convergent strabismus. of the convergence excess type. That is, with an esotropia due to a convergence excess by reciprocal innervation the divergence function is in hibited and a divergence insufficiency develops. This seems to be so, but the symptoms are quite different, being less severe than those of a primary divergence insufficiency However, treatment should be carried on with the secondary diver gence maufficiency in mind

Cases with measurements much like those of a divergence insufficiency are the cases of convergence excess that have had a bilateral recession or tenotomy of the medial rect. The weakening

^{*} Deceased, May 18, 1946

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Ophthalmology and Otolaryngology May 2, 1946.

of the medial recti may reduce the esotropia for proximity, more than for distance Such cases may be mistaken easily for cases of primary divergence insufficiency

The change in many cases from an esophoria or esotropia for distance to an exophoria at 20 to 25 cm. is an important factor in the treatment by either prisms or operation, as will be noted later

Any test that increases the converging effort is very apt to increase the esophoria for distance and nearness, often changing an esophoria to an esotropia. When this is done, all tests are unreliable for the time being and are better made at a later time. When an esophoria for nearness is present, the symptoms of a convergence excess may predominate. However, when there is an exophoria for nearness, with a remote near point of convergence, the symptoms of a convergence insufficiency may predominate. This is the reason why symptoms are often increased at close range.

When the esophoria or esotropia are the same for distance and nearness, a cycloplegic to paralyze the accommodation and the converging effort will lessen the esophoria for nearness, while the esophoria for distance will remain practically unchanged, if the esophoria is due to a divergence insufficiency

Treatment

Correct the ametropia, especially when hyperopic or myopic correction may affect the esophoria for nearness, and after the symptoms Prisms may be used to correct the esophoria, but if this is used at close range, the prisms may act as a constant converging exercise and increase the esophoria for nearness. This has been found in several cases, and also that when going without prisms for twenty-four hours, the esophoria for distance remained about the same, while the esophoria for nearness was decidedly reduced. When prescribing prisms in the distant glass, it is frequently necessary to have no prisms for nearness.

This is accomplished by having a near glass with a reduced prism, or none at all. The best arrangement is to have bifocals, with the segment having a weaker prism, or even no prism. Case histories will be given for emphasis

I have never had any result from orthoptic training in primary divergence insufficiency. However, in divergence insufficiency which is secondary to convergence excess, diverging exercises of any kind may aid, at least, in reducing symptoms

Operation

In cases with an esophoria or esotropia of 15 to 20 prism degrees, a shortening operation of the

lateral rectus of the nondominant eye has given the most satisfactory results

When the deviation is 20 prism degrees or over, it is better to operate both lateral recti. The medial recti should not be operated because of the frequent tendency to a convergence insufficiency, present before operation or developing later Re-operation is at times necessary, but should be confined to the unoperated lateral rectus, or to a re-operation of one or both lateral recti

Divergent paralysis comes on suddenly with other symptoms of a cerebral accident

One case of divergent paralysis recovered entirely, with the recovery from the cerebral accident. A second case had slight paralysis of one function or another, and finally died from what was described as a paralysis of respiration. Usually, the only immediate relief obtained is by occlusion of one eye combined with any systemic treatment that is indicated.

15 Park Avenue

Discussion

Franklin R. Webster, M.D., Syracuse—I will confine my discussion to divergence paralysis

Bielschowsky states that "Parinaud in 1883 was the first to describe the symptoms of divergence paralysis and since then many authors have confirmed his observations. Others, especially Berry and Alfred Graefe, have opposed the diagnosis, maintaining that the syndrome of divergence paralysis should be explained in a different way"

Duane, however, as Dr White has already stated, wrote on this subject only after spending many years studying the functions of convergence and divergence. In a paper by Dr John Wheeler, which Dr White has also mentioned, Dr Wheeler states that "Duane more than anyone else has insisted on the importance of a distinction between the function of convergence and that of internal rotation of the eyeball (adduction, adversion) and of a similar distinction between divergence of the eye and external rotation (abduction, abversion). A patient may be able to perform absolutely normal inward rotation of each eye by looking to the right and to the left and yet may be without the power of normal convergence.

Similarly, a patient may be able to perform outward rotation of each eye in a perfectly normal manner and yet have partial or total paralysis of the divergence power. Too much stress cannot be laid on this point "

The onset of divergence paralysis is usually sudden with the distressing symptom of homonymous diplopia, and it is this symptom which gives the oculist the clue to the diagnosis when the patient states he sees double for distance but not for closeness. One patient of mine gave me the clue when he stated, "Cars coming toward me appear double and as if, were I riding a bicycle, I could go in between them, but my work, which is appraising jewelry, does not bother me." Another patient, an engineer,

had his onset while driving a train from Buffalo to Syracuse

He said, "All of a sudden I saw eight tracks instead of four, but my controls close to me did not bother" He brought his train into Syracuse by closing one eye He retired soon after as he had already reached the age limit.

In these patients of divergence paralysis a convergent squint is apparent, but if their eyes are rotated outward, they will move in a normal manner A light brought toward these patients will fuse at several inches from the eyes Duane calls this "alagle vision by approximation." If the light is withdrawn fusion is maintained until the light is several inches farther away Duane calls this "single vision by recession" Wheeler explains this latter by the patient's ability to relax his convergence. Wheeler further states

"Perhaps the most striking thing brought out

in the subjective examination of cases of divergence paralysis is that as the patient looks to the right or to the left, there is actually less diplopia than in the primary position, so that when the testing light is carried to the right or to the left, the images seem to the patient to approach each other Thus. it is seen that the external recti readily perform their part in the conjugate movements. This is in sharp contrast to what happens when the same test is made in a case of external rectus paralysis. As you all know diplopia is increased as the patient looks to the right if the right external rectus is paralyzed and, similarly, it increases as the patient looks to the left if the left externus is paralyzed. if both externs are paralyzed, diplopsa increases whether the patient looks to the right or to the left from the primary position '

So it is important to remember that divergence paralysis does not mean paralysis of the external recti.

REHABILITATION CENTER FOR ARMY HARD OF HEARING CASES OPENED AT WALTER REED HOSPITAL

The Army's new and ultra modern rehabilitation center for the deafoned and hard of hearing has received 85 patients at the Forest Glen Section since it opened recently, Brig. Gen George C. Beach Jr., commanding general of the Army Medical Center and Walter Reed General Hospital has announced.

Designed as a special unit where the hearing handicapped can have their disability appraised and corrected to the maximum extent through hearing aids, hp reading, and speech correction, the Aural Rehabilitation Center will have sufficient space, equipment, and staff to care for as many as 250 students."

The GI enrolless—officers and enlisted personnel, women as well as men—will indeed, be students rather than patients. For persons ordered to the special Forest Glen facility which is a section of Walter Reed General Hospital, will be those who are finished with treatment and surgery and who now require rehabilitative attention.

Director of the Center is Maj Henry Cogswell Barnaby, an ear specialist who practiced in Glen Cove, Long Island NY, before the war Under him a staff of approximately 50 including 12 instructors in speech reading, six acoustic technicians expert in testing and fitting hearing sids, six tech nicians, five speech correctionists and smaller num bers of specialists in other fields will teach how the device is most efficiently used.

Soundproof testing rooms, where doctors and technical experts will be able to tell precisely what the subject a hearing loss is are on the bottom floor The two upper floors will house offices of the administrative staff, record keeper and Rod Cross unit.

A sound direction unit, including a control and

testing room, makes it possible to determine the exact angle of sound and assists the patient in learn

ing to localize the source of sound.

The unit will have its own earmold laboratory, where dental technicians familiar with the handling and properties of acrylic plastics will make the car-fitting molds into which the hearing aid a receiver is installed. Those molds are custom-made for each wearer, since no two individuals possess car canals that are identical.

Lip or speech, reading will be taught both in individual lessons and in class. A knowledge of its principles and fundamentals confers an added ad vantage upon the hard of hearing person, even if he

is a successful user of a hearing aid

Speech correction exercises will be given those whose enunciation or pronunciation has suffered as a result of hearing loss. Careful examinations and study will precede issuance of a hearing aid types are tested on the patient and the one that gives the best results, and which satisfies the learner most. is the one ultimately selected

Major Barnaby estimates that no more than 20 per cent of the Army's deafness and hard of hearing cases can be attributed to trauma, that is, to blast injury or some other combat-connected cause. The remainder were due to disease, infection aftereffects, or other unspectacular reasons.

Planned as an eight-week program the rehabilita tion course at Forest Glen has as its objective the transformation of every student into an independent, adjusted individual capable of resuming his or her place in society with the least possible handleap economically or socially —Office of the Surgeon General, October 18 1948

POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal. The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

Lecture by Dr Charles Connor

THE Broome County Medical Society will attend a lecture on February 11 in the auditorium of the Binghamton City Hospital in Binghamton, at 8 30 PM. Dr Charles A R. Connor, instructor in medicine, New York University, College of Medicine, will lecture on "Rheumatic Fever—Rheumatic Heart Disease"

Postgraduate Instruction for Geneva Academy of Medicine

ARTHRITIS—Acute and Chronic" will be the subject of the lecture to be given by Dr L Maxwell Lockie, professor of therapeutics and associate in medicine, University of Buffalo School of Medicine, on January 16

Dr Harry Gold, associate professor of pharma-

cology, Cornell University Medical College, will speak on "The Management of the Failing Heart," on February 20

The postgraduate instruction will be on Thursday evenings at 8 30 PM in the Seneca Hotel, Geneva, New York.

Series of Lectures for Richmond County

INSTRUCTION for members of the Richmond County Medical Society will be given every Thursday afternoon during January at 3 30 PM in the auditorium of the United States Marine Hospital, Stapleton, Staten Island

pital, Stapleton, Staten Island

"Rheumatic Fever—Rheumatic Heart Disease" is the topic of the first lecture on January 2 Dr Homer F Swift, of the Hospital of the Rockefeller Institute for Medical Research, will speak. On January 9 Dr Hugh Chaplin will discuss "Care and Feeding of Prematures" Dr Chaplin is clinical professor of pediatrics, New York University, College of Medicine On January 16, Dr Nathan Sobel,

who is assistant clinical professor of dermatology and syphilology, New York Post-Graduate Medical School, will speak on "Diagnosis and Treatment of Common Skin Diseases" Dr. Lloyd F. Craver, assistant professor of Clinical Medicine, Cornell University Medical College, will present a lecture entitled "Treatment of Lymphomatous Diseases," on January 23

The final lecture will be held on January 30 when Dr Herman O Mosenthal will discuss "Insulin in the Treatment of Diabetes" Dr Mosenthal is professor of clinical medicine, New York Post-

Graduate Medical School

"DOCTOR JONES" SAYS-

"What is the world coming to?" Some of the older folks, talking about the younger generation and its social activities—what some of 'em call its "law-lessness"—the crime waves and whatnot I don't know how many times I've heard that question And now, on top of all the rest, there's the peace situation, atomic bombs, food shortages, prices, and so on, to worry about But there's one consolation however bad the situation may be, it ain't so bad but what it's been a lot worse

It reminds me of the squib I read twenty-odd years ago One Englishman remarked to another that the *London Times* wasn't what it used to be "No," the other fellow says, "and it never was"

And, you know, it'd ease up considerable on our worrying organs if, once in a while, we'd relax and consider what the world's coming from Go back, for example, a little matter of three hundred years (and, in the history of the world, that ain't long) and look at England, where most of our Pilgrim Fathers hailed from

Among the socially elite, drunkenness and sexual promiscuity were the rule rather than the exception in the cities, folks that went out on the streets at night without a bodyguard were hable to be robbed

or murdered Anyone that lived forty years was old and, if they raised half the babies that were born, they were doing well The rich lived in luxury while the poor starved

An epidemic of plague, in London, carried off 10,000 people in a year and only stopped when there were no more susceptibles for it to work on The best doctors knew less scientific medicine than the average intelligent layman today Their "nurses" not only knew nothing about nursing but plenty of 'em—they had to lock up their valuables when they came in the house

Later, in our own country, human beings were sold as slaves, others "bound out" to servitude about

"Witches" were burned and people persecuted because of their religious views Epidemics ran 'til they burned 'emselves out

Yes, I crab, along with the rest, because I can't send out and get a porterhouse steak when I want it and I may wonder, occasionally, if the rising generation is going to turn out worse'n mine did But what the world's coming to—I'm reasonably sure it can't be half as bad as what it's coming from —Paul B Brooks, MD, in Health News, October 28, 1946

DEPARTMENT OF MEDICAL CARE INSURANCE

CONDUCTED BY GEORGE P FARRELL, DIRECTOR

Medical and Surgical Care, Inc., Unca, N Y

The following is the first in a series of histories of nonprofit voluntary medical care insurance plans operating in New York State

MEDICAL & Surgical Care, Inc., of Utica, N Y., was organized in 1939 by the Oneida County Medical Society with the cooperation of Hospital Plan, Inc. and public spirited citizens. It was the first Plan in New York State to be approved by the Insurance Department. Other County Medical Societies in the operating territory as well as the New York State Medical Society, have endorsed the Plan and cooperated splendidly thus adding speatly to the Plan's successful expansion

The original public offering of the Plan was made in April, 1940 During its six years of operation, the Plan has carefully studied and evaluated its various types of coverages. Certain changes toward further improvements are now receiving care-

ful consideration

Officers and Directors

The officers of the Plan who have served since its inception are president, Dr F M Miller Jr., first vice-president, Dr H. N Squier, accord vice-president, Dr J F Kelley, treasurer, Charles W Hall and secretary, Michael Yust. Besides these officers, the Board of Directors is composed of Drs. M J A'Hearn B F Golly, William Hale, Robert C. Hall, Fred G Jones, Hyzer W Jones, J B Lawler, Dan Meilen, F M Miller Sr., Harold L. Pender and Robert Warner, and Messre. Gilbert Butler, F Ramsay Devereux, J David Hogue, Leland D McCormac, Walter F Roberts, and Al bert R. Woodard, and Harold C Stephenson its managing Director The officers of the Plan who have served since its managing Director

Enrollment

Medical & Surgical Care, Inc. is offered to subscribers of the Blue Cross Hospital Plan Inc. to those enrolled in "Groups" and to thousands enrolled as 'Individuals.'

The enrollment as of September 30, 1946 totaled

Enrollment progress of Surgical Plans offered in conjunction with Hospital Plans may only be judged by the ratio or percentage of acceptance of one to the other Forty-eight per cent of Hospital Plan, Inc. members have added this valuable additional coverago,

Territory Covered

The operating territory of the Plan includes 30 per cent of the area of the State of New York con taining only 41/2 per cent of the State's population. These figures furnish an idea of the vast amount of agricultural enrollment involved.

The plan covers all or part of the following counties Chenango Delaware, Essex, Franklin Hamil ton Herkimer, Lewis, Madison Montgomery, Oneida, Oswego, Otsego and St. Lawrence.

Participating Physicians

Practically all physicians living in the area covered are 'participating' and their helpful cooperation

has made the Plan successful. The Participating Physician Fee is \$1 00 Full subscriber benefit foca are paid to any licensed physician
All elected officers and directors serve without

remuneration and the nonprofit Plan is tax exempt.

Operation Simplicity

In 1941 physicians were invited to mail their patients' bills to the Corporation's office where the amount of credit would be stamped and the bill forwarded to patient showing balance if any that is due the physician This procedure is not a must, but is used frequently In all cases the physician determines his own fee against which the printed Schedule of Benefits applies

Financial Position

As of September 30, 1946 assets of the Corpora-tion totaled \$300 030 Special reserves, including \$25 000 for unreported claims totaled \$26 217 Reserve for maternity care was \$50,000 Statutory and General Reserves equal \$135,293 making a total reserve account of \$211 510

Seven hundred thirty-five thousand two hundred and seventy six dollars have been paid or accrued

for surgical and medical claims.

The Plan has paid out 100 per cent the amounts originally agreed upon for the fee schedule and no money in any way has been charged off or is with held for possible future payments.

Surgical and Special Benefits

The medium priced Plan offers subscribers and dependents a credit toward the cost of care while in a hospital for anesthesia, \$10, x-ray, \$10 special laboratory \$7, metabolism, \$5 cardiogram \$5

Also for subscriber and dependents, the following is offered in office home or hospital or any other place maternity, \$50, cosarean section \$75, ectopic pregnancy, \$75, miscarriage, \$30, D&C,

Also available to members (not confined to a hospital) is surgery in accordance with printed schedule up to \$225 for subscriber Dependents are covered to \$125 at one-half the surgical schedule amount allowed subscriber

Special Benefits

One hundred and twenty-five business firms are paying for the cost of their employees enrollment in this and the cooperating Hospital Plan When 75 per cent or more of all employees in a firm are en-rolled, providing there is a minimum of 50 all wait-ing periods for maternity and pre-existing conditions are walved for both employees and enrolled dependents. Age limits are waived for employees. Dependents age limits are sixty days to sixty-six years for enrollment.

Low Cost Plan

A much lower cost Plan is also available which

carries a fee schedule approximately 25 per cent less than the Plan described

Medical Call Rider

Those subscribing to either surgical plan may elect to add, at a small additional cost, a Rider which provides a credit of \$2 00 toward the cost of each medical call made in a hospital Also included are three additional credits toward cost of calls made within ten days of hospital discharge at \$3 00 in the

home or \$2 00 m office The same amount of credit is allowed to both subscriber and dependent Approximately 20 per cent of those enrolled for Surgical and Special Benefits have added the Medical Call Rider

> Prepared and Submitted by Harold C Stephenson, Managing Director Medical and Surgical Care, Inc.

'THROW BACK YOUR SHOULDERS" POOR ADVICE FOR GOOD POSTURE

Good posture is important not only for the sake of appearance but also for comfort, mechanical efficiency and physiologic functioning, according to Beckett Howorth, M D, of New York.

Writing in the August 24 issue of the Journal of

the American Medical Association, Dr Howorth recognizes that certain things tend to prevent good posture, for example, "fatigue, lack of sleep, malnutrition or mental depression causes drooping, and the pelvis shifts and tilts forward, the abdomen profudes and the chest flattens. The corpulent abdomen throws the body off balance and the upper part of the trunk and the head are thrown back to maintain balance, resulting in a swayback posture and back strain. The tall person may stoop to reduce his height to that of his neighbors or to fit his clothes, doorways, stairs, furniture and Pullman Clothes which are too small or too tight also tend to cause imbalanced posture High heels tend to throw the weight forward, this effect must be counterbalanced by swaying the back or flexing the knees and hips, either of these compensations is apt to be uncomfortable and fatiguing Certain occupations, such as desk work, favor poor posture, especially when long hours are spent in one position and the desk and chair are not satisfactory

According to the author, the following harmful effects will result from continuous or habitual bad

posture

"Bad posture overstretches some of the muscles and ligaments, relaxes others and allows the stronger or shortened ones to contract further, increasing the bad effect, eg, the calf muscles shorten when high heels are worn. Poor posture reduces the circulation locally and generally, perhaps serving a temporarily useful purpose during relaxation but, if continued, diminishing the metabolism and efficiency of the cells and tissues, inducing sluggishness and drowsi-Breathing is shallow, with reduced oxygen ble for the tissues The abdominal organs available for the tissues sag (ptosis) and perform poorly, often with discomfort, resulting in constipation and headache physical and mental attitude is one of depression and sluggishness Backache, leg and foot pain and fatigue are frequent symptoms of bad posture, and consequently stooping, heavy work and participa-tion in sports are frequently avoided Lastly, clothes fit poorly when the posture is bad, and the general appearance of the individual is distasteful to others

A review of three standard positions—lying, sitting, and standing—follows, with Dr Howorth's suggestions for improvement of these static postures "Lying may be considered the fundamental hu-

man posture, since it usually occupies more hours of the day, and the position is more easily assumed than A sagging bed allows the muscles any other and ligaments of the upper part of the body to relax but stretches those on the opposite side and tends to distort the abdominal organs and chest All innerspring mattresses and most bed springs have an undesirable amount of sag, especially with a heavy occupant or two, and many of them bound like a rock-The best mattress ing horse when one moves from the standpoint of posture is one of felted cotton, hair or both, or of sponge rubber thick enough for comfort

"The sitting posture is of next importance to most people because of the large number of hours many of them spend sitting and because of the bad effects of poor sitting posture The basic sitting position should be with the trunk and head crect and cen-tered over the pelvis or tilted slightly forward, with a medium or slight lumbar arch and with the hips

and knees flexed at a right angle

"The standing position—this basic position has rtain ideal characteristics. The body should be certain ideal characteristics vertical and essentially straight when seen from the side as well as from the back. The vertical line should pass through the ear, shoulder, center of the hip and ankle when seen from the side, physiologic thoracic and lumbar spinal curves should be slight and the pelvis erect rather than tilted forward feet and knees should be directed forward, and the arches should not sag
The chest should be erect but not fully expanded or tense, the abdomen flat and relaxed neither sagging nor retracted The and relaxed, neither sagging nor retracted common admonition 'throw back your shoulders' is a poor and ineffective approach to good posture 'Suck in your stomach and throw out your chest' usually results in a tense, rigid, tiring posture which may be as bad as the posture it is intended to cor-The shoulders should rest comfortably on the chest rather than be held rigidly back with the arms turned outward The position should be maintained with the spine rather than the shoulders The body should achieve its full height in this position, with the head and chin level, not tilted back. There should be a feeling of tallness, with the top of the head pulling away from the soles of the feet

DEPARTMENT OF WORKMEN'S COMPENSATION

CONDUCTED BY DAVID J KALISKI, M.D. DIRECTOR

Important Announcement

A N important change in the Workmen's Com-pensation Law with respect to domestic workers became effective on January 1 1947 Chapter 311, Laws of 1946 (Workmen s Compensa tion Law), provides that domestic workers, other than those employed on farms, employed by the same employer for a minimum of forty-eight hours a week in a city or village of not less than 40 000 population come within the mandatory provisions of the Law and therefore the employer of any such domestic worker or workers must provide workmen's compensation insurance covering them

Although the new law specifically provides that the fallure of any employer to obtain such insurance shall not be a misdemeanor, as in the case of other employers, nevertheless any employer who is subject to the new law becomes personally liable for the payment of compensation benefits on account of the injury of domestic worker in case said employer is not insured Probably the fact that no insurance was carried whore required under the new law would deprive the employer of any defense in a civil

Attention is called to this new law, for according to the 1940 Casus, it would affect the following 18 cities in the State Albany, Bunghamton Buffalo Elmira, Jamestown, Mount Vernon, New Rochelte ow York City Ningara Falls, Poughkeepsie, Rochester Romm, Schencetady Syracuse, Troy Utica, White Plains, and Yonkers.

THE LABORATORY IN MEDICINE AND PUBLIC HEALTH

The public health laborators and the diagnostic clinical laboratory both serve important but distinct functions in the prevention and management of disease.

The organization and scope of the public health laboratories of California have been considered in this issue of California Medicine. The organization is properly decentralized. Thus the State laboratory does not usurp the duties of the city or county or ganization but aids them in their development and in the maintenance of high standards. It provides the essential services where they cannot be provided locally

The laboratory services performed by the system of county and state public health labora tories are concerned properly with matters of public health importance such as adequate control of the purity of water and food, in control of epidemic discase and other factors involving environmental sam Thus studies conducted by the public health laboratories revealed a dangerous degree of sewage pollution to exist on some of the popular ocean beaches. This led inevitably to quarantine of the beaches pending application of the corrective measures of sanitary engineering. Joint studies supported by public health laboratories, industry and Hooper Foundation of the University of Califorms have done much to develop and maintain the high standards of canning in our state. The re-cently developed Virus Research Laborator, supported in part by the Rockefeller Foundation and under the jurisdiction of the State Health Department contributes importantly in safe-guarding public health. As a policy it would seem desirable to have such research activities closely linked to Medical schools and schools of Public Health

The public health laboratories have a wide field of important activities and need not, indeed, should not,

encroach upon the field of the hospital or diagnostic laboratories. The diagnostic laboratory is an important element in the organization contributing to adequate care of the patient. Its services should be readily available to the physician and it should be under the direction of a woll-trained pathologist. The pathologist must see that a high standard of Inboratory service is available and should act as a consultant with the physician There has in fact been a shortage of trained pathologists but it appears that this is being overcome and an increasing number of able young men are choosing pathology as a specialty

The direct consideration of dagnostic problems by the pathologist and the attending physician has a great advantage over the impersonal and often delayed report coming out of a ro-mote laboratory Development of high-grade lab-oratory services in conjunction with adequate hospital facilities throughout the state constitutes one of our more important health needs. The young physician needs an adequate work shop Ho is not content with "guestwork" medicine. Our needs should be clarified by the hospital survey currently being conducted by the State Health Department. When the needs are defined, a concerted effort should be made to meet them,

The research laboratories that ultimately contribute to medicine represent nearly all branches of science. More direct in their contribution are the investigations emanating from the laboratories of the basic medical sciences. New technics of im portance will continue to filter down from "pure' actence to medical science and into the laboratories where they are applied in the prevention and care of disease. The role of the laboratory in medicine and public health will inevitably be one of increasing im portance.-Editornal California Medicine, August

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MEDICAL NEWS

Dr George Baehr Re-elected President of the New York Academy of Medicine

AT THE stated meeting of the New York Academy of Medicine, held on December 5, Dr George Baehr, who has served as president of the Academy since January 3, 1946, was re-elected president for a term of two years

dent for a term of two years

In addition, the following officers were elected vice-president, Dr Waldo B Farnum, trustees, Dr Bradley L Coley and Dr Seth M Milliken,

members of the Committee on Library, Dr Arnold Knapp, Dr Robert L Levy, and Dr Morris K. Smith, members of the Committee on Admission, Dr Ralph Colp, Dr Dabney Moon-Adams, Dr Ralph L Barrett, and Dr Frederick C Hunt, and Dr Charles G Williamson, member of the Committee on Admission to fill the unexpired term of Dr Arthur C DeGraff

Diabetes Association to Hold Open Meeting

THE New York Diabetes Association, Inc, 2 East 103rd Street, New York 29, will hold an open meeting on Saturday, January 11, 1947, at 8 30 P M in the Blumenthal Auditorium, Mount Sinai Hospital New York City

The program, with Dr Herman O Mosenthal, chairman, Committee on Internal Medicine, presiding, will consist of a lecture on "Recent Studies on the Function of the Adrenal Cortex" by Dr C N H Long, Sterling professor of physiologic chemstry, Yale University, with discussions by Dr

Robert F Loeb, Lambert professor of medicine, Columbia University, College of Physicians and Surgeons, Dr Louis J Soffer, associate attending physician, Mount Sinai Hospital, and Dr I Arthur Mirsky, director of the May Institute for Medical Research and associate professor of experimental medicine, University of Cincinnati

Members of the Council of the American Diabetes Association will be the guests of the New York Diabetes Association at this meeting. All physicians and medical students are cordially invited to attend.

British Doctor Honored for War Work on Tropical Disease Control

DR NEIL HAMILTON FAIRLEY, professor of tropical medicine of the London School of Hygiene and Tropical Medicine, was awarded the Richard Pearson Strong Medal on November 26, as "a soldier who has conquered disease, relieved the suffering, and saved the lives of innumerable persons in many lands" at a special dinner meeting of the American Foundation for Tropical Medicine at the University Club, New York During the war, Dr Fairley was chairman of the combined Advisory

Committee on Tropical Medicine to General Mac-Arthur

The presentation was made by Col Richard Pearson Strong, United States Medical Corps (retired), for whom the medal and award were named, and who received it first in February, 1944

The award, together with a \$500 cash honorarium, was established by the Foundation through a gift by the Winthrop Chemical Company, Inc

Personalities

Dr Ralph E Swope, of New York City, who served from October, 1942, to May, 1946, in the Medical Corps of the Army, returned with the rank of major and has resumed his practice in internal medicine. He is associated with Dr Charles F Tenney, at 47 East 66th Street, New York City He has also resumed his position as chief of the adult cardiac clinic and is teaching cardiology at the New York Medical College

Dr Frederick Reiss, formerly professor of dermatology at the National Medical College, and St John's University Medical College, Shanghai, China, and recently of Cornell University Medical College, has been appointed associate clinical professor in the department of dermatology and syphilology, New York University, College of Medicine

as chief of the plastic surgery section at Dibble General Hospital, Menlo Park, California *

Dr Macomber received a citation from the surgeon general commending him for his contribution

Dr G Thomas Giordano, of Endicott, who has completed his course in pediatrics at the Columbia University Post-Graduate Medical School, has returned home after being a resident in pediatrics at the Post-Graduate Hospital, New York City

Dr Giordano is a veteran of World War II, having served in the Medical Corps both in the United States and in the African theater He will continue his affiliation with the Endicott Johnson Medical staff, and will also have a private office *

Dr W B Macomber, of Albany, has been honored for his wartime service as a lieutenant colonel in the Army Medical Corps

Dr Perry J Nott, of Long Beach, has returned from service and has announced the opening of his

^{*} Asterisk indicates that item is from a local newspaper

office for the general practice of medicine and surgery in Long Beach.*

Dr Frederick Saunders, of Elmsford, having been honorably discharged from the Army Medical Corps, resumed his practice of medicine and surgery in Emaford, on or about December I Previously located in New York, Dr Saunders joined the Army the early part of 1942 Two years of overseas duty in the Pacific were spent for the greater part on Salpan. Here soon after D-Day, Dr Saunders spent several months working in the tents designated as the Japanese Civilian Hospital Dr Saunders then organized and became head of the Dermatology, Venereology, and Allergy sections of the 176th Sta tion Hospital

For the first time in the history of Mastic, a physician resides in the area. Samuel Gelband, M D, has opened his office at Stuyvesant Avenue and State Street.

Dr Gelband is a graduate of the University of Georgia and received his medical training at the Anderson School of Medicine, Glasgow, Scotland. During his stay in Great Britain, before the United States became involved in the war he practiced in Bristol, England, and Glasgow Scotland

Upon his return to the United States, Dr Gelband was associated with the New York City hospitals. In 1943, he became a first lieutenant in the United

States Army *

Dr Jesse C. Lawrence, of Bellmore, Long Island, who served four years with the U.S. Army Medical Department, has taken over the practice of the late

Dr William E. Goum, of Bellmore.

Dr Lawrence, commissioned a first licutement in April, 1942, was promoted to the rank of captain the following year He was battalion surgeon with the 338th infantry remment of the 85th division, and served in Africa and Italy He received the Bronze Star decoration for herosm in May, 1944 Following his release from active duty last March, he took a refresher course at Bellevue Hospital.*

Dr David H. DePew, of Ogdensburg who was a medical officer in the Army in the Pacific during the war, has returned to Ogdensburg on terminal leave and rejoined the staff of the A. Barton Hepburn Hospital. He is now acting as assistant to Dr John E. Free chief surgeon, and has charge of all postoperative work.*

Dr Jacob 8. Feynman, who practiced medicine in Corinth from 1938 to 1943 before he entered military service, has opened an office at 15 Marion Place

Saratoga.

Dr Feynman received his honorable discharge
Dr Feynman received his honorable discharge from the Army last summer after three and a half years of service. For two years he was with the 53rd General Hospital in the European Theater and was also with other units in France and Germany *

Dr Samuel Horowits, of Ogdensburg, has opened an office at 816 State Street for general medical practice

The former Army Medical Corps captain has been associated with the surgical department at the A. Barton Hepburn Hospital since his return from active service in January, 1946 *

Dr Meyer I Krischer of Elmsford has opened an office for the practice of medicine and surgery at 17 South Lawn Avenue.

Dr Krischer is a former Field Artillery battalion surgeon and instructor at the Army's Medical Field Service School at Carlisle Barracks, Pennsylvania.

Before the war Dr Kracher was a member of the Kings County Medical Society and practiced in Brooklyn He was commissioned in April, 1941, and after service at the Carlisle School, was assigned to the 34th Infantry Division. He saw action in the Tunisia and Naples-Foggie campaigns with the 151st Field Artiller

After receiving his medical degree from the University of Glasgow, Scotland, Dr Krischer interned in New York City He was formerly on the staff of

Gouverneur Hospital there.

Dr John J Hogan, of Syracuse, is reopening his office at 1814 W Genesee Street, following three years service in the Army Medical Corps.

He attended the medical field service school at Carlisle Barracks, Pennsylvania, and took a threecampies harraces, Fernsylvains, and cook a Circo-month course in internal medicine at Mayo Clime, Rochester Minnesota. Later he was ward officer at Lovoil General Hospital, Fort Devens Mass-achusotts, and was at the station hospital, Camp Campbell, Kentucky He participated in the New Gunnea and Philippine campaigns and was awarded the bronze star for each of these operations

Dr Hogan received his medical degree at Syracuse in 1934. He is an instructor in medicine at the College of Medicine and associate physician at Memorial Hospital. He recently completed postgraduate training at Harvard and Peter Bent Brig

ham Hospital, Boston. *

Dr Martin B Tinker and Dr Martin B Tinker Jr have reopened offices in Ithaca and resumed the practice of surgery

Development of a full-scale health program for Broome County has been endorsed by the Broome County Medical Society

This was announced November 15 by Dr Ralph M Vincent, Binghamton District State health officer who said he discussed the proposed program for Broome County recently with society members.

Development of an adequate health program for

the county was approved by the Society, 'Dr Vin cent said.

The State health official said he hoped to talk with county officials about the possibility of a \$50 000 appropriation to help defray the expense of establishing more adequate health services for the county On this basis the state would contribute \$100,225

to provide an overall total of \$150,450 with which to institute such a program he added.

Dr Vincent said the proposed program would not

' disturb the county's present orthopedic or physi

cally handicapped program, nor its school nursing program "

An address by Dr I J Rosefsky, of Binghamton, featured the meeting of the Cerebral Palsy Association of Southern New York on November 15 in Phelps Hall, Binghamton City Hospital *

County News

Chautauqua County

Appointment of Dr George Rubenstein, of Dunkirk, as U S Veterans Administration authorizing physician for the Dunkirk area was announced on November 6, by C W Hourt, contact representa-tive in charge of the V A office Mr Hourt said the appointment was made by Dr Frank E Brundage, V A medical officer of the Buffalo Regional A medical officer of the Buffalo Regional Office

Dunkirk area veterans may now apply at the east wing of School 7 for authorization by Dr Rubenstem for treatment of their service-connected disabilities, Mr Hourt explained They may receive this treatment from their own physicians, he added

Veterans Administration authorizing physicians in the Buffalo Region now are at Dunkirl, Buffalo, Syracuse, Rochester, Ogdensburg, Hornell, Olean, Lackawanna, and Binghamton *

Chenango County

"The Physical Examination of the Child Importance in Diagnosis" was the subject discussed by Dr Marjorie F Murray, at a meeting of the Chenango County Medical Society, on December 10 Dr Murray is pediatrician-in-chief at the Mary Imogene Bassett Hospital, Cooperstown.

Dutchess County

The December meeting of the Dutchess County Medical Society was held at the Pavilion at Hudson River State Hospital on Wednesday evening, December 11, 1946, at 8 30 P M

Dr Clay Ray Murray, Dr Sawnie Gaston, and Dr Barbara Stimson, of Columbia Presbyterian Medical Center, discussed "Fracture Problems"

Recommendations made by the Dutchess County Medical Society that the Board of Supervisors give consideration to formation of a county health district and a county laboratory, recently were referred to the board's Health Committee for study

Supervisor Supple, board chairman, referred the recommendations to the Health Committee, headed by Supervisor Jones, after the Medical Society's letter had been read to the entire board cal Society passed the resolutions at a recent meeting and directed that the organization's action be made known to the Board of Supervisors

Dr John F Rogers was elected president, on November 4, of the newly formed Physician Veterans of Dutchess County, formed by physicians who served in World War II in order to "better serve the interests of the physician veterans of the county as related to the medical profession "

Other officers elected at the organization meeting, held at Vassar Hospital, were Dr Neil C Stone, first vice-president, Dr A A Leonidoff, second vice-president and chairman of the executive committee, and Dr Harold C Rosenthal, secretary-

treasurer

The executive committee is composed of the elected officers plus Dr John Turiga, Beacon, Dr E Alan Larkin, Amenia, Dr Crawford McLane, Poughkeepsie, and Dr Frederick Zipser, Red Hook

Two types of membership have been determined for the new organization. Active memberships shall be limited to physician veterans of the county of World War II "who served actively and honorably in the armed forces of the US and/or its allies, during the emergency." Associate memberships shall be limited to veterans "who served actively and honorably as physicians in the armed forces of the US and/or its allies in World War I and who are now residents in Dutchess County "*

Erie County

There probably are unsuspected murderers at large and persons being punished for "crimes" that were never committed, because of 'lack of a competent mechanism in the average American community to investigate adequately the cause of many deaths," Dr Alan R. Moritz, professor of forensic medicine at Harvard University, indicated on November 6

Skilled medical men with knowledge of pathology are needed for official postmortem investigations in the interests of public safety, Dr Moritz told 90 members and guests of the Buffalo Academy of Medicine, in the Museum of Science The meeting was sponsored by the Academy's Pathology Section

"One out of every five deaths in the nation is due either to unknown causes or to violence of some kind," he said
"Public safety demands a competent mechanism

to examine this 20 per cent for cause of death for these reasons so murder may not go unsuspected or undetected, so the innocent may not suffer for 'crimes' which never occurred, so preventible or controllable hazards to public health may be recognized "*

More clinics and workers are needed to treat spastic paralytics throughout the State, physicians and hospital authorities told the joint legislative committee studying the problem of cerebral palsy at a public hearing, on November 7, at the County Hall, in Buffalo

Dr Richard A Downey, of Buffalo, said that, as far as he knew, the inpatient department at Children's Hospital was the only one in the State with

Dr Mitchell I Rubin, presenting a statement from the Eric County Medical Society's General Palsy Committee, said the State should offer aid to those unable to pay the cost of medical care statement recommended an educational program regarding the needs of victims for medical and allied groups, a wider distribution in the State of cerebral palsy centers, a research program, and making any program adopted a cooperative effort involving all specialists dealing with the problem

The Medical Society of the County of Erie will take to the air waves again in January according to an announcement by Dr John D Naples chairman of the Society's Special Committee on Public Rela tions, Education and Radio Programs

A long-range series of weekly educational broad casta—the second undertaken by the Society—will be conducted over Station WEBR, whose generality is hereby acknowledged by the Radio and Public Relations Committee Dr Porter A Steele Society President, and the Society as a body

It appeared likely that the new program of broad casts would depart from the familiar round table technic that characterized the well received initial series conducted by the Society in the summer of

1945

Dr Naples announced that he will convene a meet ing of his committee soon to consider the type of programs to be presented topics to be discussed, and act upon other phases of the project The commit-tee commits of the following Dr Naples chairman The commit-Dr Harry C Guess cochairman and Dr Leslie A Benson The close cooperation of all specialty groups will be enlisted by the committee

Jefferson County

Dr Wendell D George, of Watertown, for the past year vice-president of the Jefferson County Medical Society was elected president of the Society when the organization held its annual meeting at the Black River Valley Club November 14

The new president succeeds Dr. Sumner E. Doug las, of Adams, whose term expired Dr Douglas was elected a member of the board of censors in accordance with the precedent of electing the retiring president as a censor He was also chosen delegate to the meeting of the Fifth District Branch of the Mod ital Society to be held next October, Dr Terry S Montague, city health officer, being chosen alternate Dr L Otls Fox, of Brownville was elected vice-

president to succeed Dr George and will be in line for the presidency next year Dr Charles A Prud hon was re-elected secretary, and Dr Lawrence L.

Henderson was re-elected treasurer

Four members of the board of censors were re elected Dr Harlow G Farmer and Dr S E. Simpson Watertown, Dr Leon L Samson, Alexan-dria Bay and Dr E E. Babcock Adams Center

who, with Dr Douglas, will compose the board.
Dr George acknowledged at the meeting the fact that the membership of Dr George B Ewing, now of Lafargeville, has been transferred to the Jefferson County Medical Society from the Delaware County Medical Society *

"Diabetes Mellitus—Its Modern Interpretation and Treatment" was discussed by Dr. George E. Anderson at the December meeting of the Society held at the Black River Valley Club Dr Ander son is clinical professor of medicine, Long Island College of Medicme, Brooklyn

Kings County

The Brooklyn Cancer Committee announced recently that a meeting summarising the most recent information on cancer research was held at the Brooklyn Academy of Music, on November 7

Dr Michael R. Deddish, of Memorial Hospital, Manhattan, formerly with the United States Naval Hospital, Medical and Dental Schools at Bethesda. Maryland, spoke His subject was "Advancing Fronts in Cancer Research."

With this meeting the Cancer Committee launched its new policy of holding each year one or more programs designed to bring the latest knowledge on cancer treatment, research and allied topics to professional workers, Dr S Potter Bartley, chairman

of the committee said

The program for the meeting was planned by Dr Earl A. Martin, chairman of the biology department of Brooklyn College, and a committee of teachers

representing the Office of Education

A technical film basic to the research program was There was a discussion period during which the audience was able to ask questions concerning the treatment, diagnosis, and nature of cancer

Madison County

Dr Richard Cuthbert of Canastota, was elected president of the Madison County Medical Society at the 140th annual dinner meeting of the Society at Hotel Oneida on November 7 He succeeds Dr Felix Ottaviano

Other officers named were vice-president, Dr Edward Huxson, Oneida, secretary Dr Lee S Preston, Oneida re-elected, treasurer, Dr George Pixley Canastota.*

Monroe County

Dr Arthur C. DeGraff professor of therapeutics at the New York University, College of Medicine, delivered the principal lecture at the meeting of the Monroe County Medical Society's postgraduate

Dr DeGraff spoke on "Evaluation of Methods to Determine How Much a Cardiac Must Limit

His Activities.

Nassau County

The Nassau County Cancer Committee will merge its efforts with those of the county government in plans for the expansion of Mendowbrook Hospital Dr Arthur C Martin chairman of the committee, revealed November 14 at the Ninth Annual Cancer Institute held in the Garden City Hotel

"There all types of cancer cases will find a haven where the best scientific knowledge can be brought Martin told more than 300 persons who at-

tended the luncheon and forum session

The Cancer Committee conducted a drive last spring for the purpose of raising funds to build a home for cancer patients The committee has now decided, the chairman stated that a joint effort with the county will "provide in a much more extensive

the county win provide in a much more extensive way for that need.

'The Cancer Committee, through its years of work at the grass roots of the problem, can be of tremendous advisory aid to the hespital's board of managers. The funds given to us will be used to further provisions for cancer patients at Meadow brook. They will be expended for no purpose for which they were not intended.

The routine work of the group chiefly that of educating the public, will go on Martin asserted

The four speakers at the afternoon panel discussion joined together in emphasizing the paramount importance of early diagnosis and treatment of cancer They were Dr Joseph H Farrow con sultant oncologist at Vassar College, Dr John A.

Kelly, senior attending obstetrician and gynecologist, Misericordia Hospital, New York, Dr Gordon P McNeer, adjunct consultant, gastrointestinal diseases, Meadowbrook Hospital, and Dr H R Tollefsen, adjunct consultant, intraoral neoplasms, Meadowbrook Hospital *

New York County

Awards of the four Lions Club scholarships for advanced study of eye diseases at New York University, College of Medicine, were announced in November by Dr Currier McEwen, dean of the College The doctors, selected by the University's depart-

The doctors, selected by the University's department of ophthalmology for the \$500 awards are Edward Danforth, Bainbridge, New York, Charles Goldsmith, Catasauqua, Pennsylvania, Jonathan L Harris, Elberon, New Jersey, and Hugh McGhee, Jeffersonville, New York All are postgraduate students at the College of Medicine and are specializing in ophthalmology

The Eye Conservation Fund, Inc, of the New York Lions Club initiated the scholarship plan last spring with a gift of \$2,000 to the College Ernest R Fryxell, chairman of the Eye Conservation Fund, stated that the Lions Club will provide four scholarships annually for advanced study of eye diseases at

New York University

Dr Howard Fox spoke on "Dermatologic Features of Syphilis," on December 28 at the New York City Department of Health, at the concluding meeting in the current Venereal Disease seminar for practicing physicians A lantern slide demonstration accompanied the talk

Dr Fox is editor of the Archives of Dermatology and Syphilology and professor emeritus of dermatology and syphilology at the New York University,

College of Medicine

Oneida County

An increase in fees charged by physicians, brought about by "the long-standing upward spiral of all basic commodity costs," was announced November 15 by the Medical Society of the County of Oneida

The action, taken at a recent meeting, raises the schedule for office calls to \$3 and house calls to \$4. Previously, most physicians charged \$2 and \$3 respectively, for these calls

The Society members also decided to add \$1 per mile, one way, to the cost for out-of-town calls *

Fifty physicians who specialize in nervous and mental disorders held a dinner meeting in November in Utica State Hospital, at the call of the newly organized Mohawk Valley Neuropsychiatric Society, and with Dr Arthur W Pense, acting director there, as host

The physicians were from the area between and including Albany and Syracuse The principal speaker was Dr Lother Kalinowsky, New York, one of the first doctors in this country to use the electroshock therapy

Dr James N Palmer, Utica State Hospital, spoke on dementia praecox and Dr Richard H Hutchings, retired superintendent of the hospital,

discussed the subject

Neurological diagnostics were analyzed by Dr Oswald J McKendree, Utica State, and discussed by Dr Robert H Stevens, Utica neurosurgeon *

Onondaga County

"Rehabilitation of the Handicapped" was the topic of a symposium on November 22 at the College of Medicine, Syracuse University, sponsored by Central New York Chapter, American Physiotherapy Association

Leader of the discussion was Dr William M Cruikshank, director of special education at Syracuse University Dr Cruikshank has had much experience in the field, including service as clinical psychologist with the 231st General Hospital during the war *

Orange County

Headache was the topic of discussion by Dr Harold G Wolff, associate professor of medicine and associate professor of psychiatry, Cornell University Medical College, at a meeting Goshen Court House sponsored by the Orange County Medical Society on November 12

The postgraduate instruction was arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New

York.

Steuben County

The annual meeting of the Steuben County Medical Society was held at Bath, New York, on November 14.

The following officers were elected for the year 1947 president, Dr L A Thomas, vice-president, Dr V S Higby, secretary-treasurer, Dr R. J Shafer, delegate, Dr W J Tracey, and censor, Dr A J Karl

MEDICINE—THEN AND NOW

It was "political medicine" back in 1663

The magazine, The Medical Way, reports that the first American degree of doctor of medicine was conferred by the General Court of Rhode Island Capt John Cranston in 1663 was licensed by the court to practice "chirurgerie" and to administer "physick"

Yale gave the honorary degree of doctor of medicine in 1720 It was conferred on one Daniel Tucker who had been a liberal donor to the university Some sharp tongues translated the M D into "Mul-

tum donavit"

A strangely modern beginning for the highly respected profession of medicine, its current critics will say However, the University of Pennsylvania, then the College of Philadelphia, retrieved the honor of the young profession in 1768 and put it on the right track. In that year the university conferred the degree of bachelor of medicine according to the custom prevailing in England.

The idea was that the bachelors were supposed to return to college and get their doctorates. So few of them did that the college discontinued giving the bachelor's degree in 1789

By 1771 four graduates of the class of '68 had received M D degrees The four were Jonathan Elmer, Jonathan Potts, James Tilton, and Nicholas Way (The last-named a relative of the C W Way who edits the magazine which printed the story?)

The first full medical degrees, the magazine relates, were granted in 1770 by Kings College, predecessor of the Columbia University, College of Physicians and Surgeons—It took only one year beyond college graduation to get the degree in those days Robert Tucker got his bachelor's degree at Kings in 1769 and a year later was granted the doctorate to become the American Colonies' first home-grown M D—Lake County Medical News, September, 1946

HOSPITAL NEWS

Three Veterans Hospitals to Be Built in New York State

PRELIMINARY plans have been approved to build three veterans, hospitals in New York State, one of thom in New York City the War Department announced recently

Incorporating developments in hospital planning made by the Army during the war the 1 000-bed hospitals will be sixteen stories high in order to provide sunny rooms and pleasant there in the tients

The plans are the first to be approved unfor the Veterans Administrations 2000,000,000 pround of building soventy-six hospitals and transformation additions in the United Exter. The York Hospital will be at Fort Hamilton, Exception and the other two now approved are to be at America and Buffalo

Erythrobiastosis Fetalis Clinic at Jewish Memorial Hospital

THE Jewish Memorial Hospital has established a clinic for the study and treatment of erythroblastosis fetalia.

The clinic will be under the direction of Dr Harry Wallerstein, hematologist to the Hospital in collaboration with the following committee Dr Milton J Goodifiend attending obstetrician, Dr Michael Schuman attending pediatrician Dr Alfred Angrist, director of laboratories, and Dr Philip Levine, consulting serologist.

The clinic solicits specimens for study from enter with implications of erythroblastoris feate. In suitable cases mothers will be accepted for admision to the pronatal clinic and/or delivery Enlive born outside this institution in whom the surplace of crythroblastosis exists will also be accepted for

For further information communicate with the Superintendent of the Hospital Broadway and 196th St. (Telephone Lorraine 7 = 3000.)

Newsy Notes

Veterans Administration plans call for the opening of the former U.S. Public Health Service Hospital at Sheepshead Bay as a veterans' hospital by January 1, it was announced recently by David P Page, Deputy Veterans Administrator for New York.

According to plans, 400 veterans will be hospitalized at Sheepshead including 200 patients now being treated at the Bronx Veterans Hospital

A cadre of ten key medical and administrative personnel for the hospital is now being selected and

418 persons will be required to staff the hospital Chief of the Medical Service at Sheepahead Bay will be Dr James E. Boyd, of Baldwin, formerly a commanding officer of army hospitals in the ETO.

Ground breaking ceremonies are energy and on Ground breaking carcinomas and an order of of October 20 on the site in Schement and St. Clare 200-bed hospital is to be small. The Most Rev Edmund F Grand Sales of

the Albany Catholic Diocese to a date of and was assisted by Mother And augurior of the Sisters of the Para Produce promora

Rev William C. Keane, server I want of directors of the hospital attenty as rentinger that \$1 501 053 19 had been tothe if for the erection of the hospital, and sets for funds would be continued in men to the determined in the state of balance of the amount needed.

balance of the amount needed.

Speakers were Schenectary

Eyek, Bashop Edmund C.

William E Gaseley, presider for the Dr.

County Medical Society

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The County Medical Society

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The total amount secured in the second appeal of the Central Suffolk Hospital Campaign is \$80 877 The goal of the campaign is \$200 000

Plans for a new 300-bed, 12-story city-operated cancer hospital in Manhattan were filed with the Department of Housing and Buildings on November 1. The hospital, to cost \$2,900,000, will be erected in the projected Memorial Cancer Conter on the east side of First Avenue, between 67th and 68th streets.

To be called the James Ewing Hospital for Cancer the building will be completed sometime in 1948 and, with Memorial Hospital and the new Stoan Kettering Institute for Cancer Research Sloan Kettering Institute for Cancer Research how under construction, will complete the center

devoted to the study and treatment of cancer
The hospital will contain laboratories, operating
rooms, offices, classrooms, wards, and living quar
true for the hospital staff. ters for the hospital staff

e Asteriak indicates that item is from a local newspaper

Rockaway Beach Hospital in Long Island, expects work to be started soon on new additions to the building, which will place it in condition to give better local hospital service until a new building can be erected

The principal addition will be a new floor on the Soldiers and Sailors Memorial Wing, which was erected following World War I The new floor will erected following World War I permit greatly needed enlargement of the hospital's maternity department and also a new operating

room layout

Another addition is being planned to the older part of the building. This will provide additional laboratory space, a new doctors' library and some enlargement of the hospital's administrative department *

The \$2,750,00 building fund goal for the new Beekman-Downtown Hospital, in New York City, has been oversubscribed by \$150,000, it was announced recently by Elisha Walker, chairman of the hospital board, and Howard S Cullman, president. In an interim report they disclosed that the money has been invested in short-term government bonds.

The report also stated that despite limited space in the present hospital building, a Health Review Clime has been set up to provide pre-employment examinations and periodic checkups for employees of business houses in downtown Manhattan *

Dr Nathan Rabison, twenty-five, a young intern at Unity Hospital, Brooklyn, who was killed July 29 when the ambulance in which he rode was overturned in a collision on Rockaway Avenue, was honored posthumously at a meeting of the staff in the hospital, St John's Place and Buffalo Avenue

Dr George I Miller, surgeon-in-chief, presided, and Dr Sidney Natelson, in behalf of the interns and colleages of Dr Rabison, presented to the hospital a plaque in memory of the deceased It was accepted for the hospital by Municipal Court Justice Jacob S Strahl

This was followed by the presentation of a certificate to the intern's mother Dr Harry Apfel, president of the medical board, made the presenta-

Rabbi Morris S Granchrow, chaplain of the hospital for the past fifteen years, blessed the plaque and pronounced the invocation and benediction

At The Helm

Appointment of Dr Ralph Horton, of Oneonta, who was cured of incipient tuberculosis in 1930, as general director of Tuberculosis Hospitals, State Health Department, has been announced by Gover-

Dr Horton, now director of the Homer Folks State Tuberculosis Hospital at Oneonta, will be responsible for inspection and supervision of all county and city hospitals which will take part in the state-wide program to eliminate tuberculosis in the State within twenty years *

Dr John R. Ross, senior director of the Hudson River State Hospital and former superintendent of the Harley Valley State Hospital, retired on November 30 as director of the Hospital and from the service of the State Mental Hygiene Department

Dr Ross completed thirty-seven years of service with the State Department of Mental Hygiene in November In point of service he was the oldest director in the State *

Dr Phillip Brown has been appointed full-time radiologist at the North Country Community Hospital as of October 1 Dr Brown is a graduate of the Columbia University College of Physicians and Surgeons, New York City, and is certified by the American Board of Radiology Prior to his enlistment in the US Navy as Lieutenant (1 g) MC(S)-USNR, he served as resident physician in radiology at the Presbyterian Hospital *

Dr Mendel Jacobi, assistant medical examiner for Staten Island, has been named consulting physi-cian at St Vincent's Hospital

Dr Henry I Fineberg was recently appointed medical superintendent of Queens General and Triboro hospitals Dr Fineberg succeeds Dr Marcus D Kogel, who was promoted to general medical superintendent of all New York City hospitals

Dr L Howard Moss, of Richmond Hill, Jamaica, was the guest of honor October 16 at a testimonial dinner given by the staff of Jamaica Hospital in the Garden City Hotel

The affair paid recognition to Dr Moss's forty-three years of continuous service to Jamaica Hospital, in which he was chief of the surgical staff until

his retirement last year

Dr Moss has been succeeded as surgical director of the hospital by Dr Joseph D Hallinan, also of

Richmond Hill

A former president of the Queens Medical Society, Dr Moss has been a physician in the borough of Jamaica for a year longer than his career as a Jamaica Hospital staff member He started practicing in Richmond Hill in 1902 after graduating from Columbia University, College of Physicians and Surgeons *

Dr V S LeQuire, of Rochester, has succeeded Dr A C Aufderheide in intern service at the Geneva General Hospital He began his new duties October 1

Dr Arnold A Karan, superintendent of Bronx Hospital and Dispensary, has been appointed a member of the hospital advisory committee of Associated Hospital Service—New York's Blue Cross

[Continued on page 78]



ARTHRITIS and RHEUMATISM

Ray Formosil for intramuscular injection is a clinically proved, effective treatment in most cases of Arthritis and Rheumatism. It is a non toxic and sterile, buffered solution containing in each cc the equivalent of

Formic Acid

Hydrated Silicic Acid

5 mg 2.25 mg

A descriptive folder will be furnished upon request.



[Continued from page 76]

Improvements

Recently installed new equipment at the Soldiers and Sailors Hospital in Penn Yan was inspected by the board of directors following a meeting of the Board at the Hospital In the x-ray room they found a complete new x-ray machine of the most modern type, which will greatly advance the work in that department This machine has all the latest improvements and precautionary devices

The old x-ray machine has been set up on the ground floor where it is being used for therapeutic work. This has already been started in the hos-

pıtal

A new boiler and stoker has been installed and is now in use, which will increase the efficiency of the heating system and eliminate some inconveniences found in the old heating system. The boiler which was removed has been in service since the hospital was erected more than twenty years ago *

The first new ambulance on the Rockaway Peninsula since the war has been presented to the Rockaway Beach Hospital by the Ladies' Society of the hospital The presentation was made by Mrs Harry Umans, president of the Ladies' Society, to William F Brunner, president of the Hospital *

Three hospitals, the House of the Good Samaritan and Mery Hospital, Watertown, and the Noble Hospital, of Alexandria Bay, will all receive equipment for the treatment of patients stricken with infantile paralysis from the Jefferson County chapter of the National Foundation of Infantile Paralysis, Incorporated Stephen A Joynt, who retired as chairman of the county chapter, reported that the applications made by the three hospitals for the equipment, purchased by the local organization, have been approved *

Through the generosity of several friends, the Emma Laing Stevens Hospital, in Granville, is the recipient of an "Electrocardiograph," a machine that photographically records the heart cycles, thereby aiding the establishment of an accurate diagnosis in heart aliments.*

A new ruling, designed as an extra safeguard for babies in the nursery has been approved by the Flushing Hospital Board of Trustees upon recommendation of the Medical Board, Official Referee John M Cragen, president of the board, announced recently

It provides that all babies weighing five pounds or less at birth, whether private or house patient, will be placed under the care of a member of the pediat-

nc staff

"As a pediatrician is better equipped to care for premature babies than general practitioners or other specialists, we have adopted this rule to safeguard the health of the premature babies as well as that of other babies in the nursery," Judge Cragen said

"It will mean a lesser number of doctors entering the premature nursery and will provide an additional safeguard to all patients in the maternity ward"

Judge Cragen revealed that the new facilities on the second floor, which will add 12 beds to the maternity ward and which will mean the completion of the entire hospital buildings, will be opened for use as soon as the hospital is able to obtain the 17 nurses needed to staff the new rooms *

Three hospitals—Beth Israel, St Vincent's, and Beekman, all in New York City—each received an iron lung recently as a gift from Progress Lodge of Masons The lodge, which has a membership of 200, also presented ten wheel chairs that cost \$100 each to the National Foundation for Infantile 'Paralysis *

A new portable resuscitator was recently presented to the Rochester General Hospital by the Flower City Chapter, Order of the Eastern Star The resuscitator, first of its type in the city, will be added to ambulance equipment for use in water, gas, electric shock accidents, and similar emergen-

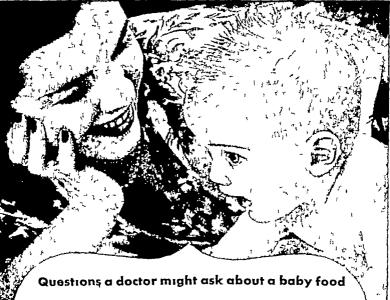
ALLERGY DRUG PRESENTS SERIOUS INDUSTRIAL HAZARD—DROWSINESS

Two Rochester, NY, doctors warn that benadryl, a very effective drug for allergic skin diseases, is dangerous to persons operating any kind of machine, especially an automobile, because it may produce drowsiness, according to an article in the September 28 issue of the Journal of the American Medical Association

Benjamin J Slater, associate medical director, Eastman Kodak Co, and Nathan Francis, of the Medical Department of the Eastman Kodak Co, in Rochester, state that "because of this narcotic side reaction incident to the taking of benadryl, the drug may be a serious hazard when used by persons operating automobiles or in industry operating moving equipment or machinery"

In their series of 65 cases, the authors point out that drowsiness was a common symptom in 25 "This figure should be increased somewhat," they say, "as many of our patients were instructed to take the drug on v at bedtime. Invariably they reported that they about better than usual. Drowsiness may occur from one to three hours after taking benadryl, and this drowsiness may be cumulative if the drug is continued."

A case report of one of their patients serves to illustrate how dangerous the effect of the drug may prove A 20-year-old man was given a 50 milligram capsule of this drug to relieve severe symptoms of hay fever The second day of treatment he took the capsule just before going to work. He complained of feeling drowsy An hour later, while driving an electric platform cargo truck, he lost control of the truck and it fell off the platform Fortunately, he jumped in time to avoid injury



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Canyoubesurequality
is constant?

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PACKED IN GLASS A most important fact to remember when you recommend baby foods to mothers

BOOKS

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

RECEIVED

Autopsy Diagnosis and Technic By Otto Saphir, M D Second edition Duodecimo of 405 pages, illustrated New York, Paul B Hoeber, 1946 Cloth, S5 00

The Medical Clinics of North America. New York Number May, 1946 Octavo Philadelphia, W B Saunders Co, 1946 Published Bimonthly (six numbers a year) Cloth, \$16 net, Paper, \$12 net

Frog Face By H W Stokes Octavo of 191 pages New York, G P Putnam's Sons, 1946 Cloth, \$2 50

Through the Stratosphere The Human Factor in Aviation By Maxine Davis Octavo of 253 pages New York, Macmillan Co, 1946 Cloth, \$2.75

The Early Diagnosis of the Acute Abdomen By Zachary Cope, M D Ninth edition Octavo of 262 pages, illustrated New York, Oxford University Press, 1946 Cloth, \$3.75

Surgical Treatment of the Motor-Skeletal System. Supervising Editor, Frederic W Bancroft, M D Associate Editor, Clay Ray Murray, M D In Two Volumes Quarto of 1254 pages, illustrated Philadelphia, J B Lappincott Co, 1945 Cloth, \$20 per set

Renal Diseases By E T Bell, M D Octavo of 434 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$7 00

Medical Education and the Changing Order By Raymond B Allen, M D Octavo of 142 pages New York, Commonwealth Fund, 1946 Cloth, \$1 50

The Modern Treatment of Diabetes Mellitus, Including Practical Procedures and Precautionary Measures By William S Collens, M D and Louis C Boas, M D Octavo of 514 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$8 50

Diseases of the Retma. By Herman Elwyn, M D Octavo of 587 pages, illustrated delphua, Blakiston Co, 1946 Cloth, \$10

Ce Que la France a Apporté à la Médecine Depuis le Début du XX-e Siècle By Th Alajouanine, M D, and others Duodecimo of 276 pages Pans, Flammarion (New York, French Press and Information Service), 1946

A B C of Medical Treatment. By E Noble Chamberlain, M D Duodecimo of 206 pages. New York, Oxford University Press, 1946 Cloth, \$3 00

Office Treatment of the Nose, Throat and Ear By Abraham R Hollender, M D Second edition Octavo of 552 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$6 00

Peptic Ulcer Its Diagnosis and Treatment. By I W Held, M D, and A Allen Goldbloom, M D Octavo of 382 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$6 50

Women in Industry Their Health and Efficiency By Anna M Baetjer, Sc D Issued under the auspices of the Division of Medical Sciences and the Division of Engineering and Industrial Research of the National Research Council Octavo of 344 pages, illustrated Philadelphia, W B Saunders Co, 1946 Cloth, \$400

Anesthesia in General Practice By Stuart C Cullen, M D Octavo of 260 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$3 50

Skin Diseases Nutrition and Metabolism By Erich Urbach, M D with the collaboration of Edward B LeWinn, M D Octavo of 634 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$10

REVIEWED

Pulmonary Tuberculosis in the Adult Its Fundamental Aspects By Max Pinner, M D Octavo of 579 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, \$7 50

One of the very best books on pulmonary tuberculosis to have come out in recent years is this present one by Dr Pinner The book is totally unlike all others on the subject. It is not in any sense a typical textbook. Rather, he has approached his subject from a broad philosophic viewpoint and with eminent success has succeeded in welding the clinical, pathologic, and epidemiologic aspects of the subject into one complete unit. It should be on the "must list" of every student of internal medicine and surgery

A mastery of English prose writing makes this work of Dr Pinner's at once most readable and informative

FOSTER MURRAY

Experimental Catatonia. A General Reaction-Form of the Central Nervous System and Its Implications for Human Pathology By Herman Holland de Jong M D Octavo of 225 pages, illustrated Baltimore, Williams & Wilkins Co., 1945 Cloth, \$400

The author was the director of the Neurophysi ological Institute and head of the outpatient department of the Amsterdam University Neurological Clinic In May, 1940, he escaped from Holland and finally came to America, and at present is associate professor at the Duke University Medical School Thus, once again, America is enriched by the tyranny that enslaved Europe Catatonia manifests itself in various ways in the animal kingdom. Although it is rather easy to recognize in mental patients, its etiologic features are still a matter for discussion. The author has moved the syndrome of

[Continued on page 82]



Constant Temperature room—where Lanteen Jelly digests in huge vats until it reaches just the right consistency before going to the filling machines typical of the modern equipment in Lanteen Medical Laboratories Control of the efficacy of its products, by latest scientific means is the constant aim of Lanteen Medical Laboratories. Lanteen Lilac (Mensinga type diaphragm) is available on the prescription of a physician

Since patients are not mechanically minded, simplicity and ease of handling are prime requisites for continued use, Lanteen Lilac flat spring disphragm is extremely simple to place—it is collapsible in one plane only Noinerri rrequired.

LANTEEN



CONTROL I 1944, LAUTEUM EMPLAL LABORATORIES, INC., OFFICARO

[Continued from page 80]

catatoma from the realm of clinical speculation, to the field of experimental exploration. He shows that it could be produced in a great variety of ways, the common denominator being a derangement in the metabolism of the central nervous system Bulbocapnin was the first drug employed in his experiments. He soon showed that a great number of substances were capable of producing catatomic symptoms. He proved that cellular asphysication in the central nervous system was the basis for this syndrome. The book is a highly scientific contribution to medical science, one that should have a great appeal to neuropsychiatrists

I J SANDS

Manual of Diagnosis and Management of Peripheral Nerve Injuries By Robert A. Groff, Lt Col. (MC), AUS and Sara Jane Houtz, First Lt., (PT), AUS Octavo of 188 pages, illustrated Philadelphia, J B Lippincott Co., 1945 Cloth, \$6.00

This 178-page monograph presents a concise evaluation of peripheral and cranial nerve injuries with the complete elimination of extraneous subject matter. The technic of exposure and repair is described particularly well. The section dealing with muscle testing is thoroughly illustrated by simple

schematic diagrams

On the debit side, the book could be considerably enlivened with sufficient actual case histories to demonstrate the course of events in connection with the more commonly injured nerves, particularly, the handling of extensive nerve defects could be discussed at greater length, since this type of injury represents one of the most crucial problems in nerve surgery. Also, some of the basic anatomic data need revision.

RICHARD GRIMES

Biological Actions of Sex Hormones By Harold Burrows, Ph D Octavo of 514 pages, illustrated Cambridge, England, Cambridge University Press, (New York, Macmillan Co), 1945 Cloth, \$8 50

Dr Burrows' work represents an impressive survey of our up-to-date knowledge on gonadotropic and steroid sex hormones. It favorably differs from previous presentations, for it discusses not only the effects of these hormones on sexual organs and activities but also their various metabolic effects as well as stimulation of other organs and tissues. One would be inclined to look at this work most favorably if it were not for the not uncommon failing of the theoretical laboratory worker whose attempts at being comprehensive and meticulously thorough stop short in respect to clinical matters. We are informed about all the reactions of the rat or other laboratory animals, yet discussion of the reactions of homo sapiens is avoided, sometimes altogether, or dealt with in a perfunctory way. Thus, this book, although of considerable value to the research worker and student of endocrine physiology, has but little to offer to the clinician who seeks more directly pertinent information as to the clinical use of sex hormones in humans.

M A. GOLDZIEHER

Diseases of the Nervous System Described for Practitioners and Students. By F M R Walshe, M D Fourth edition Octavo of 360 pages, illustrated Baltimore, Wilhams & Wilkins Co , 1945 Cloth, \$4 50

This is the fourth edition of an English publica-

tion that has had a warm welcome by the profession. The fourth edition was made necessary because of progress in the broad field of neurology. The newer methods of treatment and diagnostic procedures are included, as well as the more recent approaches to the management of the general neurologic disorders discussed. The book is well written, simple, yet quite inclusive, and should retain its popularity with students and the general practitioners. It is recommended because of its clarity, brevity, and, at the same time, thoroughness.

I J Sands

Personality Factors in Counseling By Charles A Curran, Ph D Octavo of 287 pages, illustrated New York, Grune & Stratton, 1945 Cloth, \$400

Personality growth and development are becoming more and more a major study, not only on the part of educators and psychologists, but also for practitioners of medicine Chief concern is no longer with only tissue pathology, except in a setting of the

person who has the illness

The present volume starts from the facts of analyzing the phonographically recorded verbal reactions and productions of twenty counseling interviews. Herein, Father Curran uses the non-directive relationship method, which has some kinship to the free association method of psychoanalysis. The physician cannot help but profit from the experience these workers are critically digesting and utilizing in the interview situation, which is also a psychotherapeutic one. It pointedly brings into focus the inestimable importance of critical weighing what everyone says and does in the presence of the patient by reason of its effect in modifying the client's or patient's reactions, making for or against adjustment.

Besides having pertinent implications for physican-based relationships, it also is highly thought-provoking toward re-evaluating and reformulating-educational methodology in general. Group therapy and interpersonality relationships are not minimized, but rather are viewed in the light of the primary as well as complementary need of further studies about individual personality functions

Frederick L Pater

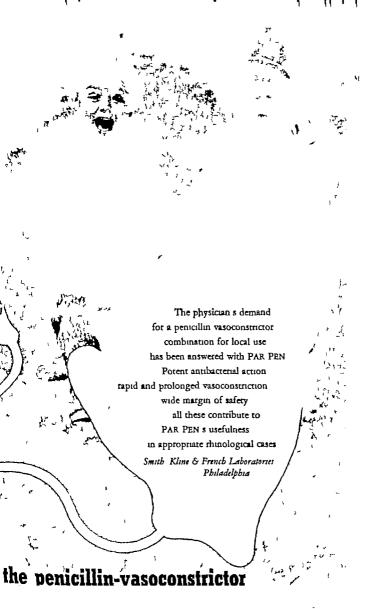
Der Elektrische Unfall Als Pathologisch-Anatomisches Klinisches Und Unfallmedizinisches Problem By Flitz Jenny, M D Octavo of 144 pages, illustrated Bern (Switzerland), Medizinische Verlag Hans Huber, 1945 Board, Swiss

Francs, 12 50

This book contains everything a physician confronted with an electrical accident should know There is an excellent description of the changes caused by electric currents in the various tissues, organs, and systems of the human body, with special thoroughness as to the heart, the central nervous system, and the diabetic manifestations The difsystem, and the diabetic manifestations ferential diagnostic difficulties in certain compensation cases are very well taken care of The chapters on therapy include a very good discussion on the value of artificial respiration and other attempts to restore life in the "seemingly" dead arty to get familiar with electrical accidents is emphasized in the chapter dealing with prevention, in which the author stresses the ever-widening use of electrical appliances not only in industry, but, also, especially in the daily life in the households little book represents a valuable addition to the medical literature

MAX G BERLINER

[Continued on page 84]



[Continued from page 82]

The 1945 Year Book of Industrial and Orthopedic Surgery Edited by Charles F Painter, M D Duodecimo of 432 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth \$300

The 1945 Year Book of Industrial and Orthopedic Surgery is another excellent addition to the series previously published and brings up to date the more recent contributions to the literature on orthopedic

surgery and industrial medicine

There is a comprehensive chapter on fractures and dislocations that is adequately and profusely illustrated to supplement the text and an entire chapter is devoted to operative technic. Each chapter is worth reading and the entire publication is an invaluable addition and ready reference for the orthopedist and the physician interested in industrial medicine.

The book is highly recommended by this reviewer

L GASTON PAPAE

Atlas of Surgical Approaches to Bones and Joints By Toufick Nicola, M.D. Octavo of 218 pages, illustrated New York, Macmillan Co, 1945 Cloth, \$5.00

This is a most unusual contribution to surgical literature. Its unique feature is the line drawings of surgical approaches to various parts of the extremities and the spine, together with supplementary drawings illustrating the important stages in the classic operations of these parts.

The structures exposed in the various stages are clearly labeled, making it possible for the surgeon to have a visual picture that is otherwise unobtainable in any anatomy or surgery—a concise text accompanies the various procedures covered. The drawings are an accumulation of the author's research over many years and they were executed by

him from clinic and anatomic studies

This book is invaluable to all surgeons in relation to their problems, involving the osseous structures of the body. There are so many enlightening suggestions regarding technic that it would be impossible to single out one for comment. This statement infers that each and every drawing gives at a glance what frequently involves the perusal of pages of text in the usual surgical presentation of an operative procedure. It is a real contribution to surgery in general and orthopedic surgery in particular.

DONALD E MCKENNA

Fundamentals of Pharmacology By Clinton H. Thienes, M.D. Octavo of 497 pages, illustrated New York, Paul B. Hoeber, Inc., 1945 Cloth, \$5.75 (Medical Students Series)

The purpose of this book, in the author's own words, is "to introduce the student to the subject of pharmacology and to stimulate the practitioner, teacher, and investigator to think in fundamental terms with respect to pharmacology". Dr Thienes has cut out for himself no easy task and he is to be complimented for his attempts even though one could hardly expect from the size of the book to find little more than an "introduction" to the fundamentals of pharmacology.

There may be some justification to the author's point of view that voluminous and expensive texts on so rapidly a changing science as pharmacology are things of the past—It is this reviewer's opinion, however, that this particular text fails to provide

the medical student with a sufficiently broad pharmacologic background for the clinical years ahead

The general plan of the book is sound, and the author follows the pattern of discussing the major physiologic systems and the drugs which affect

The relative stress which is placed on certain drugs, however, appears to be entirely out of proportion with their real significance. For example, the discussion of strychnine, a drug of relatively minor importance in medical pharmacology, runs for six full pages, whereas the discussion of antipernicious anemia factors is limited to one short page.

It is evident that the author is keenly aware of the importance of considering pharmacology as a major preclinical science rather than an ancillary to clinical medicine. What particularly appeals to this reviewer is the emphasis placed throughout the book upon the cellular action of drugs. Dr. Thienes is to be especially commended for putting at the close of the book a thoughtful, well-documented, and stimulating discussion of "The Action of Drugs on Cells" which might well be regarded as the fundamental problem in pharmacology

G L CANTONI

Diseases of the Adrenals. By Louis J Soffer, M D Octavo of 304 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$5 50

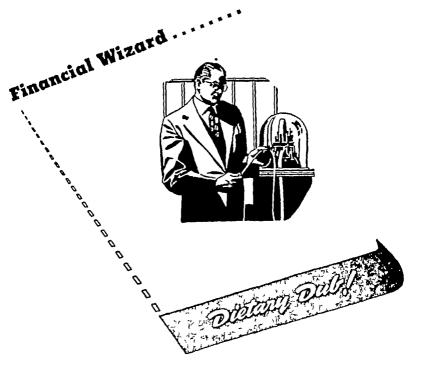
This is a scholarly, authoritative treatise on the diseases of these organs by a student of clinical medicine with years of chemical and experimental research in this special field. It is well written in lucid English, comprehensive, concise, and practical. It contains the latest information for those who are interested in clinical endocrinology, its chemistry, and laboratory methods. Some may object to the grouping of the Waterhouse-Friderichsen syndrome with suprarenal apoplexy. The two-color plates of Addison's disease are outstanding. The hormonal and chemical presentations are masterful. The book is highly recommended for the medical student, clinician, or endocrinologist, and laboratory worker.

BERNARD SELIGMAN

The Psychoanalytic Theory of Neurosis. By Otto Fenichel, M D, Octavo of 703 pages New York, W W Norton & Co, 1945 Cloth, \$7 50

The book is a systematic presentation of the psychoanalytic doctrines by one of the foremost teachers of the time. It is based upon twenty years' experience in teaching psychoanalysis in dif-ferent institutes and training centers both in Europe and in America Outlining the mechanisms common to all neuroses, the author then proceeds to discuss the characteristic features of the indi vidual neuroses Written clearly and yet comprehensively, it covers the entire psychoanalytic field in a masterly manner The subject is simplified so that the beginner may profit by studying the book, and it is so thoroughly covered that even the expert may benefit by reading the volumes. There are over 1,600 references to the most important papers on the different aspects of psychoanalysis. It is a monumental work, that should find a warm wel come by all who are interested in the subject It 15 8 thorough and systematic presentation of psychoanalysis, and is highly recommended

IRVING J SANDS



He may not be one of your patients but you know his dietary counterparts Men—and women—too deeply 'mmersed in unportant affairs to take time to eat properly With them, scanty breakfasts and hasty, badly balanced lunches are the rule dinners which fail to compensate for the defects of earlier meals, far from uncommon The in evitable result is an increase in the ranks of the self-made victims of borderline vitamin deficiency. You know them, too the ignorant and indifferent, food faddists, persons on self imposed and badly

balanced reducing diets alcoholics excessive smokers and many others For all of them dietary reform is first in order, of course. Dayamin Capsules may well be second. One easy to-take Dayamin Capsule supplies the daily optimum requirement for an adult of vitamins A, B₁ C, D, riboflavin and nicotinamide, plus appreciable amounts of pyridoxine hydrochloride and pantothenic acid In bottles of 30, 100 250 and 1 000 Pharmacies are stocked and will welcome your prescriptions Abbott Laboratories, North Chicago Illinois



[Continued from page 84]

The Diagnosis of Nervous Diseases. By Sir James Purves-Stewart, M D Ninth edition Octavo of 880 pages, illustrated & Wilkins Co , 1945 Cloth, \$11

This is the ninth edition of a book that first appeared forty years ago. It has served as a bond between American and English neurologists. The author has contributed much in elucidating basic principles in neurologic diagnoses. His book has been considered as a sound work, and has been used extensively for student instruction. The ninth edition retains most of the good points of the older editions and, also, the newer contributions to neurologic diagnosis. It is truly a masterful book, one that has much to offer to the student, the general medical practitioner, and the neurologist. The 358 illustrations are well selected and add to the value of the book. It is highly recommended as a basic work in neurologic diagnosis.

IRVING J SANDS

Structure and Function of the Human Body By Ralph N Baillif, Ph D, and Donald L Kimmel, Ph D Octavo of 328 pages, illustrated Philadelphia, J B Lippincott Co, 1945 Cloth, \$300

This small book of a little over 300 pages is a clear and concise presentation of the Structure and Function of the Human Body. It is a well-written treatise on the anatomy and physiology of the human body, starting with protoplasm and cells and ending with the nervous system.

Each system is thoroughly described, grossly and histologically, and its function explained. The illustrations are well done and are sufficient in number. The chapters on the circulatory and digestive

systems deserve special mention

The final pages of the book contain an excellent glossary It is not only complete in its context, but also gives the proper pronunciation of the words defined therein

This book is invaluable not only for medical students, science students, and nurses, but also for

physicians.

ALFRED H. IASON

Synopsis of Gynecology Based on the text-book, Diseases of Women By Harry Sturgeon Crossen, M.D., and Robert James Crossen, M.D. Third edition Duodecimo of 253 pages, illustrated St. Louis, C. V. Mosby Co., 1946 Cloth, \$3.00

This book is just what it is said to be—an outline of the essentials of gynecology—It is intended only for those who wish to acquaint themselves with the barest essentials of the subject—Since it is very sketchy, and in no sense a textbook, its field of usefulness is limited

CHARLES A. GORDON

Cosmetics and Dermatitis By Louis Schwartz, M D, and Samuel M Peck, M D Octavo of 189 pages, illustrated New York, Paul B Hoeber, 1946 Cloth, \$400

In this day and age, when most of our womenfolk are confirmed cosmetic habitués or regular patrons of the beauty parlor, the family doctor is

frequently called upon to diagnose and to treat some form of dermatitis, the cause of which may prove difficult to determine The recent war brought many changes in the composition of standard preparations of long-standing reputation Expecially was this so in the cosmetic trade, and it would be unfair to expect the medical man to be familiar with the substitutions necessity frequently commanded

For years, it has been the persistent task of such men as Dr Schwartz and Dr Peck to protect the general public from unreliable preparations This new book, small though it be in size, contains more real, authentic information on its subject than any in our immediate recollection. Not only do its 24 chapters include a concise exposition of the anatomy and physiology of the human skin and its appendages, but every type of cosmetic, its composition and proper usage is described Few men are as well equipped to handle the subject of dermatitis as are the authors because their daily contact with every form of the disorder, its causative factors, and its relief, and even its prevention, has made them the masters of the subject This little volume, so handsomely printed by the Hoeber Press, should find a large sale among the profession, and as well, among the cosmetologists and the users of their products

NATHAN THOMAS BEERS

The Medical Clinics of North America. Second Service Command Number March, 1946 Octavo Philadelphia, W B Saunders Company, 1946 Published Bimonthly (six numbers a year) Cloth, \$16 net, Paper, \$12 net

This number stresses the following—the importance of tuberculosis in "primary idiopathic" pleural effusion and its diagnosis, the recognition of miliary tuberculosis in obscure fevers, atypical character of some cases of tuberculous meningits, the giving of iodine ten days before operation in thiouracil-treated cases of hyperthyroidism, and the diagnosis and treatment of intervertebral disc rupture. These articles all emanate from the Second Service Command and while the title is Medical Clinics of North America, Problems in Postwar Medicine most of the articles will be found important in civilian practice.

MEYER A. RABINOWITZ

A History of Medicine By Douglas Guthrie, M D Octavo of 448 pages, illustrated Philadelphia, J B Lappincott Co, 1946 Cloth, \$600

History is usually recorded in terms of the lives of famous men A History of Medicine consists of a series of brief biographic notes, held together by a background of interesting comment on the times in which these great men lived At the start, however, our author speaks up for the myriads of unknown collaborators, quoting Sir Thomas Browne, thus "Who knows whether the best of men be known, or whether there be not more remarkable persons forgot, than any that stand remembered in the known account of time" A cock for Esculapius and at least a chick for each sincere disciple!



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To the Secretaries of the Medical Boards of the United States

Gentlemen

This is to notify you that Dr George A Crump of 672 East 219th Street, New York City, holding New York license No 50124, dated November 3, 1899, has permanently retired from the practice of

medicine in the State of New York

Dr Crump was registered for the year 1943
from 672 East 219th Street, New York City

Yours truly, (Signed) Jacob L Lochner, Jr , M D , Secretary N Y State Board of Medical Examiners November 15 1946

To the Secretaries of the Medical Boards of the United States

Gentlemen

This is to notify you that Dr Daniel Duane Parrish of 318 West Manlius Street, East Syracuse, New York, holding New York license No 5031, dated October 14, 1901, has permanently retired from the practice of medicine in the State of New

Dr Parrish was registered for the year 1946 from 318 West Manlius Street, East Syracuse, NY, but the registration is terminated as of this date

Yours truly, Jacob L Lochner, Jr, MD, Secretary NY State Board of Medical Examiners (Signed) November 13, 1946

To the Secretaries of the Medical Boards of the United States

Gentlemen

This is to notify you that the Board of Regents at a meeting held October 18, 1946, VOTED, That, pursuant to the provisions of sub-division 1 of section 1264 of the Education Law, medical license No 31238, issued under date of January 28, 1936, to Frank Celano, Westbury,

through indorsement of his Maryland medical license, and permitting him to practice medicine in the State of New York, be revoked, annulled, and canceled, and that his registration or registrations as a physician wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote

Dr Frank Celano was registered for the year 1946 from 351 Madison Street, Westbury, Long Island, NY The order was served on Dr Celano

on October 28, 1946

Very truly yours,
(Signed) Jacob L Lochner, Jr, M D, Secretary
N Y State Board of Medical Examiners November 15, 1946

To the Secretaries of the Medical Boards of the United States

Gentlemen

This is to notify you that the Board of Regents at a meeting held October 18, 1946,

VOTED, That, pursuant to the provisions of subdivision 1 of section 1264 of the Education Law, medical license No 1570, issued under date of June 8, 1896, to Frederick Charles Steuart, Sag Harbor, permitting him to practice medicine in the State of New York, be revoked, annulled, and canceled of record, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders

necessary to carry out the terms of this vote

Dr Frederick Charles Steuart was registered for
the year 1946 from Sag Harbor, N Y The order of revocation was served on Dr Steuart on October

29, 1946

Yours sincerely, Jacob L Lochner, Jr, MD, Secretary NY State Board of Medical Examiners (Signed) November 15, 1946

HEALTH IN 1799

Dr R Squirrell gives the following advice in the third edition of his little book entitled, Making of Health, Being an Abridgment of an Essay on Indigestion, Including Also a Treatise on Sea and Cold Bath-ing, London, 1799

Bathing The best time of year for bathing, in

general, is to commence about the middle of April, or beginning of May, according to the temperature of the season, and to continue it no longer than a month, or six weeks at a time, and it should never be employed later in the season than the beginning of November

Swinging is productive of great benefit to the con stitution

Study Excess of study is so powerful a cause of indigestion, nervous diseases, hypochondriasis, and the gout, that I find very few men of learning are free from these complaints Intense thinking wears out the constitution more than the most laborious exercise

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Medical Library News, September, 1946

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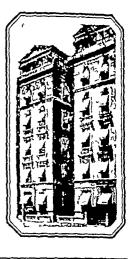
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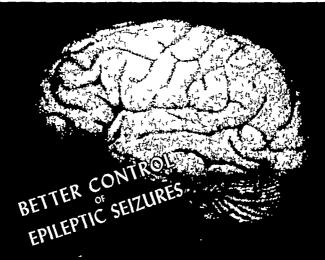
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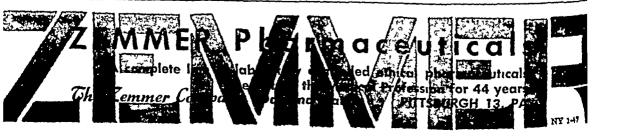
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In the Early Recognition of Protein Deficiency

Unsupervised dietary curtailment and self-imposed food restrictions, not infrequently observed in elderly patients and in those desirous of preventing weight gain or losing weight, are apt to lead to multiple nutritional derangements. Not the least important among these, and often overlooked, is protein deficiency

The early symptoms of chronic protein deficiency are vague and lack specificity. Thus they escape detection unless pointedly looked for Easy fatigability, loss of weight, anorexia, malaise, and a slight pallor due to underlying secondary anemia constitute the most common complaints. A careful history of eating habits usually discloses the true significance of these symptoms

Detection of the earliest objective sign of protein deficiency—negative nitrogen balance—requires hospitalization for several days, in order that nitrogen intake and excretion can be accurately determined.

Prolonged protein deficiency leads to hypoproteinemia, and is readily recognized by generalized edema and by a serum protein level below the normal 7 to 8 Gm. per 100 cc.

The most dependable and effective means of preventing and correcting protein deficiency is through proper organization of the diet. The recommended intake of i Gm of protein per Kg of body weight insures nitrogen balance in normal persons For correction of frank protein deficiency, at least 2 Gm. per Kg of body weight—and frequently considerably more—is required.

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JANUARY 15, 1947

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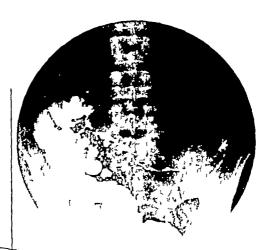
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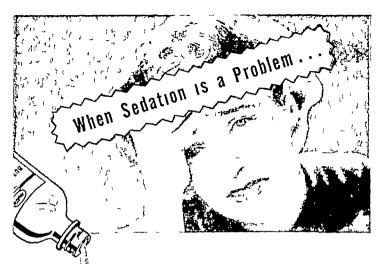
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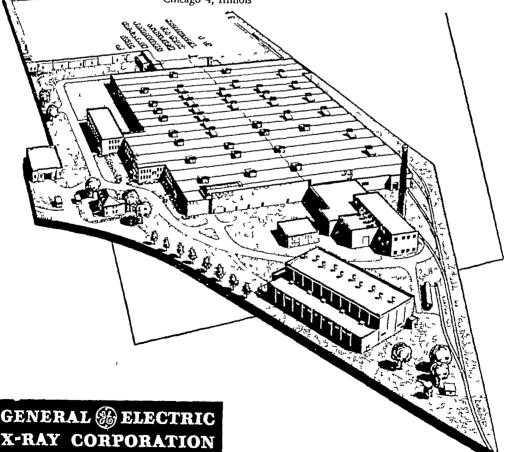


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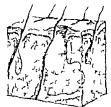
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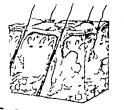
2 Detergent action of Intraderm base softens and removes greasy film from surface and loosens follicular plug Active sulfur has pene trated farther



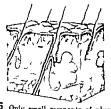
3 Active hyperenna. Increased filling and dilation of vessels and enpillaries Enhanced defense mechanisms, absorption etc. Sulfides have diffused from perifolicular tissu upward into epidermia



4 Keratolytic effect has renched the peak. Adds removal of plug and stimulates regeneration of surface structures. Sulfides present practically throughout cutaneous structures.



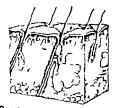
5 Micro organisms durategrate Cradual absorption of infiltration Most of the plug has passed out from follicular osteum Schaccous gland less dutended



Only small remnants of plugs vanish.



7 Skin freed from inflammatory lesions plugs, and fatty film



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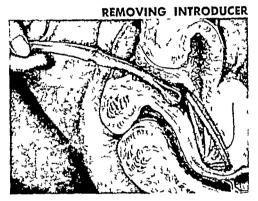
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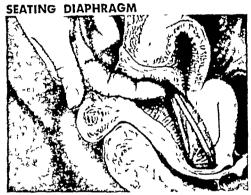


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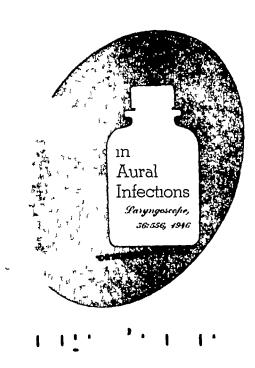
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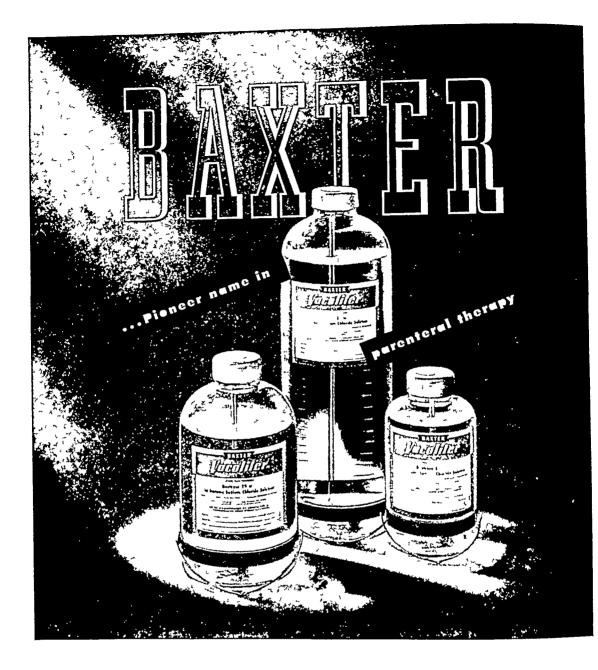
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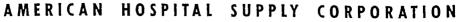
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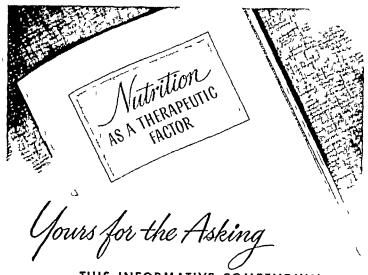
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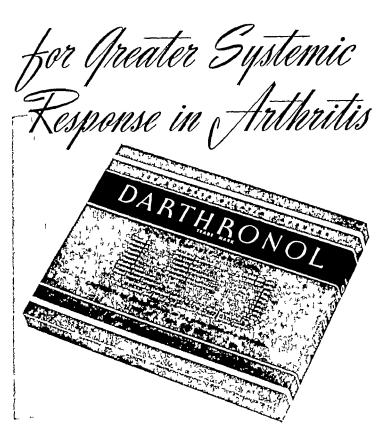


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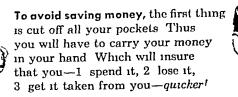
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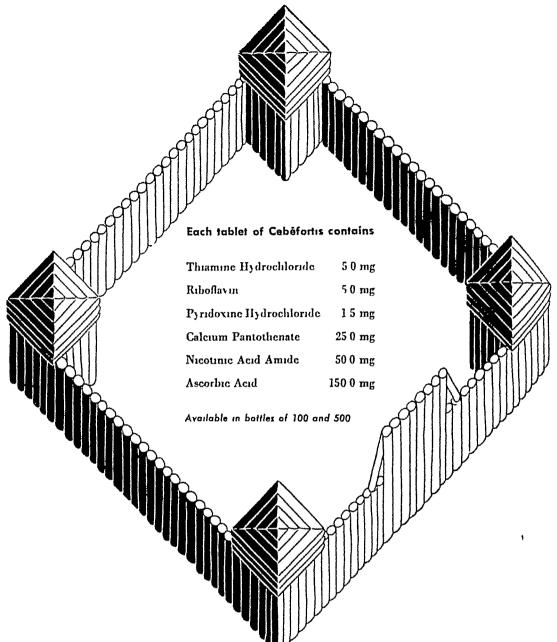
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¹Siegler S L. Amer J Obstet. & Gyn 52 1 (July) 1946

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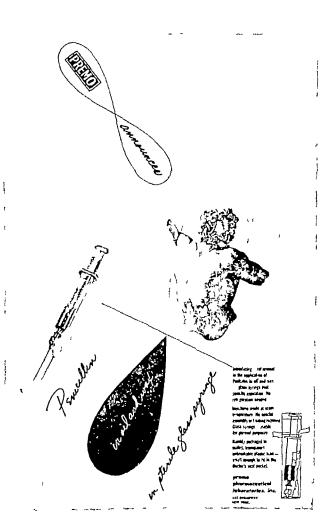
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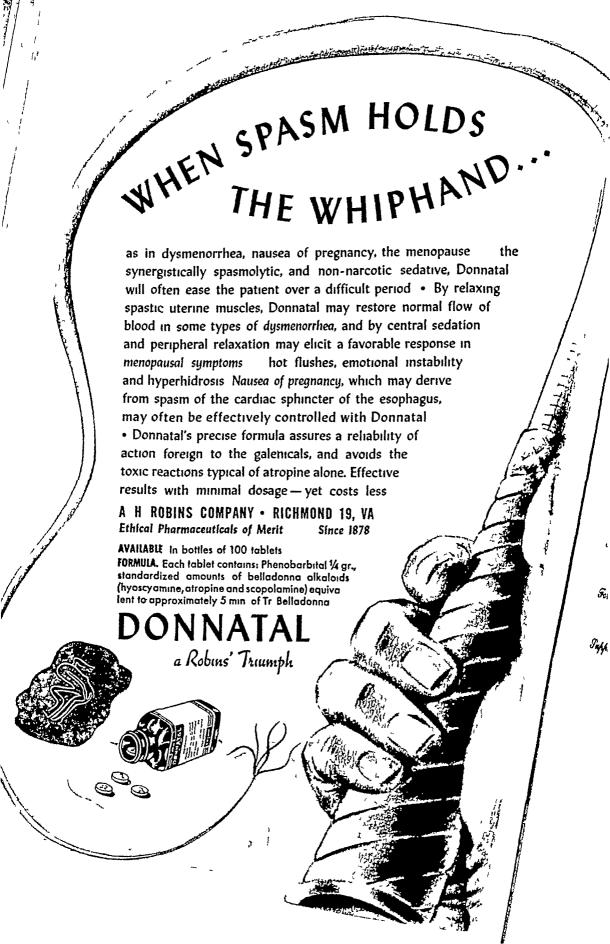
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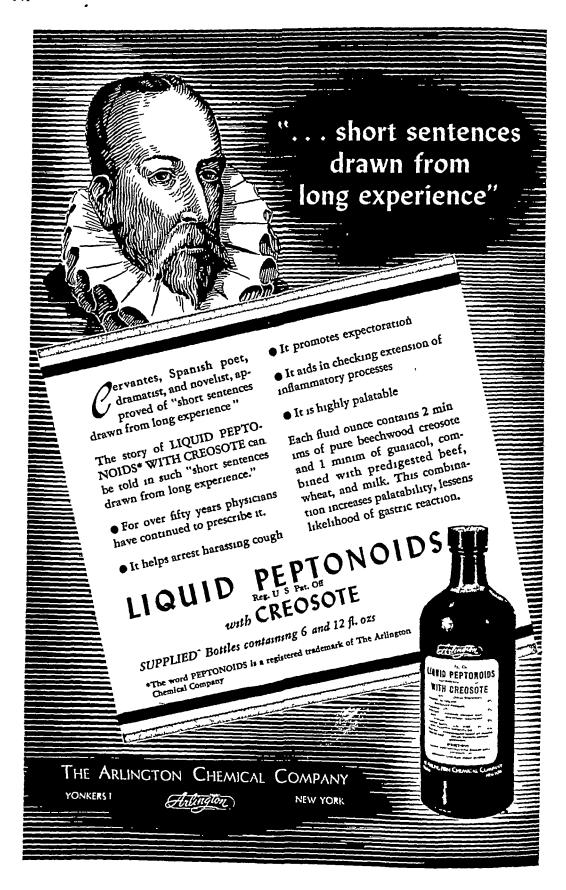
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To add satisty value to the meal, candy may well serve as its last course. Even an otherwise drab meal gains much when topped off by a piece or two of candy

Confections in the manufacture of which milk, butter eggs fruits, and nuts or peanuts are used, are particularly suited for this purpose. This is true because of their universal taste appeal, but also because they contribute small amounts of many essential nutrients

1 Candles in general supply high caloric valve

2. Segar supplied by condy requires like digesin small bulk.

tive effort to yield available energy 3 Those condies in the manufacture of which e those congres in the monetocrere of entities with, better eggs, truls sure, or peanwis are

(a) provide biologically adequate proteins used to this extent also-

and fats rich in the unadversted fatty acids; (b) pretent appreciable amounts of the impor

bearing abbrecome abbehous and iron (c) contribute the nacing and the small associate

of thiamine and riboflavin, contained in these ingr dieds

THE NUTRITIONAL PLATFORM OF CANDY 4 Condles are of high satisfy value; eaten after e concues the original factor of saltsfortion and wett-being a meal should bring; alen in and memorally a mean invest aren's aren in moderation between mean they store off hunger 5 Candy is more than a mere source of nutrinest with a morale boilder a contribution to the

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JANUARY 15 1947

NUMBER 2

Editorial

Voluntary Insurance, New York State

What is the present status of the four existing prepaid medical care plans approved by the Medical Society of the State of New York? Certainly, progress has been made in the extension of coverage of individuals and groups during recent months

Latest official figures show that during the first six months of 1946, enrollment in the four plans increased by over 155,000 mem bers, exceeding the entire year of 1945 by over 28 per cent From June 30, 1945 to June 30, 1946 enrollment increased by 230,-671 members, or 119 per cent During this period, United Medical Service, New York City, increased its membership by 168,000, or 158 per cent, Medical and Surgical Care, Incorporated, Utica, 25,026, or 68 per cent Western New York Medical Plan, Incorporated, Buffalo, 32,651, or 67 per cent, and Central New York Medical Plan, Incorporated, Syracuse, 4,824, or 236 per cent the period from June 30, 1945 to January 1, 1946, the increase in members was 74,957 as compared to 155,714 from January 1, 1946, to June 30, 1946 At the present time the four plans have a membership of approumately 480,000 and at the current rate of increase there will be approximately 600,000 members as of December 31, 1946 does not include any enrollment from the Rochester or Albany plans

While the figures showing percentage of increase both for these plans and for United Medical Service as percentages are fairly satisfactory, they do not represent in our opinion all that could be accomplished and which must be accomplished if the voluntary plans are to compete in the public mind with schemes for compulsory health insurance under Federal control

It is true that the rate of growth avoids the difficulty which would immediately arise with the adoption of compulsory insurance on a National scale, namely, the lack of facilities and of medical personnel to implement it properly, but we doubt if the public is or has been made sufficiently aware of the vital importance of this defect inherent in the proposed National health insurance scheme.

To our mind this is an extremely important matter. In the event that the public, in spite of such informed advice and counsel as the medical profession can give it and must give it on this point, should be so foolish as to disregard expert advice and to decide upon the adoption of National compulsory health insurance, disregarding any other objection, the lack of sufficient doctors, nurses, and hospital facilities alone would be destructive of all the excellence which has been available under the present system of the slow growth of voluntary medical care insurance. It is true that the coverage of such insurance is not universal, but in view of the practical points at issue, we think that good coverage within the means of accomplishing it, is better than an attempt at universal coverage which cannot be realized even with the enormous resources of the Federal government behind it

We think that this is a practical matter if expressed in ordinary language the public can understand We think it should be stressed and stressed again by every available means at our disposal The public is, after all, practical and reasonable It would, we think, support our contention on this Every enterprise in this ground alone Nation started as a small business or manufacture or what have you It grew with public acceptance of what it had to offer this offering was acceptable, the small enterprise grew larger and more efficient as the demand increased. We do not think the proposals for medical care can abandon practical considerations for theoretic substitutes proposed by political spenders and theorists whose ideas have been demonstrably cockeyed in whatever country they have been tried.

The progress of nationalization of the coal miners in England at the moment is running into the obstruction of reduced production of such an essential product because of the unwillingness of the now socialized miners to function as the socialists theoretically thought they would. Is there a lesson in this attitude of the English miners toward their socialized industry for what would probably happen to the product of medical care in America under a nationalized compulsory sickness insurance scheme?

The New Physicians' Directory of New York, New Jersey and Connecticut

To those who have waited long and patiently for the publication of a *Directory*, it will be good news that with the paper situation somewhat eased, work is going forward as rapidly as compilation and printing permit

Five years have passed since the last Medical Directory was printed dous changes have occurred during the War years, and the subsequent return of the Army physicians to civilian life mately one half of the doctors in our files have changed their addresses, two thousand post office returns reveal doctors who cannot be contacted, medical societies and hospitals have changed their names, hospital staffs have been completely reorganized, some hospitals have closed And all of these changes have been reflected in the doctor's biographic data Our copy writers have worked ten months recording changes in this data, which includes 35,000 doctors

It has been a difficult job to pick up the threads after five years, but we have done it Although every doctor's hospital appointments have been faithfully checked to keep the biographic data as accurate as possible lack of time and inability to secure proper material from which to work, prevented verifying membership of American Boards and Colleges and National and Local medical societies

The present edition of the Medica Directory of New York, New Jersey and Connecticut is the foi ty-first to appear The first was published in 1899 and distributed to the members of the New York State Medical Association and to the members of the New York and Kings County Medical Associations Through a Committee on Publications, the New York State Medical Association had "ioined in the reissue" of this publication, according to the Transactions of the New York State Medical Association for the year 1899, Volume 16, page 821

Presumably, this statement of "reissue" in the Transactions of that organization had reference to a yearly volume called the Mcdical Register of New York, New Jersey and Connecticut, which was published by the New York Medical-Historical Society and which had appeared yearly from 1862 to 1896.

title, Medical Directory of New York, New Jersey and Connecticut, was not used as such until 1899

In the 1900 edition of this Directory the statement appears on the title page, "Published by the New York State Medical Association." The same statement appears thereafter until, in the eighth volume 1906 it is changed to "Published by the Medical Society of the State of New York."

For those not familiar with medical soci ety history in New York State, certain events deserve recital here. The Medical Society of the State of New York was organized under an act of incorporation in the year 1807 In 1884, owing to a schism within the ranks of its members, a second statewide society was formed under the name of New York State Medical Association Both organizations continued to function-with overlapping membership—until, by legal agreement, they were amalgamated in the year 1905 By this agreement the New York State Medical Association went out of existence, transferring its assets and good will to the Medical Society of the State of New York Since that time the Medical Directory of New Yorl, New Jersey and Connecticut has been published by the Medical Society of the State of New York.

It is interesting to compare certain figures in the first edition and in the forty-first edition relating to the number of registered physicians listed in this *Directory*. The total number in the three states in 1899 was 11,625. In the 1947 edition the total number in the three states is 32,609. In the earlier edition these were distributed in the three states, as follows. New York, 9,199, New Jersey, 1,481, and Connecticut, 945. In the present edition the figures are. New York, 24,777, New Jersey, 5,332, and Connecticut, 2,500.

The House of Delegates of the Medical Society of the State of New York, on May 19, 1906, placed on its books the following resolution which has been strictly compiled with in all succeeding editions "Resolved, that in the Medical Directory of New York, New Jersey and Connecticut, published by the Medical Society of the State of New York, only the names of registered physicians be inserted"

The Directory should be in the hands of members by May 1, 1947

Let Him That Can-Teach

We have just read an article to which we pay high tribute because it has roused us to something approaching the author's state of fury. We are not in perfect agreement with him—we no longer expect to be that with anyone—but we concede that he has something. He is talking about "Trends in Medical Education" and he has the incredible tementy to propose that teachers should be selected with some regard for their ability to teach.

We resist the temptation to quote from him and from the authors he quotes, for if we did, this would no longer be an editorial but a reprint.

To do him as much justice as we can, we shall present our own views, according him full credit for having brought them boiling to

¹ Simpson Edmund D., A Prastitioner's Reaction to Trands in Medical Education, J. A. Am. Med. Colleges 21: 185 (Sept.) 1946. the surface Let us say that he has been the flaxseed poultice to our carbuncle

We think that a medical student should be a man of some premedical culture. He should have some knowledge of history and philosophy. Thus, he will be so sufficiently familiar with the constantly alternating hopes and disappointments of men as not to be swept off his feet by the popular enthusiasm for each new discovery.

He will then be willing to devote four years to the study—we had almost said the mastery—of the fundamental principles of health and disease. He will not say or think that "the best treatment for a disease is prophylactic." One cannot treat something that has not occurred. He will not say "the etiology of pneumonia is the pneumococcus." Etiology is the study of cause, and the pneumococcus we have always with us. He will be much more careful of the

words he uses and what will really interest him will be the more or less philosophic speculations as to why one man with his throat swarming with pneumococci gets pneumonia and another doesn't

He will be glad to give two years of his time to a hospital internship in which he sees and deals with ordinary complaints that afflict ordinary men and women. He will not neglect the five senses that God gave him. When he is called to see a newly returned war correspondent, half starved, debilitated, and emotionally shaken who is suddenly seized with a shaking chill, shortly followed by cough, high fever, pain in the chest, and rusty sputum, he will not put him into an ambulance and drive him thirty miles to a hospital to have his chest v-rayed so that he can tell whether or not he has pneumonia.

After he has mastered that familiar routine—if anyone ever does—he may be tempted to browse over a dean's report such as this "It is apparent that more emphasis than heretofore should be placed upon parasitology, the medical and health problems of the tropics, psychosomatic medicine chemotherapy, the special diseases of adult and old age, biophysics, genetics, industrial medicine, public health, legal medicine, the care and treatment of trauma, especially burns, injuries, and shock, nutrition, the correction of physical defects, and the broad range of environmental factors in health as well as disease"

He will have been so grounded in basic principles, the theory of disease, in fundamentals, that he will be able to scan prospecti like the one from which we have just quoted with the detached and somewhat cymical eye of a hardened buyer from a Sears Roebuck catalogue

He will have been prepared for his ordeal by men who have the gift of teaching a rare one and one which should be appreciated and paid for A research man is seldom, if ever, a good teacher Neither is the prolific writer with his eye on a professorship. because both of them are introverts A good teacher should be a passionate extrovert, a man so overcome by the wonders of the subject he is teaching that he has no thought at all of whether or not the thoughts he is imparting are his own All he wants is to get truth from his own mind into the minds of his pupils, who will be passionately grateful for it

We challenge any of our readers to name three men, with whom they personally have come in contact, who had that gift You can't keep a research man from researching You can't keep a candidate for a professorship—more's the pity—from writing But you can make an earnest effort to discover a man who has the gift of teaching And when you've found him, don't ask him what research he has done or what articles or books he has written Let him teach, and keep your eye forever after on his pupils

Current Editorial Comment

Unfashionable Doctrine Incredible as it may seem, there come days when editorial omniscience loses something of its self-confidence. The principle for which we have been waving banners and tooting trumpets seems to have lost its virginal, untarnished, pearly luster. On such mornings, we turn to other brains for our support. And we find support in very varied sources.

"Sterility"—Heckel has shown that administration of testosterone propionate in large doses may cause an azoospermia in a man with a normal spermatozoa count. This phenomenon conforms to the general bio-

logic principle that the administration of a hormone secreted by a gland of internal sec etion tends to inhibit the gland which produces it"

We quote next from an article by Mr Archibald Rutledge, under the title of "The Blessing of Insecurity" He has observed the effects of a conservation area set up in a swamp whose inhabitants he has been observing for many years

"This is a day when a great many wild game birds are kept in captivity for breeding purposes. The men engaged in this work have become accustomed to the general fall from grace as mothers of such normally fine

¹ Thompson W O Uses and Abuses of the Male Sex Hormone J A M A 132 185

² Rutledge, Archibald American Magazine, p 49 (Sept.)

birds as pheasants What heretofore had been the most important thing in life, the nesting and rearing of young, has somehow lost its appeal and proper place. The hens are careless and dilatory about when and where they lay, they no longer seem inclined jealously to claim their own nests, they are so unreliable about setting that they cannot be trusted to stay on their own eggs until they are hatched. Complete security has apparently demoralized them

"Perhaps they have gained the world, but assuredly they have lost their souls"

The owner of a nearby plantation was not satisfied with the size of the deer upon his property "So he imported a huge stag from Michigan to act as a kind of herd buil. This buck, which had been reared in captivity, was kept for some time in an enclosure on the plantation that had a 7/2-foot wire fence around it. It was in the autumn, the mating season of the deer. A native buck from the man's own place jumped that wire fence at night, killed the great stag more than twice his size, and, once more leaping the fence, escaped into the night."

The small but virile native buck had spent most of his time, not eating and drowsing, but using his strength and his strategy to escape death at the hands of hunters

These two instances so firmly bolstered our thesis that nobody works unless he has to and that nobody who doesn't work is worth much, that we unfortunately fell back again upon our own brain Which took us back to the proud days before our marriage when we used to dress ourself Not only for our own satisfaction, we smugly remembered occasions upon which we had even been congratulated upon our harmonies of hate and spats, socks, shirts, suits, and even neckties Where are those proud days now? We are married to such a perfect wife that we couldn't even find a sock or shirt As to venturing to select a necktic—we shud der at the very idea.

Discouraged, we turned to another source for inspiration—the daily press Miss Elsie Robinson, in her column "Listen, World," was quoting from Mr C E Wilson, president of General Motors, "We have a good deal of absenteesm, perhaps three times the normal prewar"

Asked why, he answered, "I do not know why it is, but a good many people just don't seem to be too much interested in work

If people got 50 per cent as much for not working as they got for working

N Y Journal American Sept 30 1946

I wonder how many people would be tempted by that "Miss Robinson blames the situation on the way we have raised the last two generations. She says that when she was a youngster, "if you wanted to exist you had to work. Any child of five understood that fact. It was in the very air we breathed. No one expected life to be anything but hard."

We return from our divagations with the luster back again upon our standard Our editorial omniscience is almost what it used We were advancing the thesis that hard work and self-reliance are two essentials of existence It's a very unfashionable doctrine It leaves out the State entirely But it is bolstered up by an endocrinologist who tells us that the most essential gland for man's preservation won't work, or even produce, if even a part of its work is done for it by a naturalist who tells us that watched over and petted, the largest stag is no match for the unprotected featherweight of wild life, by our own miserable example, and finally by a columnist of the Hearst newspapers who quotes the president of General Motors

The first extraneous authority that we cited was headed, curiously enough, by the word "Sterility" But as we end our editorial, it almost seems, doesn't it, as if "Security" and "Sterility" were synony mous

Curare in the Treatment of Acute Police myelitis In a recent report of 34 carry For gives his experience with an opinion concerning the treatment of acute prinmyelitis with curare The patients (19 men and 15 women), varying in age form 3 to 33 years, were among those start to the South View Hospital, Myssier Health Department, between July 22 130vember, 1945 Some patients at the hospital on the first day of the circus. others after many days, the lower peroc of delay being sixteen days types of the disease included two spinal bulbar, ten spinal and rine ser spinal paralytic. The dos it size file the basis of 09 mg per Engan co weight, but clinical judge of the dose took into account, a.d., trasgeneral condition of means for artificial require we at hand

¹ Por Max J JAMA Ch. 23 Cam " " "

The Diagnostic Value of Vaginal Smears Since 1917, when Stockard and Papanicolaou introduced the vaginal smear in the study of the guinea pig's sex cycle, the horizon of this procedure's significance and implications has broadened appreciably, especially in the last decade

The value of vaginal smears in human endocrinology has been generally accepted. At the moment, it is in the field of the diagnosis of uterine cancer that the use of the vaginal smear, and more recently, of the cervical, endocervical and endometrial smears is attracting more attention and offers much promise

The rationale of the method is sound since it is based upon the study of exfoliated cells recovered in the secretion of the uterus, cervix, and vagina Carcinoma is an exfoliative lesion

Among the method's limitations, the interpretation and evaluation of the smear is perhaps the greatest. It requires the judgment and experience of one who is well acquainted with the normal and abnormal cytology of the female genital tract. Furthermore, better criteria for differentiation are not yet outlined and standardized. These may be realized when the cytologic changes associated with pregnancy, infection, endocrine dysfunctions, and cancer itself are better understood and classified. Another disadvantage of the method is that the examination of a smear consumes more time than that required for a histologic slide.

Among the advantages of the method, the following should be mentioned The manner by which smears are obtained, fixed, and stained is uncomplicated and inexpensive, and the procedure does not require hospital-In the presence of abnormal cells, the smear enables one to suspect or detect carcinoma in its earliest stages and in unsus-Thus, it becomes a valuable pected cases complement to the more reliable and wellestablished diagnostic aids, such as biopsy and curettage In the field of cancer prevention, it may be widely used as a screening method

However far or near the discovery of the cause of cancer is, the early diagnosis of this implacable disease will always remain paramount. It is hoped that the vaginal smear will prove to be the invaluable aid that it promises to be in detecting carcinoma of the cervix and of the body of the uterus long before any clinical signs or symptoms are manifested. It is desirable, and perhaps imperative that the profession acquaint itself with

the technic of this procedure Numerous articles are now available in the literature

Mice and Cancer Research In the long process of solving the problem of cancer, one of the most useful means of acquiring knowledge is through experimental ob-In its native state. servations on mice unguided by the geneticist, the mouse is singularly free from malignancy taneous tumors in mice were so rare in 1900, they had a commercial value of \$300 00 Thanks to those experimentalists interested in the study of hereditary influences in cancer incidence, the price of mouse tumors today is less than a dollar This change was promoted by the geneticist using restrictive matings to produce inbred or pure strains of mice This multiplied discoveries in pure genetics, and aside from genetics it made possible the detection of the carcinogenic substance in milk

In an interesting paper, Strong, who has personally studied 250,000 mice during nearly thirty years, observes that inbred strains have fewer types of spontaneous tumors of comparatively less malignancy Knowing that long exposure to soot caused chimney sweep's cancer, the organic chem-18ts began a search that led to the synthesis of a powerful cancer-producing substance, 20-methylcholanthrene thor believes that with the three types of tumors (spontaneous, transplanted, and induced) available to cancer investigators, they can produce in experimental animals every degree of malignant cancers and benign tumors that develop in man

His conclusions are distinctly hopeful "The practical application of genetic principles has produced in mice, with the help of the organic chemist, a vast supply of many of the more malignant tumors that afflict mankind at present I express the candid opinion based upon some results already obtained and discussed this evening, that cancer, even in the human species, will eventually be controlled—by gcnetic principles I do not mean by some utopian eugenic practice but by the discovery of the mechanism within the animal body which produces resistance to cancer in all its phases When this is ascertained and completely understood, we are justified in hoping that this principle will control human cancer

¹ Strong Leonell C Minnesota Med 29 413, 426 (May) 1940

EMERGENCY OPHTHALMIC SURGERY

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There is need for a discussion of the indications for surgery in the emergency conditions in ophthalmology, both from the standpoint of those who do their own surgery as well as of those who refer all of their major surgery but who are confronted at times with conditions which give no opportunity for proper reference or for elective consideration. Prompt action is necessary and one may have to proceed without much aid. There may be more need for good surgical judgment under such conditions than when one has time to sit down and calmly think the problem through.

The American Board of Ophthalmology has wisely decided to carry on with its program octification only of those who prove that they are safe ophthalmologists and this means that they are safe also in ophthalmic surgical diagnosis and judgment and that they are safe in doing the ordinary and certainly the emergency ophthalmic operations. It may not be necessary for the ophthalmicogist to do elective surgery in chooses not to do so but he should at least not accept ophthalmic patients unless he is prepared to render adequate necessary emergency care when he cannot put them in the hands of one who will do this for him.

Conditions in Which An Emergency Enucleation of the Globe Is Indicated

There are certain conditions in which enuclea tion is definitely indicated and should be done without delay

- 1 Intraocular neoplasms sarcomata glumata. In the latter condition with nerve involvement an intracranial approach may be necessary
- 2 Ocular trauma extensive perforated lacerated or incised injuries particularly involving the ciliary area. Contusions with rupture of the cilibre.
- 3 Penetrating prritating foreign bodies which cannot be removed well
- 4 Sympathetic ophthalmitis before involvement of the fellow eye
 - o Blind eyes with dislocated lenses
- 6 Eyes that have suffered expulsive hemor rhages
- 7 Nonpurulent endophthalmitis with tender painful sclera.
- painful sclera.

 8 Blind painful eyes with staphylomata or phthusia bulbi

9 Absolute glaucoma, primary or secondary or in huphthalmic and hydrophthalmic eyes

Indications for Implantation into Tenon s Capsule

An implant may be placed in Tenon's capsule in any case in which the enucleation is clean and satisfactory. The presence of an intraocular neoplasm or sympathetic ophthalmits may deter one from using an implant but these conditions do not definitely contraindicate the procedure. The need for shortening the time of the operation as much as possible in clidrily or debulitated per sons may be an argument against the use of an implant in such cases. The motifity and cosmetic effect after implantation has been quite satisfactory.

Indications for Procedures Alternate to Enucleation Although There May Be Many Contraindications to Their Use

Fusceration of the Globe—Lyisceration of the globe should be done in cases of sovere purulent endophthalmitis or panophthalmitis because of the danger of the development of meningitis if enucleation is done and the sheaths of the optionerve are cut under such conditions. In cases of purulent anterior endophthalmitis of lesser degree a crucial incision of the cornea may be used for evacuation of the abscess with enucleation at a later data of their indiented.

Eviscention may be done in any and all of the cases listed for enucleation everet in the presence of intrioccular tumor, or sympathetic uveits or scientis. In certain cases in which there is scientis with painful tender scient, the patient may not be releved of symptoms except by enucleation.

Mules operation of implantation into the eviscention rateria as best exemplified by Burchi or some of the modifications by which the optic and charp nerves are removed may be performed in favorable cases

Progress in Restoration of Motility and Improved Cosmetic Effect

Ruedemann's implantation of a permanent acrylic eye of sufficient size, particularly of the anterior part to fill the orbit, directly after enucleation with suturing of the four rectus muscles to a platinum mesh on the back of the implant is a new departure and offers interesting speculation on its future first in regard to its

Presented at the 140tl Annual Meeting of the Medical Society of the State of New York, Section Ophthalm logy and Otolaryngology May 2 1946

motility when the tissues of the muscle cone become adherent to the entire cone-shaped back of the implant thus making for less rather than more motility, and second, in regard to the permanence of the colors of the iris and of the sclera These points will be decided only after a lapse of Cutler's plan for implantation of a specially designed acrylic basket into Tenon's capsule provides for transmission of excellent motility to the prosthesis through the fitting of the stud on the posterior surface of the prosthesis into the central depression of the implanted basket method provides for renewal of the eye if necessary, or for shifting of the eye without muscle Cutler's resurgery if any deviation develops port is most interesting and the procedure is not more difficult than our present method of enucleation with implantation

Despite possible objections, the methods are essentially new and most interesting and will teach us much. Ruedemann has used the implant in old cases in which no implant had been employed, in others in which the implant was unsatisfactory, and also in sunken and contracted deformed sockets to aid in their restoration. Cutler has said that the basket implant did not work in cases in which a previous ball implant had been removed.

Glaucoma—Indications for Emergency Surgery

Congenital and Infantile Glaucoma —Congenital and infantile glaucoma may present an emergency problem If the child's eye is hard and the cornea is steamy, it is evident that only by prompt relief will the vision be saved and even then the prognosis is poor Recognizing the usual nature of congenital and infantile glaucoma as an anomaly of development of blocking of Schlemm's canal, the only hope hes in an emergency filtration operation to provide a substitution for the absence of Schlemm's canal Glaucoma, secondary to uveit s in children, may require repeated paracentesis and the use of mydratics and cycloplegics and general systemic treatment as in the adult

Glaucoma in the Adult—In dealing with emergency cases of congestive glaucoma in the adult, one must distinguish between (1) primary glaucoma in which the cause is associated with neuropathic, metabolic, circulatory, or degenerative phenomena in which an acute phase develops as a result of blockage of the exit of the intraocular fluids, and (2) secondary glaucoma in which the inflammation is consequent upon necrosis of tissue, local, or distant infection which has produced cohesive exidates and cellular debris that interfere with ocular fluid drainage

Acute Primary Glaucoma (Preoperative Treatment) In the primary form, the emergency preoperative treatment consists of a trial of mi otics certainly not over forty-eight to seventy-two hours, as the latter seems to be the deadline for restoration of any useful vision although there are occasionally cases in which a restoration of 20/100 to 20/40 vision is achieved even after seven or eight days of blindness with high tension Intra venous glucose or magnesium sulfate and retrobulbar injections of procaine and vasoconstrictor agents if not contraindicated may help. A special emergency glaucoma therapy Lit is worth while in any ophthalmic office or hospital It is better to get the tension down, to give the eye a brief rest, and then go ahead with the surgery than to operate under conditions of high tension or to wait and have a recurrence The fellow eve should be watched carefully and every effort made with miotics to prevent its sharing in the attack as experience has shown them very prone to do so

Emergency Procedures in Acute Primary Glaucoma —Basal iridectomy or even almost any type of iridectomy done under the difficulties of acute glaucoma, usually leaving the pillars incarcerated, suffices for the time being to reduce the tension The observation that the technically poor indectomies were the more successful because the incarceration of the iris provided drainage leads naturally to the opinion and decision that iris in carceration as in iridencleises was worth while However, in the acute phase, the iris tissue is congested, thickened, succulent, fragile, and often necrotic and cohesive, and does not act well for dramage purposes By experience anterior sclerectomy, paracentesis, or cyclodialysis in any form are not satisfactory in acute congestive Primary glaucoma

Posterior Sclerotomy —Posterior sclerotomy by knife incision has fallen into disrepute because of the incidence of hemorrhage, and because one does not wish to cut through the retina. However, posterior drainage by a safer form than by incision is trephination through the sclera, then surface electrocoagulation of the sclera to prevent detachment, then coagulation of the bulging choroid and retina to provide posterior escape of either vitreous fluid or gel. The tension is lowered, thus providing better anterior conditions for an immediate anterior drainage operation.

Emergency Surgery in the Recurrence of Acute Glaucoma—A recurrence of increased intraocular tension may require further surgery but as a general principle it is well not to follow with the same type of procedure which failed partially or entirely before—It is well, also, to recognize that there are certain cases which do not respond,

cases in which venous thromboais necrotic and hemorrhagic conditions may well have been present at the start. And while such states nullify any efforts at restoration of vision, certainly all is lost if the tension is continued and emergency measures not taken. There are cases in which the fellow eye is good and all efforts should be directed in the emergency to conserve this eye rather than risk an acute attack of glaucoma or sympathetic ophthalmitis which may develop in this good eye after difficult surgery on an eye which is manifestly lost. It is well to remember that enucleation may be the safest and best emergency operation in such a case.

The Avoidance of Complications -In connection with the emergency treatment of glaucoma it is also well to remember that other or general emergencies should not be produced if they can be avoided. I believe that adrenalin is overrated for its value as an adjuvant to proceine for local anesthesia and in addition to producing symptoms of uncasiness apprehension and nervousness in sensitive patients may lead to further dilatation of the pupil and blockage of the angle besides endangering spasm of coronary or other important vessels. The use of vitamin K or syn thetic parenteral coagulants may be con traindicated because of the danger of clot formation and thrombosis if the platelet count and prothrombin time are normal or if the pa tient has a tendency to thrombosis

2 The Emergency Care of Secondary Glau coma. The acute phase of secondary or inflamma tory glaucoma is best met by repeated paracentess, mydriatic and cycloplegic drugs and foreign protein or other general systemic therapy as indicated. I believe again we should not run the risk of a general emergency by protein shock therapy especially when such treatment may only enhance the inflammation of the eye and when the reaction of the individual is not auitable or when the injection is poorly timed. Less vigorous for eign protein therapy may well give better results.

Ophthalmic Emergencies

Vascular Disease—Central retinal venous closure by thrombosis may produce secondary glaucoma. The end or congestive phase of primary glaucoma may be accompanied by venous thrombosis. This development will modify any emergency surgical approach. In case of central retinal arternal closure the emergency is so acute from the patient's viewpoint that he clamors for emergency care. The surgical should try to decide whether the claudication is produced by thrombosis embolism or continued spasm. He may test the intraocular tension and

if normal or high in cases of embolism or spasm he may try the effect of lowering the tension by paracentesis of the anterior chamber combined with vasodilators. Most of the cases in which relief and return of circulation and vision has been experienced however have been probably those due to spasm, with occasionally one in which the embolic material may be observed to have moved off to a branch of the artery. Certainly the percentage of successful results of emergency surgery must be small, particularly when the phenomena of necrosis of the return as evidenced by the development of opacity and cloudy swelling have set in

Laceration Penetration, Incision Contusion and Rupture of the Byeball —There are two emergency considerations in all such wounds of the globe The first is the conservation of vision of the injured eye the second is the prevention of sympathetic uveits

The nonsurgical care of such cases, the use of local aseptic and antiseptic measures, uveal pigment the test and therapy with antitotanus serum gus bacillus serum cycloplegies, and mydratics nonspecific protein therapy, etc are all important

Emergency Enucleation in Traumatic Cases -The surgical approach to the conservation of vision of the injured eye must be based on its safety in relation to the fellow eye Particularly if there are extensive injuries of the iris and chary body and loss of vitreous the emergency measures adopted are usually on a temporary basis in deference to the necessary psychologic approach and the attitude of the patient and rela tives The shock of the loss of the eve can be rendered easier if tact and proper handling of the patient are employed and a general emergency may thus be avoided However such considerations should not blind the surgeon or the consult ants to the emergency need for enucleation as the safer procedure and the best measure for preven tion of sympathetic ophthalmitis. This has been amply demonstrated in both World Wars I and II The low incidence of sympathetic ophthalmia in military practice as compared with the continued development of such cases in civilian practice and in isolated neglected cases bears witness to this Dependence cannot be placed on the newer sulfadrugs or penicillin for the prevention or cure of this condition There is a relatively short variable period, certainly not over ten to twelve days, in which one is safe in carrying on watchful con servative therapy but this should not be extended to the time when sympathetic irritation and in fiammation have developed because the fellow or sympathizing eye may turn out to be the worse of the two In certain quiet cases the injured eye may be carried and observed for longer periods

Emergency Surgery Other Than Enucleation in Traumatic Cases—Excision of protruding iris, replacement of pillars, avoidance of traumatic cataract, if this is not already present, direct appositional corneal suturing, or the use of a conjunctival flap are all conservative measures when the injury is corneal, but if the injury is limbal and scleral and there has beennecessary excision of ciliary body with or without loss of vitreous, the emergency is grave and very serious and enucleation may well be carried out

Magnetic Foreign Bodies Within the Eye and Orbit -The history of the injury may disclose the nature of the foreign body which has perforated, penetrated or otherwise injured the eye and orbit X-ray localization is important, and with the aid of the Berman localizer, the exact position of a magnetic foreign body may be accurately discovered at the time of operation The knowledge of the position foreign body will help reduce the trauma of removal Particularly now, with our experience in surgery for reattachment of the return it is possible to avoid the long return drag of a posterior foreign body through the vitreous, around the equator of the lens, and out through a corneal or limbus incision, unless a traumatic cataract is already present in favor of a removal at the posterior site through a scleral incision Care should be taken to prevent the development of detachment of the retina and hemorrhage by surface coagulation around the opening in the sclera It may be well to consider removal of all such foreign bodies inferotemporally The condition of the eye after removal of the foreign body will determine its future

Nonmagnetic Foreign Bodies —If the foreign material is nonmagnetic, an attempt may be made to remove it, particularly if it is of such a nature that it produces chemical or inflammatory changes in the eye The use of an endoscope through a scleral incision for intraocular visualization and foreign body removal is justified if the eye will stand the manipulation better than it will the foreign body. If there is glass in the interior chamber and it is recognized by direct observation, by gonioscopy or by bone free antenon x-r w films, then an incision ab externo, lifting of a corneal flap, and removal of the glass particles by the flowing out of the aqueous, or by picking them up with smooth forceps, is indicated The incision should be closed by corneoscleral sutures

Foreign Bodies in the Orbit—It may not be necessary to remove small bits of metal from the orbit, except copper and its alloys which may produce chemical suppuration and necrosis Wood or organic material, however, should be

removed if at all possible it an early date because the granulomatous inflammation which ensues is very destructive and disturbing

The Diagnosis of Sympathetic Ophthalmitis

The recognition of various types of sympathetic uvertis and scleritis comes within the province of this discussion of emergency care flammation developing in the injured eye is of a plastic, fibrinous, evudative, infiltrating type, although the condition may develop in cases in which the inflammation is purulent in nature Cells are seen early in the aqueous and vitreous and later typical adhesive precipitates on the endothelium are developed Exudates on the iris, and infiltration of the iris with irregular nodular vascularized and granulomatous thicken The intraocular ings of the iris are significant tension is not a true index as glaucoma or hi Continued hypotony, potony may be present however, is a grave sign These objective signs combined with symptoms of photophobia, lacri mation, and blepharospasm in an injured or operated eye are great warning signals of the The change from accurate and prompt light projection to inaccurate, slow, guessing, and faulty light projection is a real warning Faulty light projection in a severely injured eve without inflamination is enough reason for emergency enucleation as the best therapy. It is best judgment not to wait for symptoms of sym pathetic irritation in the fellow eye. If there is development of objective signs of sympathetic infiltration of the fellow eye, it may be too late to enucleate

Sympathetic Ophthalmitis After Intraocular Surgery—Such is the nature of ophthalmic surgery that the responsibility is great. Any eye operated upon for glaucoma or entaract, even though the technic be perfect, presents a possibility for the development of sympathetic ophthalmitis. The incision need not be wrong nor the uvea unduly traumatized. The development of severe uvertis and faulty light projection, as detailed above, should be reason enough for the surgeon to sacrifice the object of his loved labor in emergency deference to safety. Fortunately, such emergencies are rare

Emergency Surgery in Traumatic Cataract

The opacity of traumatic cataract, if otherwise uncomplicated, may in young subjects absorb completely and no emergency surgery may be necessary, but if the lens swelling is rapid, glau coma or inflammation may ensue. There will be necessary then an emergency removal of lens debris and of the nucleus by linear or peripheric section. Eyes in which there is an admixture of

vitreous and lens dobres do not do well oven with emergency care

Emergency Surgery of Dislocations of the Crystalline Lens

If there is partial subluxation of the intact lens, the condition may not require emergency surgery and a favorable time may be elected to remove the lens. If there is luxation of the lens through a ruptured sclera the condition is serious and may require enucleation. The production of subluxation of a normal lens with a normal resistant sonule requires much contusing force which in itself is destructive of the integrity of the eyeball and offers a poor prognosis However, if in a case of partial sublixation of the lens in which no inflammation develops and the vitreous is still a viscul gel, one can be sure that as soon as the incision exacuating the aqueous is made the subluxated lens will appear to float up to the comea. It is actually pushed up by the vitreous which comes forward. The general consensus of opinion is that loop extraction is indicated in such cases and that loss of vitreous with incarcoration or pulling up of the ins is inevitable. However this may not always ensue and it may not be necessary to use the loop in every case. If the corneal flap is lifted after the meision, the lens will try to escape course, the vitreous will try to escape also but not in every instance. It may be necessary to grasp the lens and use traction and rotation and stripping to release the remainder of the zonule if this be resistant. The traction with the loop is not a sinecure in such cases because the zonule resists direct traction There is need for the development of a better emergency care for subluxated lenses in the presence of viscid gel vitreous. Complete luxation into viscid vitreous presents a still greater emergency problem less in fluid vitreous. In the latter cases there are other degenerative phenomena and the trauma necessary for the production of luxation may have been slight. If the vitreous is fluid the lons will mak as it does in saline after removal An attempt should be made with the patient in the prone position face down to get the lens or cataract into the anterior chamber through the dilated pupil and then im prison it with miotics contracting the pupil This is not always successful, particularly in con genital cases in which the lens is globular and relatively thicker than the anterior chamber is deep A lens luxated into fluid vitreous may be floated up with a stream of saline and lifted out as Verhoeff has done or the sutures placed the incision made the patient turned over causing the lens to drop into the anterior chamber for casier icmoval as Brackens has done. A lens luxated

into viscid vitreous and fished out with a loop offers a poor prognosis. Lven the aid of fluorecent light does not solve the emergency There is one measure that stands out as important in the surgery of luxated and subluxated lenses and entaracts particularly in the presence of viscid vitreous and that is the preplacement of corneoscleral sutures preferably of the McLean* type. I do not use them in ordinary cataract surgery but I am convinced that they are important and necessary in dislocation cases with viscid vitreous. Another measure that is necessary in dislocation with viscid vitreous is that of a wide indectomy so that no iris will be incarcerated or drawn up by the vitreous which is usually incar Dislocation of the lens particularly luxation either into the vitreous or into the an terior chamber, recuires emergency surgery be cause degeneration inflammation or claucoma will most probably ensue

Emergency Surgery of the Lids and Adnexa

The dense nature of the deep lid tissues and the fact that there is just enough tissue in the normal state renders necessary the avoidance of any débridement in the emergency surgery for repair of cyclid injuries involving the margins Relaxation of the tissues may be produced by lateral canthotomy, or by pedicle flap continuous with the injuried cyclid, or brought down from the upper lid if the lower lid is the one which is injuried.

The hid margin when injured or cut tends to contract so that when joined a slight overcorrection is necessary to avoid notching. The typical laceration through the basal portion of the lower cyclid just nasal to the punctum lacrimalis requires a special plastic correction to avoid the tendency to retraction and eversion of the lid. When the levator has been cut across an effort should be made to reunite the edges, anking particular care not to include any of the deep unyielding fascia orbitalis in the sutures.

If the hid injuries are such that loss of tissue or lagophthalmos endangers the corner through exposure then a suitable emergency procedure must be done to protect the corner

The emergency repair of extensive cyclid in juries is usually unsatisfactory. There is required an elective plastic reconstruction at a later date. I believe that if feasible, a prolonged period of time even up to one year should be allowed to elapse between operations so that the tissues will have sufficient time to resolve and react properly to the second operation. Plastic surgery of the cyclids and orbital tissues should be done by one who is also an ophthalmologist because only the latter can have a proper appreciation of the functions and reactions of the eyes.

Granulomata

Granulomata are not improved by incisions Chalazia, if acute and secondarily infected, may be incised, but as granulomata they require excision and curettement Granulomata or pseudotumors in the orbit may be made worse by incisions

Ulcer of the Cornea

Ulcers of the cornea may, if indolent as in filamentous or dendritic conditions, require curettement and application of half-strength tincture of iodine, while if active and progressive, they may require an emergency Saemisch section or delimiting keratotomy

The Emergency of Neuroparalytic Keratitis and Keratitis with Lagophthalmos

In case of neuroparalytic keratitis with tendency to erosion and ulceration, intermarginal lid adhesions may be made as an emergency conservative measure. No anesthetic is necessary. The exposure due to facial nerve paralysis may not cause alarm, but if necessary, the relaxation of tissues may be relieved by lid adhesions or by canthoplasty.

Emergency Incision of Abscesses

The emergency incision of any abscess large or small may be attended with relief from symptoms if there has been pressure in the abscess. However, one precaution in incising abscesses near the eye is the necessary avoidance of curettement or interference with the pyogenic membrane of the abscess so that there will be no venous transmission of the bacteria to the cavernous sinus for the production of a serious and dreaded thrombosis

Expanding Lesions in the Orbit

Expanding lesions in the orbit causing pressure on the optic nerve or endangering the integrity of the cornea whether due to (1) metabolic disturbance with thyrotoxic or hypothyroid edema and infiltration of the orbit causing exophthalmos. and (2) neoplasms, whether primary in the orbit or an extension from the cranium or metastatic in origin All the latter may demand emergency surgery for temporary or permanent conservation of the eye and its vision, or sacrifice of the eye and the orbital contents In the face of a progressive, noncontrolled evophthalmos, the use of intermarginal eyelid adhesions, canthoplasty, or recession of the levator may be of little avail, but these measures are useful for the protection of the eye in the conditions of proptosis which are stationary, particularly if the trophic nerves are not interfered with, and the lid tissues have good The emergency of diminished corneal vitality

sensitivity and dystrophy, and lagophthalmos due to progressive exophthalmos calls for heroic measures which, unfortunately, are not very successful in diminishing the volume of the orbit Isolated encapsulated orbital tumors may be removed by various approaches according to their location Others may require eventeration of the orbit while still others are beyond surgery Abscesses may be drained, cysts evacuated, and their lining membranes sclerosed by chemical treatment, mucoceles may be excised or drained through the sinuses or nose, the condition of malignant exophthalmos of thyroid disease may be alleviated by the Naffziger intracranial orbital unroofing The prognosis for such conditions is necessarily poor due to the very nature of the conditions present

Summary and Conclusions

The conditions of the eyes requiring emergence surgery have been discussed and the indication given. It was pointed out that ophthalmologist certified by the American Board of Ophthalmology are regarded as safe in ophthalmic surger and, while they may choose not to do electively eye surgery, which is their privilege, they shoul be ready to give emergency care, even surgery until they can transfer the patient to the car of another who will operate if surgery is indicated

The conditions in which enucleation is the operation of choice are given while the substitute for enucleation, combined with implantation particularly those arising out of the experience of the war for providing good motility and appearance of the prosthesis are recorded

The emergency states of primary and secondar glaucoma, vascular disease, ocular traumatic conditions, sympathetic ophthalmitis, injune infections of the lids and adnera, and expandin lesions of the orbit, producing exophthalmos an endangering the eye, all have been discussed i brief and the indications for emergency surgice care outlined

780 PARK AVENU

Discussion

Dr James G Fowler, Buffalo —Dr Kirby, in the most interesting and comprehensive paper, has calle our attention to the numerous urgent surgical procedures which can confront the ophthalmic practitioner. Most of the methods of treatment which he proposes have wide acceptance and need no discussion. Many of them could bear extensive discussion, but time allows my comments on only few.

If there is a choice between enucleation or evis ceration, choose enucleation because convalescenc is shorter and the cosmetic result is nearly as good if an implant is done. If there has been a larg laceration of Tenon's capsule, suture it first, other wise, the implant may migrate through it. We all await with great interest the results to be obtained with newer methods

In infantile glaucoma I share the opinions of the author regarding filtering operations. The urgency for survey here is much less than in glaucoma in older persons, because the sclera is not rigid. How ever I have done a trephine in a five-day-old infant whose comes was 16 mm in diameter Trephine openings in these young eyes heal over in a few months, but why not repeat them and leave the iris alone or do only an indotomy? There is less disfigurement and, possibly later, one of the holes will not heal completely There is no need to split the comea in buphthalmon. In reviewing my few cases, I take some comfort in Lloyd's remark that Verhoeff told him that he had never seen a case of bilateral buphthalmos in which both eyeballs were

In acute primary glaucoma of adults a twenty four-hour trial of intensive miotic therapy is indicated, but I have regretted longer delay of surgery A retrobulbar injection before operation will cause a substantial lowering of tension, and if aqueous is allowed to escape slowly, troublesome hemorrhage is unlikely to happen. A small keratome opening can be easily and safely enlarged with a probepointed keratome

In secondary glaucoma of a transitory nature I agree that intensive treatment of the underlying uveilts is needed, and welcome the cautious warnings of too vigorous foreign protein therapy I have the feeling that for some reason the optic nerve withstands the pressure of secondary glaucoma better than that of primary glaucoma. If the tension is not lower in a week, I would be tempted to try a 1½ mm trephine without splitting the cornea. The ris may not even prolapse. The permanent relief of tension exerts a favorable influence on the uveils. The severe after pain and the transitory relief of tension obtained with anterior claimber puncture, has made me abandon this procedure

No one should disagree with all that has been and about lacerations of the cychell. One is always tempted to try to save the cye, but few turn out well. When the laceration is entirely in the cornea and iris, and lens material has prolapsed through the corneal wound, a leukoma will result unless lens material is removed early from the anterior chamber

The author's preventive measures for detachment of the retina in removal of foreign bodies by the Posterior route answers the criticisms of this method. The number of intraceular foreign bodies has greatly decreased in my own practice because plants which send me work are all on high pressure safety goggle campaigns.

In lacerations through the lid margins one deep suture in the margin usually prevents notching if edges are exactly opposed. Avulsion of the lower lid at the inner canthus calls for one suture in the margin but the canthal ligament should be caught in this suture. If either of these marginal sutures correctly oppose the margins, other skin or con junctival sutures are of secondary importance. When the external ligament has been severed, it should be sutured back to the periosteum to prevent a depressed scar and shortening of the palpebral fissure The prompt repair of lid lacerations may tax your judgment and resourcefulness, but if anatomic relationships are nearly restored with minimal loss of tissue, later plastic repair seldom will be necessary One should never forget to include in his prognosis the possible loss of function of the levator muscle or the possibility of hidden runture of the globe, if they cannot be ruled out at once This may save untold embarrassment later sistent swelling of eyelids, following repair of lacera tions of evelids may indicate the presence of concealed runture of the globe or of a foreign body in the orbit. These foreign bodies have a tendency to extrude but as Dr Kirby has stated, the granulomatous infiltrations which they cause are very disturb-Probing with blunt forcers under the fluoroscope helped me once.

I believe that too much chemical cautery of corneal ulcers retards healing Most dendritio ulcers heal themselves if you can prevent secondary infection

In neuroparalytic keratitis make two intermarginal adhesions because one may not hold The same sutures may be used for thyrotoxic exophthalmos, but recession of the levator produces a very satisfactory result However, in thyrotrophic exophthalmos medical treatment is indicated and if the thyroid gland has been removed thyroid feeding is necessary. If this fails to stop progression of exophthalmos transfrontal orbital decompression is indicated We also know that some orbital tumors are best removed through the transfrontal approach. Subperiosteal orbital abscess needs more than drainage because it is often accompanied by osteomyelitis of the orbital bones and should be treated jointly by an eye surgeon and competent thinologic expert with much emphasis on the latter Chemotherapeutic drugs have altered this picture. but have not as yet replaced surgery

Dr James F Cahill, Syracuse—Dr Kirby has given an interesting, complete and comprehensive discourse on ophthalmic emergency procedures. In the discussion of his paper one can but agree with everything be has mentioned and it leaves only the description of the technic of some of the subjects which he did not have sufficient time to describe

It has been our experience that corneal wounds after excising any prolapsing iris heal more quickly and with a more even corneal surface if a fine corneal suture is used to close the wound. We have used a double-armed number 6 silk suture threaded through a fine corneal atraumatic needle of the suture is placed from within outward through the middle of the corneal wound halfway! between the anterior epithelial layer and Decemet s membrane and then emerging out through the epithelium as near the wound margin as possible. The other arm of the double-armed suture is placed in the same manner through the other lip of the wound The suture is then tied, care being used that the margins of the wound are not inverted or that the auture is not tied too tightly Sometimes a second suture has to be placed in the same manner, if the wound is too large to close with one suture erally, a conjunctival flap is then placed over the However, if the wound is small, no conjunctival flap is used and recovery is usually un-In all these cases tetanus antitoxin is eventful Daily treatment with penicillin, both locally to the injured eye and intramuscularly, is instituted for a week as a prophylactic measure

Intraocular foreign bodies have to be dealt with as No hard and fast rule can be separate problems given as to the mode of procedure in their removal Small recently imbedded foreign bodies can frequently be removed through the anterior route without causing any more trauma than has already Others, especially if large or of some been inflicted duration, although having entered the globe anteriorly are best removed through the posterior The foreign body should be removed as soon as possible because the longer it is in the eye, the more likely it may become enmeshed in connective tissue or exudate and resist the pull of the If the posterior route is selected, after localization with x-ray, the magnet should be placed as near to the piece of steel as possible so that it can be drawn near the surface of the eyeball Often the patient can tell when the foreign body is approaching the surface of the eyeball by the pull which is felt A sagittal incision is made down to the choroid coat as near as possible to the location of the foreign body, being sure to keep away from the danger zone of the charv body The magnet is then placed over the wound and when the steel fragment is drawn near the magnet, the black pigment will be seen protruding through the wound Plenty of time should be taken in the extraction of the foreign body as it may lie lengthwise across the wound, and by the continued application of the magnet, the foreign body will be gradually turned around and emerge through the wound easier and more quickly than if it is forced through in such a way that it will cause more of a wound than the one made with the Graefe knife

In making the wound down to the choroid only

one injury will be given to the retina and choroid and that will be by the emerging foreign body The wound is then cauterized and penicillin is given prophylactically for about one week The prognosis should be guarded because, even if the foreign body is removed, there may be a marked defect either in visual acuity or in the field, due to the evidate. hemorrhage, or even to detachment of the retina

In cases of absolute glaucoma when patients are reluctant to have an enucleation done, electro coagu lation of the sclera over the cilinry body may control the tension and pain Cyclodiathermy seemed to work especially well in a case of absolute glaucoma secondary to chronic iridocyclitis in a diabetic pa The tension is apt to rise following the operation and a paracentesis may have to be performed to control the tension for a short time im mediately following the operation. It has worked successfully in other cases of glaucoma. As in all procedures involving the ciliary region, sympathetiophthalmia has to be always kept in mind as Dr Kirby has emphasized

One other comment which might be mentioned if the discussion of hid wounds is that they be deal with by an ophthalmologist, or, at least supervise In general hospitals where one is apt to encounter various types of accidental injuries, the are usually seen first by either the house surgeon o intern who may have had little or no ophthalmi Where the ultimate result depends a much on the initial repair, we think it is imperativ that it be done by one who is familiar with thes structures The right thing, done carefully and with deliberation soon after the accident, may save the patient time and discomfort of plastic repair at i later date

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A M A JOINS WORLD MEDICAL ASSOCIATION

The American Medical Association, by action of the Board of Trugtees at its last meeting, has, become a member of the "World Medical Association"—an organization which will promote the interchange of medical information among the medical associations of the world, according to an editorial in the October 26 issue of the JAMA

The editorial follows in part
"At the end of September a conference met in London in which there were medical representatives of twenty-one European countries and ten countries outside Europe and at which the American Medical Association was represented by several observers appointed by the Board of Trustees The meeting was held under the joint auspices of the British Medical Association, whose president, Sir Hugh Lett, presided, and the Association Professionelle Internationale des Médecins The latter organization was an assemblage which was constituted before the war to give opportunity for interchange o medical information among the medical association of the world regarding mutually interesting prob

"The new conference agreed unanimously tha an international organization of medical association should be established and should limit itself to mat ters of medical practice and social medicine French, Belgian, Greek, and Dutch delegates indi cated that every country had its academies for promotion of medical science and that the immediate need was for an organization to defend the rights o the ordinary practitioner, especially in view of legis lation passed in many countries Dr T C Routley representing the Canadian Medical Association, in dicated the desirability of an agency whereby the World Health Organization and UNESCO could make contacts with the medical associations of vari ous countries "

INTOCOSTRIN IN THE TREATMENT OF ACUTE ANTERIOR POLIOMYELITIS

NICHOLAS S RANSOHOTT BS, MD New York City

(From the Monmouth Memorial Hospital Long Branch, \em Jerney)

THE preliminary report of the treatment of acute anterior polionychits with intocestrin was published in the Journal of the American Medical Association, September 8, 1045

The present paper is the second preliminary report, preliminary only because some of the pa itents were not treated with what is now known to be the optimum therapoutic desage of the drug

In both reports it is stated that no curative effect from intocostrin is either expected or claimed. However, the results of treatment of acute anterior poliomyelitis by intocostrin and intensive physical therapy have been most gratifying

Twenty nine patients with acute anterior poliomyclitis have been treated by thus method at the Monmouth Memorial Hospital in Long Branch, New Jersey, during 1945 There is not a single fixed deformity There are no contrac tures, scoloses, or pelvic obliquities. No braces or crutches are being used. Three patients walk with the aid of a cane. Nineteen patients show excellent results They have no residual paralysis nor weakness. Five patients show very good results. They have minimal weakness in one or two muscles Three patients show good results They have paralysis in isolated muscles. One patient shows a poor result. She has extensive paralysis and is not yet ambulatory, but is now learning to walk in a walker A single fatality occurred early in the series before the optimum decage of intocostrin had been determined This death was due partially to the mechanical failure of the respirator and occurred nineteen hours after the administration of intocostrin

In 1942 Dr R. Plato Schwarts proved with the electromyograph, that there was spasm in acute anterior pollomyelitis. In 1944 he presented patients whom he had treated with crystroidine a depressant of skeletal muscle. This together with the effect of curare in the treatment of spastic cerebral palsy, made it seem logical to use intocostrin in the treatment of acute anterior pollomyelltis.

Intocostron is a pharmacologically stable stand ardized preparation of curare—It is thought that curare acts on the muscle end-organs by impeding the action of acetyl choline—It is important to emphasize and re-emphasize the fact that in-

tocostrin, intelligently administered is a thoroughly safe drug to use. In over two thousand injections of intocostrin that have been given to patients with acute anterior poliomyelitis at the Monmouth Memorial Hospital, it has never been necessary to use its pharmacologic antidote prostiemine.

The desage is 0.9 unit per kilo of body weight every eight hours for the first twenty four hours. If there is no adverse reaction, and there never has been the desage is then increased to 1.5 units per kilo of body weight every eight hours. The drug is injected intramuseularly. This desage is maintained until all evidence of muscle spasm has disappeared. The intecestral is then stopped for three days. These cases are checked daily. If there is recurrence of spasm, intocestral therapy is resumed.

Within three to five minutes after the administration of intocostrin, most patients complain of either blurred or double vision. Within fifteen to twenty minutes whatever pain has been present is relieved.

It is advisable now to review briefly electrophysiology of muscles in order to follow the rationale for the use of curaro, the determination of desage, and the type of physical therapy utilized in the treatment

Our knowledge of electrophysiology has been enhanced by a most sensitive electromyograph designed by Dr Charles Berry By utilizing this equipment, it was possible to see and to photograph for permanent record, the difference between a normal muscle, a poliomyelitic muscle, and the effect of intocostrin on each

A normal muscle at physiologic rest shows no measurable action potential, or in other words no electric currents can be detected. Any electric current in a muscle is called action potential. Only during activity will the muscle tissue display certain electric phenomena.

A pollomyclitic muscle during disease activity is rurely at physiologic rest for electrical potentials can be detected

It is important for us, as clinicians, to appreciate that there is a difference electronically between physiologic rest and clinical rest. For example if a normal individual is lying down at rest, he will show no electric activity in the nuscles and exemplifies both clinical and physiologic rest. On the other hand if an individual in the acute stage of anterior politonyelitis is lying

Presented before the 140th Annual Meeting of the Medical Society of the State of New York Section on Orthopedi Surgery May 2 1946

down, apparently at rest, he will show electric activity in the muscles—Clinically, he is at rest but, physiologically, he is not at rest

On voluntary contraction, a normal muscle will display electric currents which are seen on the myograph as relatively regular in frequency and potential In acute anterior poliomyelitis, on voluntary contraction, the frequencies and potentials are irregular The strength of the contraction is less than normal, as shown by an image which is smaller than the relatively normal With intocostrin, these irregularities in frequency and potentiality are diminished or eliminated size of the image becomes greater Therefore, we are now approaching the normal The increase in the height of the image shows definite increase in muscle power upon attempts at voluntary contraction

Irrespective of whether the pathology of acute anterior poliomyelitis is in the peripheral structures, myoneural junctions, or spinal cord, anyone who has seen a moderate number of patients, either must have seen deformities develop or have had a difficult time preventing them. These observations make it imperative that muscle length be maintained throughout the body. Loss of muscle length indicates spasm. All of our physical therapy procedures have had this as their basis.

At three separate intervals during the first three hours following the daytime doses of intocostrin, every joint in the body is put through a complete range of motion or as nearly a complete range of motion as is possible at the time. All the muscles of the extremities, back, and neck are stretched in an endeavor to re-establish normal muscle length This stretching, of course, must be done with intelligence but pain is not the criterion of the amount of stretching necessary at any particular time It is difficult to describe just what stretching is required but, suffice it to say. it is necessary to hurt the patient in order to reestablish normal muscle physiology ing cruelty is compensated for by the comfort and relaxation which it engenders

The statement, "to re-establish normal muscle physiology by physical therapy," is substantiated by myographic studies. With muscle spasm, there is a loss of muscle length and this must be overcome by muscle stretching. This stretching of muscles, which show action potentials, causes the abnormal potentials to disappear for about a half hour without intocostrin, and for about five hours with intocostrin.

Exercises are usually started within twentyfour hours of admission. The exercises used are a combination of the technics of Elizabeth Wright, Niels Bukh, Skaarstrom, and Bode. Every attempt is made to re-establish function as early as possible While it is the endeavor of the physical therapy department to make the muscles perform their normal functions, substitution muscle action is not eschewed Patients are made ambulatory as soon as possible Elbow crutches or walkers are used if necessary No attempt is made to avoid physical tiredness or fatigue Quite the contrary! Each individual case presents an individual problem, and at no time do we permit the occurrence of pliysical stagnation The patients continue to work under instruction during the hours that they are not stretched They exercise together, use parallel bars, the Hubbard tank, rolling pins, specially constructed chairs, trapezes fastened to the foot of the beds, the manner's wheel, the breycle, and many other contri ances

In addition to this, occupational therapy prescribed for each patient, the type depending upon the muscular involvement. The patient are kept busy continuously. This regimen, addition to being efficacious in the treatment the neuromuscular involvement, has proved me beneficial in keeping the patients happy.

Progress is recorded by weekly muscle tes just prior to the administration of intocostrin, which time the effect of the drug is at its mir mum

Let us now review briefly the patien under discussion in order to determine the time required to achieve results. In the group of : patients, marked excellent, the majority were o of bed twenty-fours hours after admission, regar less of temperatures, having received one to tr doses of intocostrin Those who continued show spasm were kept on intocostrin until th spasm had disappeared The 5 patients mark as having very good results were out of bed at walking as early as one to two weeks after the o set of the disease, although they had some paral sis at that time The 3 patients marked as got results were able to walk in a walker or with har crutches as early as one month after the onse One month later, they were capable of getting of of bed without assistance At the present tim they are able to walk alone but continue to car a cane for safety's sake

There were 5 patients with bulbar involvement and their response to adequate dosage of intoce trin was most startling. Relief was obtained dute to the relavation of the spasm of the accessor muscles of respiration, the diaphragm, or bot The swallowing difficulties responded immediately and dramatically to the drug.

Summary

Twenty-nine cases of acute anterior polymyelitis have been treated during 1945 at the Monmouth Memorial Hospital in Long Branci

New Jersey The patients have been treated with intocestrin and physical therapy

The new of intocostrin has enabled immediate remedial exercises by reducing muscle spasm chically action potentials electronically and by controlling pain

Adequate desage of intocestrin has been presented and no reactions with this desage have been encountered in over two thousand injections.

Physical therapeutic manipulations and ever cises are aimed at rapid re-establishment of full joint motion and prevention of deformatics

The electromyograph has been most helpful in the process of determining the optimized design of interestria and evaluating this treatment. This equipment, while desirable is not essential in the treatment as it has been described.

Conclusions

A method of treating acute anterior poliomyelitis has been described which has given bet ter results more simply more rapidly, and less expensively than any method previously used at the Monmouth Memorial Hospital

The 29 patients treated have no deformities continutures, pelvic obliquities, or binees. Nince teen patients have excellent return of all muscle power. 5 patients have very good return of muscle power, 3 patients have good return of muscle power, 1 patient has poor return of muscle power and there was I fatality.

The period of disability and hospitalization has

been drastically reduced

It has been shown that intocostrin is a thor oughly safe medication and clinically gives the desired results.

A new adaptation of old physical therapy technics has been described and has proved effications.

No claim is made that this method is a cure

Note: Thanks are due to Drs. Newcomer and Burke for their cooperation and encouragement.

1100 PARK AVENUE

Discussion

Dr Frederick Thompson, New 1 ork Cuty—Dr Ransohoff speaks very glibly about the tracings made by lus myograph. I must admit that I am still a bit confused over the intricacies of this mar velous testing machine. I am sure that many in the audience feel the same confusion that I do in reading these graphs. I have visited the Momouth Memorial Hospital where the electromyograph is used and after seeing it in action, I believe it to be a very valuable instrument both from the choiced and the physiotherapeutic standpoint of the care of polifomyohtis It is a machino which is a very sensitive index of the electrical potential present in the muscle It is infinitely more sensitive than the eleverest examining hand. It has many values. Primarily, it indicates when the pollomyelitis has subsided enough under both curare and stretching exercises for the child asfely to go home. Second it serves as an early diagnostic index of the recurrence of muscle

This can be told before the examining hand can determine this point. Above all it is not too complicated for technicians or even doctors to learn and even operate. I believe that saide from its use in other spastic diseases, its value in poliomyelitis alone probably will make it a necessary standard equipment in most orthopodic hospitals.

I would like to ask Dr Ransohoff if the electromyograph is capable of foretelling the future and if it can determine whether a muscle afflicted with paralysis will show some return of power or whether it can definitely determine whether a marked return of power will finally result. I would like to know, also, what, if any effect the use of hot packs alone has in diminishing the irregularly electrical potential tracings on his electromyograph. What is the effect of hot packs plus stretching of the muscle on this electrical potential tracings on the selectromy of the muscle on this electrical potential tracings.

His use of curare it seems to me is of great value in that it can be used generally by physicians every where throughout the country It has the advantage

of an immediate means of therapy

It is mexpensive compared to the cost of special nurses in constant attendance upon the child administering hot packs and other forms of physiotherapy. It allows one nurse to handle many cases of infantile paralysis and the dose can be so timed that one physiotherapist can institute stretching of many childrens muscles after the curare is administered.

Dr Ranschoff (closing)—It is, unfortunately impossible to absorb or present the whole story of electromyography in a presentation such as this The muscle action currents in pollomyelitis vary in both frequencies and potentials from the relatively normal pattern. This is explained in detail in the body of the paper. I agree with Dr. Thompson that the electromyograph will become just as important to clinicians as the electrocardi ograph has become in studying the electric current generated in the heart, not only in the study of acute anterior pollomyelitis, but other neuronuscular disorders as well. In our study it has been an invaluable aid.

We have, as yet, not had sufficient experience with the electromyograph to be able to tell whether or not it can indicate the future of an afflicted muscle but certainly the return of muscle power in a recovering muscle is very clearly traceable on the cathode-ray screen. The effects of hot packs or hot packs plus stretching has not been studied on the my ograph

OSTEOCHONDRITIS OF CERVICAL SPINE AND PARALYSIS OF ALL FOUR EXTREMITIES

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(I rom the Orthopedic Service of the Bronx Hospital)

CASES of osteochondritis or, as it is called in the new terminology, osteochondrosis of the spine still present difficulties in diagnosis. Many are erroneously called compression (crush) fractures of spine and even more are mistaken for tuberculosis. While no harm is done in immobilizing the spine as for tuberculosis, the immobilization in cases of osteochondrosis must be discontinued very much earlier. It is necessary to establish a correct picture of the symptoms, even the rare symptoms, so that methods of proper differential diagnosis may be established and the proper treatments instituted at the earliest possible moment.

The case presented here is one which I diagnosed as osteochondrosis of the spine—I do not recall encountering in the literature a case of paralysis in osteochondrosis—Even paralysis of tubercular origin could not have been made so speedy and so perfect a recovery

Report of Case

Edrena T, colored, age twelve and a half, was admitted to the Bronx Hospital on May 3, 1944 The cluef complaints on admission were loss of power in the left upper and lower extremities for three weeks prior to admission

Previous History —She had had the usual children's diseases and had not menstruated as yet

Present Illness—Three weeks before admission, while carrying a glass of water, her left leg began to drag suddenly and she dropped the glass from her left hand. She did not lose consciousness at that time nor had she felt any weakness. She gave no history of trauma. The weakness in the left upper and lower extremities did not change in those three weeks. She came to the pediatric clinic of the Bronx Hospital on April 26, 1944, i.e., two weeks after the initial symptoms.

Physical examination at that time showed dragging of the left leg and awkwardness of motion of the left hand as evidenced by dropping of articles

The patient was admitted to the neurologic service of Dr Dattner on May 3, 1944 The findings were left hemiplegia with ankle clonus, Babinski, and increased reflexes, and spastic gait

The tonsils were large and one enlarged lymph node was noted on the left side of neck

The provisional diagnosis was (1) vascular disease, or (2) encephalitis

A spinal tap was done on May 4, initial pressure was 29 cm. The fluid was clear and nonopalescent

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Orthopedic Surgery May 3 1946 After removal of 8 to 10 cc of fluid, pressure went down to 12 cm which is about normal Laboratory test of fluid showed normal contents

X-ray of chest and skull was normal with no en

Another examination by a neurologist a week later showed progression of the paralysis of the hand and foot. Spinal tap on May 22 showed initial pressure of 12 cm. After removal of 10 cc., pressure fell to 8 cm. Laboratory examination of fluid revealed normal contents.

Progress—The patient was kept in bed, the temperature was normal and she was apparently comfortable until May 24, i.e., twenty days after admission when she complained of weakness of the right hand. On the same day she began for the first time to complain of pain and stiffness of the neck, weakness of the right upper and lower extremities, though not to the same extent as the left. A lesion at the cervical spine was considered.

The x-ray of the cervical spine taken on May 27, 1944 was reported as follows "There is complete destruction and wedging of the fifth cervical The fourth cervical is dislocated over the sixth cervical The disks are normal There is slight new bone growth with some enlargement of soft tissue, suspicious of an abscess"

The diagnosis was tuberculosis or neoplasm

I saw the patient on May 27, 1944, and my notes were as follows. The patient does not hold the cervical spine stiff. Neck is straight. No gibbus present. Flexion and extension of the cervical spine is almost 50 per cent of normal. Only slight pain is felt on jarring. The patient states that she has had only occasional pain at night. My provisional diagnosis was osteochondrosis of the cervical spine.

The reason for ruling out tuberculosis of the spine was that while tuberculosis of the joints is common among the colored people, pain would have been present for some time prior to the paralysis. Even at the time of my examination, six weeks after the onset of the paralysis, she had very little pain. Pain at night which is so common in tuberculosis was almost entirely absent. The motion of the cervical spine was not greatly limited in this case.

In tuberculosis, the \-ray would show more of a wedge-shaped vertebra and some destruction of the vertebrae above and below with narrowing of the disks. In this case the body was collapsed and al most entirely disappeared, like a thin piece of paper. The disks were normal. According to George and Leonard, Caffey, deLorimer, and Archer, the narrowing of disks is always a concomitant of tuberculosis and quite frequently the earliest roentgen manifestation.

Brailsford⁵ claims that in tuberculosis "when the lesion has involved a large proportion of the vertebral body, the radiograph will show a 'stippled' appearance of the bone probably due to small necrotic

hone fragments and irregularity due to crosion of the outline of the body which is gradually crushed between the vertebrae above and below.

I advised application of a felt Thomas collar until a diagnosis could be reached

Results of the additional laboratory tests were usine and blood normal—the Wassermann and Kalin tests negative—The tuberculin test was negative

A neurologic surgeon advised against decompresion as the diagnosis was not then clearly established life stated that over if the diagnosis were already established, the laminectomy would be of doubtful value as the dislocation was still present. His say gettion was reduction by orthopedic methods.

The patient was transferred to the Orthopedic Dapartment on June 2—seven weeks after the onset of the symptoms. The felt collar had been on for six days. It was taken off for examination and it was found that the motions of the neck were free in all directions even to flexion and extension. Traction was applied by Eayer's suspension apparatus beginning with seven pounds. The head was held in hyper xtension by means of a felt collar and a folded sheet under the neck. The patient stood the traction well in three days she told us that there was some improvement in the finger motion as she was able to touch the other fingers with her thumb

X-ray taken on June 7 five days after the application of traction, showed some improvement of dis-

location with some bone production

The radiotherapist on June 21 expressed doubt as to whether a malignancy was present but felt that we were dealing with a neurogenic tumor either neurofibroma or neoplasm of the sympathetic nerves the agreed with the suggestion that x ray treatment be administered with the cast windowed to permit treatment. He suggested that 200 r units three times weekly be the doses at the beginning

On June 20 a Thomas plaster collar with the neck in hyperextension hanging over the edge of the table was applied. Patient had no discomfort during the manipulation and assisted whenever sik was ordered to move or hold the neck still. Reaction of the patient at this time made me feel more convinced that the case was neither tubercular nor malignant and that we were dealing with a noninflammatory condition probably an esteochondrosis

A ray taken on June 28 two days after application of the plaster showed improvement in the position of the dislocation

On July 1 the patient sat up in bed

On July 2 one month after the application of the traction the patient reported that she felt marked improvement in the power of the upper extremities and that she was able to put them behind her neck She was able to feed herself and began to walk around the ward with the aid of a walker. On that day windows were cut in the east for x ray therapy. The improvement continued, the power in the hands increased, so that on August 28 the patient was per nitted to use crutches for walking and physiother may was instituted. She still had Babinski positive

A ray taken on Soptember 6, 1914 still showed dislocation of the fourth cervical or sixth cervical with absorption of the fifth cervical. Some bridging was beginning between the fourth cervical and sixth or raical.

The patient meanwhile had been receiving x-ray therapy. I rom July 20 to veptemby 12 she had had 3 000 r units and then treatments were stopped on September 11 a new Thomas collar was applied ance, no more x-ray treatments were to be given

On September 15, 1944, the patient was discharged from the hospital wearing the cast—she was referred to the clinic for further treatments and a cervical brace was ordered. She received the brace in December 1914.

\times ray taken on December 8, 1944 showed the dislocation still present but the destroyed bone showed more density. There was more bone production and bridging of the bodies. The abscess or soft tissue seemed to be calcified.

Further Progress—The child came somewhat irregularly for treatments but did wear the brace continually. She returned to school in November 1944 and was put in a class for physically handicannocd children.

On September 7 1045 she reported that she had no pain. She could use the upper extramities freely for all kinds of work even to serul the floor or carry packages. She could walk as much as she cared to even up the stairs. By that time she attended the regular classes in high school with no special privilegal.

Physical Progress — The spine clowed by & formity had normal motion and good power = 1.2 the extremities.

V-ray taken on August 12 1945 showed ruplete absorption of the fifth corneal with occasionable amount of new bone ankyloging the upper arrivately rapidly and the state of the

She was advised to discontinue the brace 1. / Fig.

Final Examination on April 10 194 — Leading activities were the same as in September 1 There were no deviation of the head not a facies and no deformity nor prominent posteriorly. There was no tenderme of tension lateral motion and rotation pain on jarring. Motor power in the was good. She walked without a first was good. She walked without a first was good. There was no Babinski, or the facility of the points.

Discussion

The patient made a rapid recommended doubtful whether the spine could have responded to the treatments

The x ray showed the difference and osteochondross and osteochondross and osteochondross and osteochondross the spacing of the state of

The x ray therapy strong evidently helped to professed ankylosis by relicions that

Throughout her stay in the hospital and in the followup in the outpatient department, the patient was frequently examined by the neurologist and the neurologic surgeon. Their reports as to the improvements agreed with ours

THE RESULTS OF TREATMENT OF LYMPHOSARCOMA

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IN 1942 the writer published a paper entitled "Is Lymphosarcoma Curable?" in which a group of treated and untreated cases of lymphosarcoma was studied from the point of view of survival and cure at five- and ten-year periods. It was found that although I patient survived ten years without treatment before dying of his disease, 7 treated patients survived ten years, and 6 of them remained without evidence of lymphosarcom: These were all individuals in whom the tumor was still relatively localized when treatment was given

The number of cases seen more than ten years before, however, was relatively small, 48 treated and 42 untreated, and the impression still exists in many quarters that even ten years is not a sufficient length of time to be sure that the disease may not reappear once more. Consequently, it was felt that a reinvestigation of the subject might be illuminating because there would now be more patients and a longer period of time for some of the survivors in the group formerly reported.

Before reporting the results, it seems necessary once more to describe the criteria used in diagnosing lymphosarcoma and applying names for the different varieties since contradictions in the use of terms still persist There are three main varieties of lymphosaicoma These are generally called lymphocytic, reticulum cell, and follicular or giant follicle But the histologic interpretation is extremely confused as can be learned from a study of the papers of Foot, Gall and Mallory 2 3 Robb-Smith, 4 Sugarbaker and Craver, 5 Symmers, ⁶ and Warren and Picena ⁷ The difficulty comes from an incomplete understanding of the cells found in lymphoid tissue, particularly the cells of the germinal centers of the follicles This has led many of the above writers to use names for cells which are at complete variance so that the bewildered reader needs a glossary constantly at hand to understand what they are talking about To cite a single example large cell lymphosarcoma, which is commonly designated reticulum cell sarcoma, is called large round cell sarcoma by Symmers, Mallory have two names stem cell and clasmatocytic cell lymphosarcoma, Foot uses both reticulum cell and Roulet's retothehal cell.8 Robb-Smith uses the term reticulosarcoma which he got from Oberling and subclassifies

Presented at the 140th Annual Meeting of the Medical Society of the State of New York Section on Pathology and Chinical Pathology May 1 1046

this into diffuse and trabecular undifferentiated reticulosarcoma, dictvo-syncytial syncytial (fibrillo-syncytial) and dictyocytic (fibrillary) reticulosarcoma, polymorphic reticulosarcoma. reticulo-endotheliosarcoma, and histiocytoma Reference to the paper by Gery and Bableto will yield a great many more names used by them selves and others Moreover, Sugarbaker and Craver, who use the term reticulum cell lymphosarcoma, state that 94 per cent of all their lymphoid tumors were of this variety, while Warren and Picena use it for only 36 per cent of their The writer encouraged Dr M R large series Murray to investigate these tumors by the method of tissue culture in the hope that it might yield information about the origin and nature of the various tumor cells but without success, because, unlike other tumors, the cells of the lymphosarcomas only wander out into the surrounding media but do not multiply to form a definite "tissue" Faced with such a confusion of terms, the writer, therefore, still adheres to the unscientific, inexact classification which he used before, 1e, those lymphosarcomas with cells having a diameter less than twice that of a normal lymphocyte are called arbitrarily lymphocytic cell lymphosarcoma, while those with cells larger than this are called reticulum cell lymphosar-In both of these, the architecture of the node is obliterated and the space inside the capsule solidly filled with tumor cells

The grant follicle lymphosarcomas as the name implies are characterized by a rather general enlargement of the lymphoid follicles to sizes greater than usually found in simple hyperplasia But there is need for subdivision of these because the cells forming the follicles can differ in appearance and nature, and this difference is reflected in their degree of malignancy variety the follicles closely resemble normal ones, but are of enormous size, distributed throughout the entire node and may have an admixture of isolated reticulum cells scattered among the cells of the germinal center Such lesions Robb-Smith calls lymphoid follicular reticuloses, or giant cell fibrillary follicular reticuloses He regards the lesion as the one described by Brill, Baehr, and Rosenthal¹⁰ and feels that it is benign, although acknowledging that it may undergo blastomatous change and develop lymphoid leukenna Others, including Baehr and Klemperer, 11 regard it as malignant Of the cases

TABLE 1 - Lymphonascoma (1915-1934 Inclusive

		All Cises								Treated Cases												
Primary Site	No. of Cases	5+	vived Years		ptone- res Years	Sar 10+ No.		n 10-	T,	ptor	LT3	No. of Cases	Set No.	Y	4 F		ptose res Year	10+	Y			ree Yes
Cervical	34	4	11 8	2	5 0	2	5		2	5	9	26			15	2	7	2	_	7 7	2	7
Azilbery	10	2	29	1	10	1	10		1	10			2	25		1	12	s í i	1	2 5	1	12
Femoral Inguinal	18	5	25	2	11	3	17		2	11		14	5	35	7	2	14.	1 3	2	1 4	2	14
Retroportioneal Mesenteric	24	2	8.3	1	4 1	1	4	1	1	4	1	13	4	15	4	ī	7			7 7	ï	7
Mediatical	8	0	0	0	0	0	0		0	٥		3	٥	0		ó	٥	. 0		o i	ō	Ó
Ceneralized	34			0	0	0	0		0	0		19	3	10	5	0	0) 0		٥	Q	ō
All Nodes Mouth, Nasopharaya, Sali-	128	16	11 7	•	4 7	7	6 1	. (•	4	7	83	14	16	9		7 1	7		8 5	۵	7 2
vary Glands	39	7	37	6	~63		26	3	5	26	3	19	7	37			26 :	ه اد	^	4 3	6	26
Cestrobatestinal	13	- 4	30 7	4	30 7	1 4	30	,	4	30	7	10		40		Ä	40	1 4	4		ĭ	40
Skin, Ortali	•	3	33	Ó	0	1 5	ō		Ó	-0		1	i	50		ó	0			ŏ	- 7	ŏ
Spicea	1	ō	Ö	ō	ō	ő	ō		ŏ	٥		Ď	ō	0		ŏ	ō	1 6		ö	ŏ	ŏ
All Custs	170	29	17 1	15	8.8	16	•	1	5		8	119	28	23	6	15	12 7	18	1	3 4	16	12
												51	1	2	_	Unti 0	ester 0	Curr	0		0	0

studied here 50 per cent died eventually of the disease which is a sufficient mortality to warrant the belief that it should be considered as a form of lymphosarcoma

In a second variety mant follicles are formed which are not composed of the usual follicle cells but of lymphoblasts or larger reticuloblasts and frequently, the follicles are incomplete so that their component cells extend outward diffusely from the periphery of the follicle and at such places the appearance will simulate that of the lymphocytic or reticulum cell tumor Smith calls such tumors follicular lymphoblastic reticulosarcomas and recognizes them as fully malignant Symmers also recognized this variety and pointed out that in addition to lymphosir coma and leukemia, the disease might terminate as Hodgkin's disease In any event this variety of less differentiated followlar lymphosarconn is more serious and fatal than the differentiated form with a five year cure rate of only 26 3 per cent, or half that of the former

There have been no essential changes in the opinions expressed in the former paper about the biologic characteristics of lymphosurcomas but it will be of value to resterate them here. The lymphosarcomus generally run a rapid and fatal course, but there are a few of them which are sion and deliberate in their progress. These last may have a single focal origin instead of many and furnish the majority of the cases with long survival after treatment. Most of the long sur vivals have primary tumors in the oral cavity tonal nasopharynx salivary glands and gastrointestinal tract It is possible that this statement may also apply to the skin and orbit but accurate information about this is lacking Lymphosarcoma starting in childhood or complicated by leukemia, is almost invariably fatal

In this paper so-called reticulum cell tumors of the bone marron have been excluded. Gall

and Mullory and Sautu and Hsich is reject them as forms of Lwing tumor and include them with the lymphosarcomas—Chiefly because these bone marrow tumors are clinically indistinguishable from Lwing tumors. I have preferred to regard them as various of that tumor form and have excluded them here—Our records do not include any cures of reticulum cell tumors of bone marrow.

The material used in this study consists of a group of 170 cuses of lymphosarioms with microscopic confirmation of the diagnosis. For 110 of these some form of curative therapy was attempted while for the remaining 51 either curative therapy was not given or it is unknown whether or not it was used. In the evaluation of results all cases have been counted as failures unless their symptom free survival is known, so that those who died in less than ten years, were lost not followed, or were last seen alive with tumor persisting have been grouped together, to be contrasted with symptom free survivals.

In Table 1 the pertinent features of the results of treated and untreated cases are shown The primary site can sometimes be ascertained with reasonable accuracy but probably more of these patients actually had generalized lymphosarcoma when first seen than is indicated. Perhaps the most striking feature of the chart is the very great difference in ten year cure rate between those cases which start in lymph nodes and spleen and those which are primary elsewhere For the lymph nodes only 6 of 83 treated patients or 7.2 per cent were symptom free at ten years while 9 of 35 patients or 25 7 per cent, with tumors primary elsewhere were well over ten years after treatment I believe that absence of any cures in the skin and orbit may be misleading and may be due to the fact that most of the cases were not McGavic12 made a determined effort to trace the fate of 20 cases of orbital, bulbar

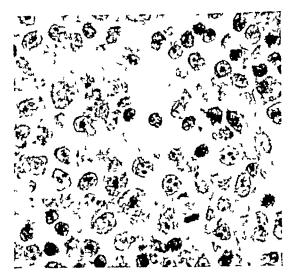


Fig 1 Photomicrograph of characteristic reticulum cell lymphosarcoma

and palpebral lymphosarcomas seen at the Institute of Ophthalmology of Columbia University and at the Memorial Hospital in New York, but obtained indecisive results died or were alive with tumor, the rest were symptom-free, 5 less than five years, 4 over five years but less than ten years and 1 for eighteen years This last patient was the only one treated more than ten years before the report, consequently, it is of no value statistically for the longer period The cure rate at five years for 10 patients treated more than five years before was Experience with lymphosarcomas 50 per cent of other regions indicates that this figure will not be more than halved at ten years and may even remain unchanged so that it is probably justifiable to predict a ten-year cure rate between 25 and 50 per cent for lymphosarcomas of the eye, orbit, and lids

When one attempts to compare the various groups of lymph nodes, the numbers are so small and the possible variables so great that the differences in results are probably without significance. What does seem real and important is a comparison of treated with untreated patients.

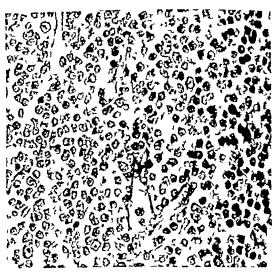


Fig 2 Photomicrograph of characteristic lymphe cytic lymphosarcoma

At five years 23 5 per cent of the treated patient survived and 15 per cent were symptom-free while only 2 per cent of the untreated patient survived and none was free from disease A ten years 134 per cent of treated patients su vived and 12 7 per cent were symptom-free, whi of the untreated ones none survived Even gran ing the fact that most of the untreated patient were far advanced and beyond hope anyway, th difference is striking. One of the 2 long surviv. cases was a Christian Scientist, who permitte exploration and biopsy of a retroperatoneal giar follicle lymphosicoma but no other therapeut She lived seven years, finally dying (measures generalization of the tumor Another male p tient was known to have had a swelling in the n guinal region for nine years before this was ecised and proved to be a lymphocytic cell lymphi sarcoma At this time he was treated by roentge therapy for generalized lymph adenopathy an survived five more years before dying of the disease

In Table 2 is shown a comparison of surviviates for the three different histologic types (lymphosarcoma When a similar analysis of the

TABLE 2 - RESULTS OF TREATMENT ACCORDING TO TYPE OF LYMPHOSARCOMA

				All Cases		<u></u>			
m m	Survived Number 5 Years of Number			Sympto Free 5 Yea	rs	Surviv 10 Ye	ars	Symptom Free 10 Years	
Tumor Type	Cases	Number	%	Number	%	Number	%	Number	74
Reticulum cell	78	12	15 4	6	7 7	7	Ω	6	7
I ymphocytic cell	40	8	20	3	7 5	l à	7 5	š	7
Giant follicle	19	7	36 8	3	15 8	š	15 8	š	15
			•	Freated Cases					
Reticulum cell	48	11	23	6	12 5	1 7	14 6	6	12
Lymphocytic cell	30	7	23 3	2	6 7	2	Î Î Î	2	0
Giant folliele	16	7	43 8	3	18 8	$\bar{3}$	18 8	3	Įs

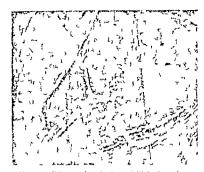


Fig. 3. Differentiated giant follicle lymphosar rome of submaxillary parotid and axillary nodes of two months duration. Male 30 years old. Blopsy of three submaxillary nodes the largest of which was 3 cm. in diameter, followed by roentgentherapy. No recurrence after 104 months. Low magnification to show the huge sharply defined follicles and dis appearance of sinuses.

material was made four years ago, based upon a five-year follow up, the figures suggested that the reticulum cell lymphosarcona was the least favorable type with lymphosytic cell tumors slightly more favorable, while the giant follicle tumors showed the largest percentage of cures. The present study indicates that there is no executial difference between the reticulum and lymphocytic cell tumors while the giant follicle tumors still maintain a slight statistic advantage.

It has already been pointed out that one can subdivide the giant follicle tumors into (a) those which are well differentiated with follicles which are greatly enlarged and more numerous but not otherwise distinguishable from non neoplastic ones, and (b) an undifferentiated form with either incompletely formed follicles merging into areas of lympho- or reticuloblasts or follicles formed of these cells instead of normal germinal center cells. There were not enough of these tumors to study statistically over a ten-year period was necessary, therefore, to take a group of 31 patients treated more than five years ago Table 3 shows a 25 per cent difference between the two half of the well-differentiated tumors were symptom-free at five years while only a quarter of the incompletely differentiated ones were equally



Fig 4 Detail of Fig 1 showing the cellular composition of one of the follules.

fortunate Three treated grant follicle lymphosarcomas remain well more than ten years Two of these were differentiated and one an incompletely differentiated lymphocytic cell tumor

The nature of the treatment used to achieve these happy results is a matter of interest. While the majority of writers favor roentgen therapy as the treatment of choice. Gall' has recently challenged this by reporting upon 39 cases of lymphosarcoma treated in fifteen instances by surgery alone, while in the remainder, excision was supplemented by prophylactic radiotherapy or radiotherapy for recurrences Gall' claums that the postoperative survival rate for these cases was significantly longer than for cases treated by radiotherapy alone Five of these nationts had passed the ten-year mark, but only 2 remained without any evidence of recurrence None of the long survival cases had been primary ın lymph nodes

It is impossible to compare this experience with our own, for it is not stated how many of the cases were treated ten or more years before the study was made. The report does not convince me that valid evidence has been presented that surgery with or without postoperative radiotherapy results in more cures and greater prolongation of life than radiotherapy alone.

Table 4 records the histologic types and therapy

TABLE 3 —RESULTS OF TREATMENT OF 31 PATIENTS WITH GIANT FOLLIGLE LTWPHOSARCOMA TREATED MORE THAN 5 YEARS

Die		5 year	Than	Died or A Tumor 5		Symptom Free Over 5 Years		
Differentiation Complete Incomplete	Number 13 19	Number 3 11	% 25 57 9	Number 3	% 25 1 15 5	Number 6 5	% 50 26 3	
Total	31	14	45 2	16	19 3	11	35 5	

*TABLE 4 —Sixteen Out of 119 Cabes of Lymphobarcoma Treated More Than 10 Years Ago Known to Have Sur vived 10 or More Years

Primary Site	Tumor Type	R	8	Treatment RS	t Result	Age	Sex
uph nodes					nt 110 memoralized	50	3.5
Inguinal	Reticulum		+		Died 10 years generalized	69	M
Inguinal	Lymphocytic	+			Well 10 years	40	M
Inguinal	Lymphocytic	+			Well 14 years 9 months	39	F.
Retroperitoneal	Lymphocytic	+			Well 13 years 4 months	48	$\widetilde{\mathbf{M}}$
Axillary	Reticulum		+		Well 13 years 5 months		F.
Cervical	Giant follicle	+			Well 12 years 5 months	20	M
Cervical	Giant follicle	•		+	Well 10 years 2 months	13	M
Tonsil	Reticulum			+	Well 13 years 11 months	62	F
Tonsil	Reticulum	+			Died 13 years 8 months No recurrence	62	F
Buccal mu	Lymphocytic	-		+	Well 10 years	20	F
Buccal mu.	Reticulum			+	Well 14 years 9 months	45	F
Nasopharynx	7	+			Well 10 years	27	M
Rectum	Giant follicle	•	+		Well 14 years 1 month	45	M
Stomach	Reticulum		+		Well 14 years	64	M
Stomach	Reticulum	+	•		Well 13 years	20	M
Stomach	?	•		+	Well 10 years 9 months	40	M

R - Radiotherapy alone.

S = Surgery alone
RS = Both radiation and surgery

used in 16 cases of lymphosarcoma known to have survived more than ten years after treatment. This shows that of the 15 patients who remain symptom-free, 7 were treated by radiotherapy alone, 3 by surgery alone, and 5 by surgery followed by radiotherapy. It has seemed to me of no value to construct a table showing percentages based upon the number of patients treated by each of those three methods. I accept the figures as indicating that long survivals occur occasionally following treatment by each of the three methods. Apparently, surgery alone succeeds only when the lesion is limited to a single locus which can be completely excised. Theoretically,

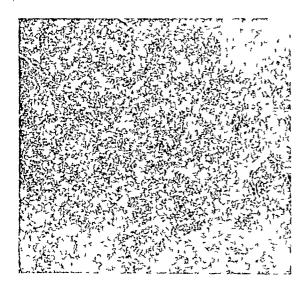


Fig 5 Partly differentiated lymphocytic cell giant follicle lymphosarcoma Male 36 years old with enlarged cervical nodes to 3 × 2 cm Treated by biopsy and roentgentherapy A year later axillary nodes enlarged and were treated by x-ray No recurrence 109 months after first treatment Low magnification to show many follicles of varied size and definition with disappearance of sinuses

radiotherapy alone, or after surgery, can succeed when more than one contiguous areas are mvolved, such as, for instance, the tonsil and cervical nodes For this reason it would seem to me to be wise always to supplement excision by prophylactic postoperative radiotherapy if surgery has been the primary form of treatment used No doubt surgery will continue to be used for tumors primary in the gastrointestinal tract because of the difficulty of distinguishing between lymphosarcoma and the far more common carci noma which is best treated by resection Aside from this, I can find no good reason for preferring surgery to radiotherapy in treatment, although it should always be employed for biopsy without which intelligent treatment cannot be carried out

Finally, comes the question, can these long survival symptom-free cases be considered absolute cures? Technically, the answer is no,



Fig 6 Detail of Fig 3 showing that the follides and the tissue outside of them are both composed of lymphoblasts with greater condensation and layering in the follicles

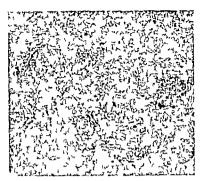


Fig 7 Partly differentiated reticulum cell giant follide lymphosarcoma of cervical lymph node. Female 35 years old with two-year history of en largment of cervical nodes and spleen. Biopsy of cervical node followed by heffective palliative roent-gentherapy. Later involvement of colon and rectum by lymphosytic cell lymphosarcoma. Died 10 months after biopsy. Vague enlarged follicles of inditatine outlines merging into diffuse involvement.

since it is unknown whether or not they are actually free from dormant tumor cells which may start to grow at some later date. One has to consider this possibility, since delayed tumor reappearance is accepted as an occasional occurrence.

Actually and from a practical standpoint, an extension of life of from ten to fifteen years for patients of sixty years fulfills for them their life expectancy Since, without treatment there is no reason to suppose they could have lived so long they are certainly potential cures, and I believe it is proper to antique ate that most of them are actual cures. It seems to me that this is an important conception to grasp and that it should replace the attitude formerly assumed by the majority of physicians and pathologists, encouraged by the statements of Minot and Isaacs 14 Designation, 15 and Krumbhaar 15 that the disease is incurable. It is not a systemic disease but one which starts from a focus, if recognized and treated while still in the focal stage, it can be cradicated

At the present time few cases are recognized and treated while still in this focal stage, partly because of the prevalent defeatist attitude of physicians and partly because of their reluctance to subject patients to biopsy. If these two fundamental errors are corrected, I shall anticipate an improvement in the ten year cure rate of lymphosarcoma.

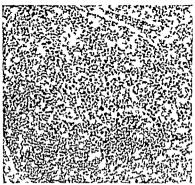


Fig. 8. Detail of Fig. 5 to show merging of reticulum tumor cells in follicle with stroma.

Summary

Lymphosarcoma is a form of neoplasm which derives from the lymphoid and reticulo-endothelial cells. It commences in a focal area or group of nodes and can be divided roughly into three histologic types called reticulum cell, lymphocytic cell, and giant follide lymphosarcoma. In most cases it spreads rapidly to involve more than one area, but occasionally progress is slow and it remains localized for a considerable period of time

It is these cases which are most favorable for treatment Rarely, it is a single group of lymph nodes which is involved. More commonly the oral cavity, pharynx orbit, and gastro-intestinal tract provide the original focus. In a study of 119 cases of lymphosarcoma treated more than ten years ago, it is heartening to be able to report 12.7 per cent of them symptom-free after more than ten years.

The site of origin was of importance—the rate for 83 lymph node cases was only 7.2 per cent. while 35 cases with the primary focus elsewhere showed 25 7 per cent symptom free after more than ten years There were examples of all three histologic types among the 15 symptom free survivals, 7 were treated by radiotherapy alone, 3 by surgery alone and 5 by surgery followed by radiotherapy Since success depends upon eradication or destruction of the tumor while it is still focal physicians should be educated to believe in the possible cura bility of lymphosarcoma so that its recognition may be earlier and treatment can be more often begun in the stage of curability

Bull Assoc franc p letude

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SALICYLISM

"Although salicylates have been used in the treatment of rheumatic fever and for relief of pain in the other arthritides for nearly seventy years, not until the recent work of Coburn has it become customary to administer massive doses of salicylates over a protracted interval Little attention has been directed toward the possible toxic effect of the drug when used over a long period with high plasma levels and high tissue saturation "

Thus do Caravati and Whims¹ open their discussion of this timely and somewhat neglected subject The authors go on to tell us that "in the application of this therapeutic procedure in a comparatively small series of cases, we have encountered trouble-some and potentially serious toxic reactions and the purpose of this paper is to emphasize the importance of recognition of these untoward symptoms and to

suggest a therapeutic regimen for their control."

"The active principle of all the salicylates is salicylates, long recognized, is thought to be due to the effect of salicylate and on the hypothalamus, causing reduction of fever and obtundation of The central action of the drug is probably also responsible for most of the toxic phenomena associated with its use. The most commonly seen unfavorable reactions are tinnitus, dizziness, nausea, and vomiting, while fever, tachypnea, cutaneous

eruption, mental unrest, and coma are not rare "Failure to recognize the occurrence of severe toxic mental changes leads to profound come and ultimate death When these symptoms are noted, appropriate treatment should be promptly instituted and should consist of the following (1) discontinue the drug, (2) give large doses of sodium bicarbonate, this will cause diuresis, raise the pH of the urine and promptly reduce the plasma salicylate level, (3) establish proper hydration with adequate fluids, either orally or parenterally, (4) apply cooling measures for fever, if present, (5) give food to meet excessive catabolism, (6) if central depression is marked, caffeine, or ephedrine may be required

And in conclusion we are told that "(1) evidence has been presented that indicates that the prominent symptoms of salicylism are manifestations of the central effect of the drug, that tinnitus, dizziness, nausea, vomiting, fever, tachypnea, and encephal opathics noted when large doses of salicylates are administered are caused by the effect of the drug on the higher centers

"(2) That intravenous salicylate therapy is unnec-

essary "(3) That alkalies should not be given concomitantly with salicylates when it is desirable to reach a high plasma level, but should be reserved for use when toxic symptoms develop

"(4) That plasma salicylate levels are promptly

reduced by alkalı therapy

"(5) That an awareness of the toxicity of salicyl ates should be constantly present when administer ing the drug in large doses or over a prolonged period of time"

Caravati and Whims have rendered a service in calling attention to the untoward effects of the sal icylates, especially now that large doses are being employed by many practitioners For such a long time the salicylates have been prescribed freely and have been regarded as being largely free from danger that it is probable that many doctors are none too well informed as to their injurious possibilities Though the authors are careful to inform us that they investigated only a "comparatively small series of cases," their warning should not go unheeded. And, it is to be hoped, that their investigations can be repeated upon a larger scale, both by themselves and by other observers - Journal of the Medical Association of the State of Alabama, October, 1946

South. M J ¹ Caravati Charles M and Whims, C B 38 722 (Nov) 1945

CLINICOPATHOLOGIC CONFERENCE

BETH ISRAEL HOSPITAL, New York City

Date. October 4, 1946

Conducted by Alfred Plaut, M.D., and Harry Vesell, M.D.

Aortic Stenosis, Bleeding Intestinal Polyp, and Subclinical Gaucher's Disease

DR. H VESELL S S, a 63-year-old white woman, a retired school teacher, was admitted to the private service of Beth Israel Hospital on July 1 1046, acutely ill with the chief complaints of cheat pains, shortness of breath, and faintness She had had several large tarry or bloody stools during the previous week

Her past history revealed that in childhood she had had pains in her joints which were called the intermediate. She also had diphtheria in childhood Since her early twenties, she was told by physicians that she had a cardiac condition. She taught in the public schools of the city for about thirty-five years, and during this period, her attendance record was quite good. She did not have to remain home much for illness.

In August, 1042 somewhat suddenly she developed headache and drowsiness which rather rapidly progressed to croma. There was considerable rigidity of the neck with local tenderness. She was seen at 11:00 p.m. and at 8:00 A.m. the next morning a spinal tap was performed. The spinal fluid was bloody and under increased pressure. She gradually emerged from the coma and recovered without any paralysis, weakness or excessry disturbance. The diagnosis was subaraclinoid hemorrhage. A low grade fever, 100 to 100 6 daily, persisted for ten days. She was, therefore, admitted to Beth Israel Hospital for needical investigation of the cause of the fover.

On examination at the hospital she did not appear ill and was out of bed part of the time Her eyes appeared normal. Examination of the funds revealed distinct disc margins. Of chief concern were the cardiac findings The heart on percussion appeared slightly enlarged to the left. Ameal impulse was of normal force-a suprasternal impulse was not palpable, rate 84 A loud, grade 4 to 5 (6 maximum) systolic murmur was heard over the aortic area and transmitted over the entire precordium and to the vessels in the neck. A2 was clear and of normal intensity A systolic thrill was felt over the aortic valve area. The blood pressure was 150/100 Radial pulses felt normal Lungs were clear The abdomen was distended, liver and spleen were not palpable. There was no edema of the extremities. There were no ab-normal neurologic signs. Rectal examination was not satisfactory, because the anal ornice was very small, barely admitting the up of the little finger

Laboratory data.—Urine examination and complete blood count were normal A blood culture was sterile

Fluoroscopy revealed the heart to be slightly enlarged to the left with a rounded contour of the left ventricular border, the north appeared slightly dilated and tortuous. The pulsations of the left ventricular border in the antero-posterior position were moderate, not increased

She remained in the hospital two weeks during all of which time her temperature was normal and she felt quite comfortable.

The diagnosis was recent subarachnoid hem orrings with apparent complete recovery, rheu matic heart discase, aortic stenosis regular sinus rhythm and Class 2 (in accordance with nomenclature of New York Heart Association)

She was advised not to return to school in the fall but to apply for a sabbatteal year leave of absence During the following year, she visited the office of her physician several times. She complained of occasional dizziness, pum in the back of the head, and over the fifth and sixth dorsal vertebrue. On fluoroscopy, on two occasions, in the right oblique position, the nortic valve was visualized.

She was fairly comfortable until the morning of August 3, 1943, when she passed a large dark red and tarry stool, and became dizzy and faint, she had severe palpitation and pains in the upper sternal area and right side of the chest with shortness of breath She was pale and it was apparent that she had lost a good deal of blood She was taken to the hospital immediately and a transfusion of blood was given. Only 300 cc. were given because of the cardiac condition. The blood count after this was 2,480,000 red blood count, 7 Gm of hemoglobin, 6,000 white blood count, achromia was noted. A second transfusion of 300 cc. of blood was given several days later The cardiac sounds and murmurs were simi lar to those observed on the first hospital ad mission Anelectrocardiogram revealed the type of trucing seen with marked left ventricular strain a tall R₁25 mm , RS-T depressed 1 5 mm in lead 1. 83-25 mm, in CF, a small Q of 4 mm, R 27 mm.

and RS-T depressed 2 mm The cardiac rate was 100 and regular Two weeks after admission the patient improved enough for investigation of the cause of the blood in the stools Since some of the stools contained fairly bright (beet-colored) blood, barium enema was given for examination of the colon This was reported as negative After three weeks in the hospital, she was discharged

For the next three years, she felt fairly well, was able to get around and visited friends fre-Several times she passed some dark red and tarry stools following which she had severe boring pains in the upper sternal region and to the right This area was also tender There was, also, a milder midsubsternal pain Occasional palpitation brought on by effort and dizziness and faintness with shortness of breath also occurred, often related to effort She was not known to have lost consciousness with these spells of faintness The episodes of chest pain, palpitation, and faintness gradually increased in frequency and severity occasions during the past year she had paroxysms of nocturnal dyspnea She received liver, iron, and vitamins, and was on a cardiac regimen of limited activity, with salt restriction and digitalis She was reluctant to have further x-ray investigation of the gastrointestinal tract as advised

On July 1, 1946, after having had several large dark red bloody and tarry stools during the previous week, she developed a marked increase in the chest pains, palpitation, faintness, and shortness of breath. She called her physician who, because of the marked pallor apparently due to the loss of a large amount of blood, referred her to the hospital for immediate transfusion.

Examination at the hospital revealed the patient to be acutely ill, dyspneic, orthopneic, pale, with a slight cyanotic tinge and complaining of considerable pain in the upper sternal region and slightly to the right over the aortic valve area She felt faint on the slightest effort systolic murmur and thrill were as previously noted, heart rate was 110 and regular, the blood pressure—140/98 (it had risen to 200/106 during the past year) Many moderate size rales were heard at the right lung base The liver was enlarged to 2 fingers breadth below costal margin and tender There was a 1-2 plus pretibial and ankle edema

The blood count was 2,460,000 red blood count, 7 Gm hemoglobin, 13,000 white blood count, 71 per cent "polymorphonuclears" A transfusion of 300 cc of blood was given slowly, taking about two hours She seemed to improve immediately after this, but about one hour later, marked shortness of breath returned and pulmonary edema rapidly developed Emergency

cardiac measures were applied, including the administration of oxygen, digitaline nativelle, and internal phlebotomy. The respiratory distress, however, increased and the patient died at 7 15 PM—five hours after admission.

The antemortem diagnosis was (1) rheumatic heart disease, because of the history of probable rheumatic fever in childhood, and of heart disease since her early twenties, calcareous aortic stenosis, because of the characteristic loud aortic systolic murmur and thrill and visualization of the calcified aortic valve on fluoroscopy, and pul monary edema, and (2) bleeding from an undiagnosed gastrointestinal lesion, probably in the colon

DR A PLAUT The heart of this elderly woman, 146 cm long, weighed over 500 Gm was characteristic of aortic stenosis, the apex was formed entirely by the very thick left ventricle The aortic ostium whose wall was 2 5 cm thick was a very narrow irregular slit, surrounded by variously shaped calcific masses one of which made a bean-sized bulge in the right auricle aortic cusps, their commissures and the sinuses of valsalva were entirely out of shape openings of the coronary arteries, however, were The other ostia and valves were not remarkable, the coronary arteries were of normal caliber throughout Such a calcific aortic stenosis has been interpreted in different ways by generations of pathologists, sometimes an inflammatory origin being assumed, sometimes an atherosclerotic one Today most pathologists believe that rheumatic heart disease is the cause of all or nearly all such lesions Proving this is often In our case most of the sections reveal calcification and fibrosis only, but, occasionally, one finds single or grouped cells with basophilic protoplasm They are highly suggestive of rheumatic inflammation The myocardium contained only insignificant scars

The colon contained a large amount of soft blackish matter which gave a positive benzidine and guaiac test. A soft pear-shaped polyp, 5 by 3 by 1 cm, was attached in the transverse colon, 50 cm beyond the ileocecal valve. On its deep red tip, three pinhead-sized bright red dots stood out distinctly. There also was melanosis coli.

The other organs were not grossly remarkable A cortical adenoma, 0.5 cm in diameter, was found in the right suprarenal gland. The spleen was moderately enlarged (255 Gm), the liver slightly so (1,660 Gm). This was not astonishing, considering the severe circulatory disturbance. But who describes our astonishment when, in the routine microscopic section, the splenic pulp was found full of Gaucher cells, which predominated over all other tissue elements? The cells were irregularly ovoid, 25 to 40 micra long, with the

often described crumpled appearance of their cytoplasm Characteristic blue streaks could be demonstrated with the Asokarmin stain. At points where the Gaucher cells were closely packed, the reticulum fibers were more or less damaged as seen in the Bielschowsky stain.

The vertebral marrow contained numerous Gaucher cells but not as many as the splcen Only one of the eleven lymph nodes examined, a para-nortic one, showed the Gaucher cells. No Gaucher cells were found in the liver or in other

organs.

In the light of these findings the discrepancy between the severe intestinal hemorrhage and the colonic polyp appears less striking, since a tendency to bleeding has been described in Gaucher's disease. It is possible, also, that some of the pain the patient complained of was not rheumatic but was caused by the Gaucher disease.

Such cases must be exceedingly rare Gaucher's disease in itself is not frequent, absence of splenomegaly is very unusual. The question how often Gaucher's disease might exist without causing clinical symptoms cannot be answered because too small a percentage of people are autopsied If one considers the occurrence of complete remissions, lasting ten years and more, one must cease to marvel about the clinically unknown Gaucher's disease. One similar case is on record at Montefiore Hospital In 1943 J V Petit and E M. Schleicher (American Journal of Clinical Pathology, 13 260, 1943) published an observation of unexpected Gaucher's disease with a small (100 Gm) normal looking spleen. Their patient, a 79-year-old man, died six days after admission, of bronchopneumonia and cor onary sclerosia. His clinical symptoms were vague, the physical findings negative. A sternal puncture revealed Gaucher cells. At autopsy they were found in the spleen, the bone marrow and in one lymph node No chemical examina tion for cerebrosides are reported

In our case the spicen contained 0.75 mg per cent cerebroades. While this figure is of a much lower order of magnitude than in Gaucher spicens, it is way above that of normal spicens which were examined as controls (0.03 mg. per cent 0.12 mg per cent, 0.13 mg per cent, 0.17 mg per cent.)*

More similar cases must be examined before one may talk about "formes frustes" of Gaucher's disease. It might be of value, in such instances, to pay attention to the differences in the carbohydrate component of normal kerasin and that of kerasin from Gaucher's organs ** Un fortunately no splenic tissue of our case was avail able for such an examination.

No family history of Gaucher's disease could be chetted. According to Thannhauser, † the familial tendency is evident in one third of the cases.

Dr. A Bendick. The x ray of the colon with a barium enema taken at the time of the first severe episode of bleeding in 1943 seemed to be normal at first examination. The patient was unable to evacuate the barium satisfactority in that films after air insufflation could not be taken. On review of the films now, however, knower where the lesion is one can see in the transmitter of the polynity, corresponding to the site of the polynity, corresponding to the site of the polynity, corresponding to the site of the polynity should be remembered that occasionally it was not excessary to repeat x mys of the colon or much as four or five times to demonstrate parameters.

DR M WEINGARTEN Injection of ar far double contrast after evacuation of the lements ordinarily would visualize a polyp, but this ease the banum was so poorly evacuated at do not think that the air-contrast telemental have been helpful

Sigmoidoscopy was not performed, prosect because of the very tight and sphinter. The lesson in this case was too high to be readed on the instrument, but I mention sigmoid with only to stress its importance, because very case a lesson of the rectum or sigmoid when a learly demonstrated by sigmoidoscopy in the revealed by x ray at all

Cardino patients in congestive hear and with advanced artenosclarotic cardinal disease may have gastrointestinal bloom gastrointestinal tract, but this is more midependent gastrointestinal leasons to be sought.

About two thirds of the patient or more polyps of the colon have rectal bleeding. This is small trarely do these patients have an success of congenital heredofamiliar, as seen in infants and adolescent.

I should like to ask the head to be thinks that the increased be could be explained, as suggestion the finding of Gaucher cells, the tributestinal bleeding is often cher's disease

Mention is made, in the instance of the stools and the passage of borry stool" is a descriptive to include grossly blood; tarry stools we mean blar rarely produced by a

^{*} Chemical tests done by Dr Ella Fishberg ** Danislson, Tr., Hall C. H., and Everett, M. R.: Proc. Soc. Exp. Med. 40: 569 (1942)

[†] Lipidoses Reprinted free a

although occasionally they have been known to occur with a lesion in the ileum

DR FRANK BASSEN I should like to state that I have never observed bleeding as a symptom in any of the many cases of Gaucher's disease which I have observed I find it hard to believe that the bleeding in this case was caused in any way by the Gaucher element

DR MAUSNER Was the faintness due to the loss of blood only or to the heart disease too?

DR H VESELL Undoubtedly the loss of considerable blood was the cause of the faintness during and shortly after the episodes of bleeding However, it should be remembered that dizziness or faintness associated with slight effort may be a symptom of advanced aortic stenosis. Actual fainting with loss of consciousness with effort as noted by Marvin about ten years ago was not observed in our case. Angina of effort, which may be a symptom due to aortic stenosis, was present.

An atypical feature of the aortic stenosis which was tight was the presence of a fairly clear A2 of normal intensity. Dr. Libman called attention to the increased force of the apical impulse with absent suprasternal pulsation as a diagnostic finding in aortic stenosis. A strong apical pulsation on palpation and increased pulsation of left

border on fluoroscopy were looked for but not found present

Patients with aortic stenosis often do well for many years up to middle and old age †† Our patient of sixty-three years with an advanced and rather tight aortic stenosis was able to lead a fairly active life until she lost considerable amount of blood from the bleeding intestinal polyp

DR LEON SUSSMAN In regard to transfusion of decompensated cardiacs who are severely anemic, it is important to keep the total volume of the transfusion as small as possible. Since the blood is given for the oxygen carrying capacity of the erythrocytes, the supernatent plasma should be removed before administration. The packed red blood cells will then be only about half of the total original blood volume which would have to be given. The embarrassed circulation is thus spared an unnecessary extra strain.

INTERN Was the cause for the subarachnoid hemorrhage discovered at autopsy?

DR A PLAUT Permission for examination of the skull was not obtained

†† This is probably due to the fact that the early rheu matic infection was mild and also to the mechanics of actic stenosis. The blood flow through the narrowed acrtic estum is still considerable being proportional to the fourth power of the estium diameter (Poiseuille's law) and ejected by a greatly hypertrophied left ventricle.

PROBLEM OF IMPAIRED HEARING RESTS ON TREATMENT AND CURE

Emphasis in the problem of impaired hearing should be placed on treatment and cure rather than on prevention, according to A. C. Furstenberg, M.D., of Ann Arbor, Mich. Writing in the September 21 issue of the Journal

Writing in the September 21 issue of the Journal of the American Medical Association, Dr Furstenberg states "I have never been convinced of the truth of the often published statement that 75 to 80 per cent of all cases of impaired hearing are preventable, and that this large proportion of its victims could have avoided their affliction had it been identified early and had proper methods of prevention been instituted

"How can one prevent a degeneration of the auditory nerves which often occurs as the result of severe toxic diseases? How are physicians to keep the eustachian tubes of children in working order and the middle ears free from infection during the course of diseases which infect the upper respiratory tract, particularly measles, scarlet fever, mumps, and whoop-

world War II saw the first practical adoption of a program for the treatment of deafness "I point with pride and with a deep sense of gratitude," the author writes, "to those far sighted and efficient representatives of the Army and Navy who created an epochal program of service by the establishment and efficient operation of four centers for the rehabilita-

tion of the hard of hearing in military service. These important units located at strategic points in the United States, Deshon General Hospital at Butler, Pa, Borden General Hospital at Chickasha, Okla, Hoff General Hospital in Santa Barbara, Calif, and the US Naval Hospital at Philadelphia, have done a colossal job and have achieved memorable progress in the care of the hard of hearing that will not fail to attain lasting recognition. The pioneers in this field wisely combined all available talents—those of the otologist, psychiatrist, psychologist, physicist, electrical and acoustic engineers, and speech experts to function in an integrated and cooperative program that has rendered service of inestimable value to the unfortunate persons whose hearing was impaired in the line of duty

"It remains now for civilian physicians and for public health and welfare agencies interested in this field to become familiar with the yeoman service of these great centers and to establish several more along similar lines, geographically located to render the greatest possible service to the people of this country.

"Unfortunately, progress in civic agencies is frequently slow, but the impetus given this magnificent program of service to the hard of hearing by military personnel is destined to inspire, if not demand, a similar plan of action in civilian life"

ABSTRACT OF MINUTES OF THE COUNCIL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

A TITS meeting on December 5 1046 the Council considered various matters, taking final action or directing further study and reports as indicated under the following headings.

Secretary s Report

Remission of State Assessments -The remission of State assessments was voted on account of service with the armed forces for one member for 1947 one for 1946 six for 1945 three for 1944 also on account of illness for Drs Walter A Shoales, Bernard B Schnapper Anthony Wollner, Frederick C Robbins, Alexander M Stewart The refunding of dues for two members was authorized

Meetings — Your Secretary finds it difficult

properly to express his appreciation for the action which you took regarding him at your last meeting Have tried hard to perform my duties to the best of my ability Your kind approbation has touched

me deeply

The day following your last meeting your Secretary attended a meeting presided over by Mr Pink, in the office of the Associated Hospital Service of New York, Inc., where representatives of the Vet erans Administration discussed with hospital execu tives and Blue Cross officials a proposed contract regarding hospitalization of veterans with serviceconnected disabilities under the care of practicing physicians. Subsequently I made known to I rem dent Hale and others the steps that were contem plated to include certain medical services in this con tract. Dr Hale has communicated with General Hawley and I have explained the stand of organized medicine to Dr. Harding and Dr. Lane of the Vet Administration

On November 18 your Secretary attended a meeting of the State Charities Aid Association, New York City Visiting Committee at the Colony Club where Dr Rusk spoke on New Horizons of the Handi

capped.
Two days later in Syracuse your becretary was much impressed with the fine progress that was made at a meeting of the Subcommittee on Medical Expense Insurance of the Committee on Public

Relations and Economics

On November 21 the Middle Atlantic States Regional Conference of the American Medical Association Council on Medical Service was held in Philadelphia. At this meeting the status of physicians in the coal-mining districts and matters relat ing to medical service for veterans with serviceconnected disabilities were among the subjects discussed.

On November 22 your Secretary attended a meet ing of the Nurses Advisory Council of the New York State Education Department in Albany, and the following morning conferred with Miss Mary Don Ion, Chairman of the Workmen & Compensation Board. Miss Donlon expects to appoint a committee to consider proposed changes in the minimum fee schedule under the Workmen's Companyation law and ratings, under the Chairmanship of Dr vathan B Van Etten The President, with the ap proval of the Council, appointed the Secretary as the State Society a representative.

Communications—Letters from the Medical So-ciety of New Jersey and the Connecticut State Medical Society appointing Dr James F Norton Medical Society appointing Dr James F

(Dr D Ward Scanlan, alternate) and Dr Cole B Gibson (Dr Joseph H Howard alternate) respectively as representatives at the 1917 Annual Meeting of the Medical Society of the State of New York

Letter from Dr William B Rawls Chairman of the Coordinating Council of the Five Yew York City Metropolitan Counties inviting the Council of the Medical Society of the State of New York to send a member to the meetings of this Coordinating Council After discussion,
It was decided to request Dr W Guernsey Frey,

Jr to attend the next few meetings,

Treasurer & Report Was Accepted

Report of the Executive Officer

Dr Aranow Chairman of the Legislative Committee read a report from Dr Hannon in which lie stated that he regretted his inability to attend the Council meeting because it had been thought ad visable for him to attend a meeting in Albany called by the Joint Legislative Committee on the Educa-tion System of New York State instead, where a n vision of the Medical Practice Act was to be disconservi-

Activities of Committees

Committee on Legislation.-Dr Aranow Chair man amplified Dr Hannon's report on what took place at the meeting of the Subcommittee to Study Medical Practice Legislation in the State Society's office on December 3 1946

The first topic to be taken up was consideration of the degrability of introducing legislation for the purpose of establishing a basic science law Aranow stated that the Committee had studied the subject of basic science law thoroughly and did not feel that it would solve the problem of the illegal practice of medicine

Dr Cullo and Dr Higgons ably presented the opposing viewpoint. They felt that a laste science bill should be introduced into the Legislature in Dr Manzella and Mr Anderson gave opinions on the procedure of issuing an injunction.

The second subject to be considered was the

proposed bill to amend the law rela ing to tile practice of podiatry by changing the present definition Mr Charles Hollonder Counsel, and Mr Applebaum and Mr Wise, Secretary and I resident, respectively of the I odiatry Society presented their reasons why this should be done and to ask the Committee's aid and suggestions. The podiatrists were asked to send the curriculum of the First Institute of Podi atry—the only school recognized by the State—to the Committee Dr F W Williams addressed the committee in opposition to the proposed Podiatry Bill

On motion the President was authorized to appoint a subcommittee of three to study the curreulum of this school of podiatry

The next subject to be considered was a proposed bill to amend the practice of medicine law by introducing the terms 'physiotherapy and "physiotherapist throughout, to indicate that the act applies to physiotherapists as well as to M.D s and osteopaths. This bill was presented to the Committee for further study

"Under consideration of other probable bills affecting the practice of medicine. It would be well to introduce a bill which would, without any question, be all-inclusive of all efforts to heal the sick, prescribing punishments for its infraction

"Dr Kaliski will present copies of four bills per-taining to practice of radiology, pathology, anesthe-siology, and physical medicine to members of the

"The proposed bill affecting the hoensure of practal nurses was then discussed. It has been sugtical nurses was then discussed. It has been suggested that the name of "practical nurse" be changed to "trained attendant." The State Nursing Association is against this. The Council is not in favor of such a change in name until further information of

its desirability is shown
"The Committee agrees with the Nursing Association that it is not wise to abolish the licensing of

practical nurses"

Constitution and Bylaws —Mr Clearwater reported that he had received two requests for approval of amendments to bylaws One from the Medical Society of the County of Warren needed a few changes, which were approved by the Council. The proposed changes of bylaws of the Eric Council Medical Society were accepted.

Finance Committee — Dr Louis H Bauer, Chair-

man of the Finance Committee, submitted a pro-

posed tentative budget for the year 1947

The Council voted to adopt this budget and refer it to the Trustees with the request that they approve it for a period of six months, to be sub-

sequently reviewed. Joint Committee of the Hospital Association of New York and the Medical Society of the State of New York.—Dr Wertz, Chairman, reported that the committee was planning to have a meeting soon, and inquired if he should notify them of the action taken by the Council in regard to the Veterans Administration proposed contracts in relation to hospital care

It was voted that the Chairman report the State

Somety's objections to the meeting

Committee on Medical Publicity -Dr Winslow. Chairman, reported that during the past three weeks news releases regarding postgraduate education and teaching programs were sent to newspapers in the counties of Monroe, Nassau, Orange, Rockland, and

First copies of the booklet "Check and Double Check on Sickness Insurance" were to be in the hands of council members on December 15 The booklet is 64 pages and contains 133 questions and answers on important phases of sickness insurance, voluntary

Miss Lyon conferred with Mrs Madden, President of the State Woman's Auxiliary, on November 23, regarding the program of the Auxiliary She keeps in touch with other officers. As part of the cooperative arrangement with the Public Relations Bureau, each organized county auxiliary is building a list of names of community leaders for use by the bureau in its educational work

Mr Thomas E Walsh joined the staff November He is making a survey on ways to improve the speakers' service functions of the Public Relations Bureau

On request of Mr Andrew W Horton, of Rochester, general chairman of the Western Division of Practical Nurses of New York, Inc., arrangements have been made to provide exhibit material at the convention of practical nurses to be held in Rochester in May

Council on Medical Service and Public Relations Dr Aranow, Chairman, reported that meeting of the Middle Atlantic States Conference was held two weeks previously The most important part of two weeks previously the discussion concerned Mr Lewis' new sickness insurance plan for soft coal miners. The idea offered was that if we could arrange with the group that has charge of the medical care of the coal miners a plan similar to that with the Veterans Administration, it would be of great help to the medical profession

The other question discussed was Colonel Harding's idea of sending the veteran to the clinics before

sending him to a private physician

Dr Kenney amplified the above by stating that the discussion on the proposed bituminous coal agreements was very carefully outlined by Dr Martin of the Council on Medical Service He gave the background of the type of medical care the miners have been getting. It is hoped in any scheme to come out of Mr. Lewis' new agreement with the government that there will be a joint project in which not only the umon, but the employers, the local community, and everyone concerned will cooperate to bring medical care to the miners on a basis similar to the present hospital insurance plans

Committee on Nursing Education.—Dr. Anderton, Chairman, stated that the direction of the House of Delegates that the Nursing Education Committee take up with the nurses' organization and the hos-pital organization the whole question of nursing and nursing education in New York will soon be under-

Committee on Public Health and Education -Dr Mitchell, Chairman, reported that he had attended on November 20, 1946, in Syracuse, the Joint Meeting of the Subcommittee on Medical Expense Insurance of the Committee on Public Relations and Economics and Directors of Medical Care Plans in New York State, on December 3, 1946, in New York City, he attended a meeting of the Council Committee on Public Health and Education, and the Subcommittee on Mental Hygiene with the local Psychiatric Advisory Board of the Veterans Administration Also present at this meeting were officers of the Medical Society of the State of New York On December 4, 1946, in New York City, he attended a meeting of the Council Committee on Public Health and Education and the Subcommittee on Child Welfare Also present at this meeting were officers of the Medical Society of the State of New York and representatives of the New York State Department of Health

A letter from the State Health Department, requesting that consideration be given to a plan for having the whole State divided into regions where large institutions would be centered around medical schools, was discussed, and it was decided to advise the representatives of the State Health Department not to try to move too rapidly, and that we would confer with them as often as it seems necessary was also decided not to make any recommendation

to the Council at present

Another matter was the obtaining of information as to whether or not patients who have received plasma or some other blood derivatives develop hepatitis or other sequelae It was finally agreed that the Health Department prepare a report card, approved by us, to be sent to the attending doctor for the desired information

Subcommittee on Hard of Hearing and the Deaf —Dr Gordon D Hoople, Chairman, reported "On November 13, 1946, Dr E P Fowler, Jr, and the Chairman of the Subcommittee on Hard of

Hearing and the Deaf, visited in Buffalo with the members of the Buffalo Otolaryngological Society The evening was spent in a discussion of the possi bilities of conservation of hearing centers and the possibility of establishing such a center in Buffalo Dr Bozer head of the Department of Otolaryngol ogy in the College of Medicine of Buffalo Univer sity, gave Dr Fowler and myself reasonable assur-ance that such a center will be started soon in Buffalo"

Postgraduate Education.-Instruction has been completed in the following county medical societies Cortland Monroe, Nassau, Orange Rockland and Schenectady

Instruction is being given in Chenango Ontario,

Tloga St. Lawrence, Jefferson and Ulster Requests for instruction have been received from Nassau and Richmond county medical societies.

Arrangements have been completed for instruction to be presented in Broome County at a later date

Arrangements have been completed for a Regional Cancer Teaching Day to be held in Troy New York, on December 12 1946 The memberships of the following county medical societies will be invited Columbia, Greene Remsselaer Saratogn Schenec-tady and Washington

The report was accepted

Committee on Public Relations and Economics -Dr Wertz Chairman, reported that he had attended a meeting of the N Y State Joint Legislative Com mittee on Industrial Labor Conditions on December 2 in New York. The discussion was on sickness compensation insurance There is a bill in the Legislature called the Condon-Clancy Bill which would provide anckness insurance for employed persons who

Dr Werts requested Mr Farrell, Director of the Medical Care Insurance Bureau to report on the activities of the Bureau, which he did as follows

"On November 5 your Director met with Dr H. Aaron, Chairman of the Subcommittee on Medical Expense Insurance in Buffalo to arrange for a joint meeting of the Subcommittee on Medical Ex pense Insurance and Directors of the Medical Care Plans in New York State on November 20

On November 15 he spoke before the Senior Medical Students at Syracuse Medical College on invitation of Dr O W II. Mitchell

"On November 20 he attended a joint meeting of the Subcommittee on Medical Expense Insurance of the Committee on Public Relations and Economics and the Directors of Medical Care Plans in New York State. In addition to the Chairman and members of the Committee and Directors of the Plans, there were also present Drs Hale, Bauckus Anderton, Mitchell, Post, Wetherell, and Havle, and Mr William C Gould, representing the New York State Insurance Department. It was recommended that a full report of the meeting be published in the JOURNAL

On November 21 he attended the Third Semi annual Meeting of the Middle Atlantic States Regional Conference of the American Medical Association Council on Medical Service in Philadelphia.

Subcommittee on Public Medical Care.—Dr Wood, Chairman, reported that the Committee had prepared a questionnaire to ascertain whether or not there is malnutrition in welfare cases, with an effect on morbidity increased hospital care, etc. be distributed as previously voted by the Council.

He stated a meeting was scheduled with the Welfare Department, when a joint statement from the Department and the State Society will be considered It was roled to accept the report.

Publication Committee. - Dr Kosmak, Chairman,

reported verbally as follows

The Publication Committee met on December 3 and discussed the usual routine matters that come before it every month We regret that we still have to continue with our apologies for being unable to enlarge the size of the JOURNAL, Mr Anderson has been in conference with a number of paper people and we hope that by the first of April the Journal will be larger

Comments have reached me and have reached some other members of the Committee about the number of advertising pages equaling or exceeding those of the editorial content. Mr Anderson has prepared a very careful tabulation of the advertising which was included in the JOURNAL during the cur-rent year and it was found that in 1946 42 per cent of the contents has been advertising matter. Well, that looks perhaps to some people like an unfair proportion, especially when it is found in a few issues that the number of advertising pages exceeded those of the literary content. That is an unavoidable situation, because contracts are made with adver tisers for a certain number of insertions during the year and very often they submit them in time for early issues Then before their contract expires they want to use all their insertions toward the end of the contract year. The number of insertions also affects the price which they pay for advertising that is to say a man can have twelve insertions for less in proportion than if he makes use of only six, so therefore, they rush into some of the issues which are due to be published shortly before their contracts expire.

The income of the JOURNAL depends practically entirely on advertising patronage. It is very likely that during the next two years there will be a re-duction in the number of advertisements. Probably the budgets of many concerns will reduce expendi tures for advertising so we feel that we should be protected and not subject the Journal to any reduction of its activities because of lack of funds. Thus far we have been very successful. There has been very little reduction even in recent times of the

applications for advertising.
We have received from a number of sources favorable comments about our editorial material It is very gratifying to get these when they come from members because it shows that more members are taking the JOURNAL out of the envelopes and reading it.

'We have also had a number of our editorials reprinted in other periodicals. Only recently the Christian Science Monitor reprinted one of our

articles in its entirety'

Directory "As far as the Directory is concerned with the publication of that has been surrounded with many difficulties. It was difficult to get paper, it was difficult to get a printer and it is now difficult to obtain a binder

The report was received.

Rural Medical Service.—Dr Mellen, Chairman reported that Dr Crocker who is the Chairman of the American Medical Association's Committee on Rural Medicine, has asked that questionnaires be sent to the Secretaries of each county society in the That has been done out of this office, but only eleven replies have been received. hardly adequate to make any report on.

Committee on Veterans' Affairs.-Dr Mellen Chairman, reported verbally as follows

We have sent out what we think is our last ques-

tionnaire, to pick up the remaining tag ends. The secretaries have responded very well to this, and it looks as if this committee's activities are just about closed up "

These reports were received

Veterans Medical Service Plan of New York, Inc
—Dr Anderton, Secretary, reported that the Board
of Directors of the Veterans Medical Service Plan of
New York, Inc, had met in the offices of the State
Society on December 4, 1946 — Among other matters
a letter from the Veterans Administration Branch
Office No 2 to the Managers of the Veterans Administration Regional Office, Buffalo, signed by Dr
C F Von Salven, Acting Branch Medical Director,
dated December 3, 1946, was discussed, and it was
decided to send a telegram to Dr Paul R Hawley,
Chief Medical Director, Veterans Administration,
Washington, D C, asking for clarification

"The question of x-rays, anesthetics, pathology,

"The question of x-rays, anesthetics, pathology, and physiotherapy being included in hospital care for veterans was reviewed. Contracts between V A and Blue Cross organizations, including these services, are in force in New York, Syracuse, Albany, and Buffalo. Bills for x-rays, however, must be signed by roentgenologist in hospital before payment is authorized. A letter written by Dr. Hale to Dr. Hawley requesting deferment of further contracts with hospitals until the question could be reviewed by the Board of Directors of Veterans Medical Service Plan was read. Dr. Hale stated no reply had been received from Dr. Hawley. It was voted that the President or Board member be authorized to confer with Blue Cross organization protesting the rendering of these services by hospitals. It was further moved that the Council of the Medical Society of the State be requested to send a letter to Dr. Hawley, emphasizing Dr. Hale's letter and requesting a reply"

It was voted that the Council of the Medical Society of the State of New York formally approve in every way the communications that have been sent by the President to General Hawley, Medical Director of the Veterans Administration, and that they urge his immediate attention to the matters upon which information was requested in those letters, and that the Secretary be directed to forward such an official letter to General Hawley

"The matter of printing and distributing Part II of the fee schedule to physicians was reviewed. Dr Anderton was requested to confer with Mr. Anderson on the approximate cost of printing and mailing and refer this information to the President of the Corporation for discussion at a subsequent meeting."

The acceptance of the resignation of Dr Gartner as coordinating physician was accepted with regret to take effect on the appointment of a successor Dr Gartner's fine work was highly commended

Dr Bauckus was authorized to appoint a coordinator to replace Dr Gartner, and to appoint a coordinator for the Syracuse area, subject to approval by the Board

Drs Ross, Bauer, and Cunnifie were appointed a committee to select a coordinator for the Brooklyn

office, subject to approval of the Board.

Woman's Auxiliary — Dr Reuling, Chairman, of the Advisory Committee, reported for the Woman's Auxiliary, that the President of the Woman's Auxiliary had visited or addressed the following county meetings Oswego, Cayuga, Genesee, Columbia, Lewis, St Lawrence, Steuben, Schuyler, Yates, Cortland, Chenango, Ulster, Seneca, Monroe, Bronx, and Allegany A number of these counties were in the process of organizing a Woman's Auxiliary A letter has been sent by the State Public Relations Chairman, Mrs James W Bucci, to each county auxiliary president, public relations chairman, and the presidents of the county medical societies urging cooperation with the American Academy of Pediatrics Survey This was done at the request of the District Supervisors of the Survey

Eleven counties have completed their mailing lists for the Public Relations Bureau of the State Society.

New York City

It was voted that the Chairman of the Advisory Committee of the Woman's Auxiliary express the appreciation of the Council to Mrs Madden for her good work in the past year

Committee on Workmen's Compensation—Dr Dattelbaum, Chairman, reported on the following

matters

Compensation Trial On November 12, 1946, an additional hearing was held in Liberty, New York, in the case of a physician practicing in Orange County against whom charges were preferred by the Chairman of the Workmen's Compensation Board and the matter referred to the adjoining county (Sullivan) for hearing Gortain incidents occurred following a previous hearing which required this hearing Mr Bell of Mr Martin's office and your Director took part

Arbitration Arbitration sessions were held in Nassau County on November 8 and in Newburgh on November 21 for the counties of Ulster, Sullivan,

Dutchess, and Orange

Fee Schedule We have been receiving and submitting to the Chairman of the Workmen's Compensation Board, additional supportative evidence

regarding the fee schedule

Legislation There will be a meeting of the Legislative Committee called by Dr. Aranow on Tuesday, December 3, at which time we shall again consider those measures which were approved by the Council last year but unfortunately were not considered favorably by the Legislature. Most of the measures were sidetracked because of the shortness of the session and lateness of their introduction. We hope the early introduction of our measures this year will accord them greater consideration and possibly favorable action.

Appeal of Dr Leo S Sacharoff The matter of the appeal of Dr Leo S Sacharoff against a judgment by the Industrial Commissioner revoking his compensation authorization will be heard by the Court of Appeals in Junuary of 1947. The case will be heard on the merits this time. The doctor will argue that the x-ray laboratory which stated it gave him rebates was a corporation, could not practice medicine, and, therefore, the rebates cannot be considered as rebates in the providing of "medical care." Counsel for the Council of Radiologists, Anesthesiologists, Pathologists, and Physical Therapy physicians has advised his Council not to attempt to appear as amicus curiae but advised that the Medical Society should consider the advisability of appearing as amicus curiae in support of the action taken by the Industrial Commissioner.

New Business

Dr Hale made the sad announcement of Dr Kirby Dwight's death on December 4, 1946 He stated that Dr Anderton had written a letter to Mrs Dwight, flowers had been sent from the Society, and Dr Louis H Bauer had prepared the following resolution which was adopted

"WHEREAS, the Medical Society of the State of

New York has suffered a grievous loss in the death of Dr Kirby Dwight and

Wileneas, he had long been an arduous worker. for the interests of the public and of the medical profession and

WHEREAS, his ability had been recognized by his election as President of his County Society for several terms as Treasurer of the State Society and recently as Trustee of that Society

"WHEREAS, his wisdom, ability and kindlines-

will be sorely missed, therefore be it

Resolved by the Council and the Board of
Trustees of the Medical Society of the State of New York that it deeply regrets the passing of Dr Dwight and bo it further

Resolved that this resolution be spread upon the minutes and a copy sent to his family, and published in the New York State Journal of MEDICINE

Gerson's Cancer Treatment.—The Secretary read an editorial article which appeared in volume 132, number 11 of the Journal of the American Medical Issociation. After discussion

It was rotal that a copy of this editorial be sent to the Medical Grievance Committee of the New York State Education Department, stating it has been alleged that perhaps Dr Gerson's practice involves the practice of medicine with fraud and dereit

TYPHOID PATIENTS RESPOND TO THERAPY WITH BACTERIOPHAGE

Five California physicians reduced the death rate to five per cent among a group of 50 typhoid patients who were treated with a virus-like agent known as bacteriophage, according to an article in the Septem ber 21 issue of the Journal of the American Medical Association.

The physicians are Evelynne G know of South Pasadena, Walter E Ward, of Los Angeles, Paul A. Reichle Los Angeles A. G Bower Pasadena and

Paul M Hamilton San Marino

The authors state that bacteriophage, considered a parasite of bacteria, has been used for the past ten years in the treatment of patients with typhoid fever in the Communicable Disease Unit of the Los Angeles County General Hospital with which they are ar-ocusted

It is pointed out that the results with these pa tients were so spectacular because a specific type of bacteriophage was used for each patient. The num ber of bacteriophages is legion the article says, but each differs in its ability to attack certain types of Each patient was given the specific phage which would attack his own organisms

The following results were immediately noted (1) negative blood cultures 24 hours after treatment, (2) absence of fever (3) immediate clinical improve-

One of the most spectacular objective accomplishments of this form of treatment, the doctors write, was the rapidity with which the patient re-turned to his normal mental outlook. Within twenty four to forty-eight hours after bacteriophage therapy, the patient who had been comatose and in the typhoid state or who had demonstrated the characteristic a bining querulous obstreperous man ner amased everyone by his cheerful, grateful co-operative attitude. A state of well being existed Also patients whose anorexia before treatment was so great as to make forced feedings necessary, after ward usually asked for food, weakly at first and later vociferously

Typhoid fever bacilli are spread by faulty sewer age and contaminated water or through injected persons by fingers food, and flies Once the typhoid bacilli enter through the mouth they pass on through the atomach, enter the upper intestines, and set up an inflammation of the intestinal walls. They invade the lymph nodes, where they multiply rapidly and then they enter the blood stream. The death rate for many years has remained around 10 per cent

The specific bacteriophage in a dextrose solution was administered by injecting it into the veins over a period of four to seven hours. This was usually fol lowed by a moderate chill lasting approximately thirty minutes. After the chill the doctors noted that the temperature began to mount and reached a peak of 105 to 107 F within three to six hours. The temperature returned to normal within nine and one-half to twenty four hours after treatment was started and in most instances remained normal there-

In a discussion which accompanied the article Dr Wilton L. Halverson of San Francisco, states The spectacular nature of the recovery of these pa tients is something we don't forget when we see the patient go through the episode I believe this is a contribution which will be of great importance to us in typhoid

MEDICAL NEWS

National Conference on Medical Service Will Meet in February

THE 20th Annual Meeting of the National Conference on Medical Service will be held at the Palmer House, Chicago, on February 9 Registration will commence at 9.00 A.M. and the program will include discussions in the fields of national affairs, economics, and medical education. All

physicians are invited to attend, there is no registration fee

Dr Cleon A Nafe, Indianapolis, is president of the Conference, and Dr Creighton Barker, 258 Church Street, New Haven, Connecticut, is the secretary

Society of Medical Jurisprudence Has Symposium on Rh Factor

THE 021st regular meeting of the Society of Medical Jurisprudence was held at the New York Academy of Medicine on December 9

The program consisted of a symposium on the medicolegal aspects of the Rh blood factor The first talk, "Know Your Blood Group and Rh Factor Before You Marry," was given by Emily Marx, a member of the New York and Vermont Bar, and formerly justice of the Domestic Relations Court of New York City "The

Problem as the Immunologist Sees It" nas presented by Dr Philip Levine, director of the biological division, Ortho Research Foundation Dr John T Cole, assistant attending obstetrician and gynecologist, New York Hospital, spoke on "The Problem as the Obstetrician Sees It" Dr Harvey B Matthews discussed "The Implications as They Apply to the Obstetrician, the Newborn, and to the Public in General"

The New York Society of Neurosurgery

RECENTLY organized, the New York Society of New York neurosurgery is an outgrowth of a group of New York neurosurgeons who have been meeting informally at regular intervals since 1939. The present membership consists of twenty-four neuro-

surgeons who practice in the Metropolitan area Dr J Lawrence Pool, of 195 Ft Washington Avenue, is president, and Dr Sidney W Gross, of 8 East 83rd Street, is secretary

Brooklyn Drive Is Opened for Medical Center

A FUND campaign for \$16,000,000 to establish the Brooklyn Medical Center, which will give Brooklyn one of the largest medical centers in the world, was opened recently by officials of the Long Island College of Medicine at the office of Borough President John Cashmore

Of the money, \$10,000,000 is for construction of five new buildings for the college, \$6,000,000 will go to endowments to provide income for the operation of the center The present college location is at Henry and Dean streets, beside the Long Island College Hospital

The new buildings will include a nine-story basic science building to provide space for the teaching

of basic sciences, laboratory research, and a clinic Grouped about the basic science building will be a three-story medical library, a two-story auditorium to serve both the medical school and the community and a nine-story hall of residents, to provide living quarters and recreational facilities for students and the staff

The fifth building will be the Institute of Industrial Medicine

When the Center is finished, the present college building will become a laboratory and research center for the college The Institute of Industrial Medicine is being located there because of its near ness to Brooklyn's industrial section

Personalities

Dr William E MacDuffie has opened offices in Olean for the practice of general medicine

A native of Olean, he was graduated from the Buffalo University Medical School in 1942, served two years in the Buffalo City Hospital, and then entered the Army Medical Corps He served two years in the European Theater with the rank of captain *

Dr Conrad Lange has opened an office at 3325 Bailey Avenue, Buffalo

Dr Lange, formerly of Orchard Park, is a veteran recently discharged after three years of service in an Army Base Hospital in Georgia He was graduated from the University of Buffalo Medical

* Asterisk indicates that item is from a local newspaper

School in 1941 and completed his internship of a year at the City Hospital, Buffalo, before he entered military service *

Dr Walter Z Schwebel, of Troy, discharged from the armed forces in February, is reopening his office for the practice of pediatrics. Since his release from service he has been doing postgraduate work in pediatrics at the New York Medical College, the Flower and Fifth Avenue, and the Metropolitan hospitals in New York.*

A veteran of thirty-six months overseas military service, Dr Charles M Fulmer has opened an office for the practice of medicine in East Syracuse

A member of the 1941 class of the College of Medieine, Syracuse University, Dr Fulmer served one year of internship at St. Joseph's Hospital before being called to active military duty in the Medical Corps July 1, 1942.*

Dr C Ray Huggins of Fleischmanns, has opened an office to practice medicine in Bambridge. Dr Huggins who is on terminal leave from the Army where he served as a captain, has been stationed in various general hospitals in the United States.

He is a graduate of Cornell Medical School and served his internship at the University of Chicago

and the New York Hospital.*

Appointment of Dr G Charles Morrone, of Yonkers, as Fire Department Surgeon was an nounced recently *

Dr Samuel Simon, having ended his military service, is resuming his practice in Poughkeepsic. Dr Simon served overseas in the ETO with the Army Medical Corps

Prior to his return to the States, he was in charge of the urological section of surgery of the 189th General Hospital Dr Simon held the rank of major

at the time of his discharge.

Dr Simon is an assistant attending prologist at St. Francis Hospital and is on the courtesy staff of Vansar Hospital.*

After thirty-two years as chief school physician in Binghamton, Dr Henry O Sears has submitted his resignation to the Board of Education for reasons of health

Dr Bayard S. Herr, Jr former pathologist for four hospitals in Siour City Iowa, again is director of the Montgomery County Laboratory The new director served in this same capacity for a period of about six weeks in 1942 but was called into military service after his arrival in Amsterdam and service in the Army Medical Corps continued until May of

On December 11, 1946, the Board of Health of the City of Middletown gave a dinner for Dr Harry L. Chant, the State District Health Officer at the Mitchell Inn Middletown Dr Chant is leaving the state service to become associate professor of public health at the Johns Hopkins University, Baltimore Maryland

Dr Norman Spitzer, of Yonkers, has been appointed Robert Trubek fellow in rheumatic disorders for 1946–1947

The fellowship provides for a year of supervised research and special clinical training in rheumatic disorders at the New York University College of Medicane and the Society of the Fourth Division Inc., of Bellevue Hospital

Dr Spitzer was graduated from New York University, College of Medicine in 1938. Following a two-years internalip at Grasslands Hospital, a two-years internalip at Grasslands Hospital, Valhalla, New York, and a nine-months' residency in pathology at the Goldwater Memorial Hospital, New York, Dr Spitzer served thrity-one months as an Army flight surgeon in Africa, Italy, France, and Austria When discharged in October, 1945 with the rank of major, Dr Spitzer was group surgeon with the 17th Bombardment Group and had received the Croix de Guerro from the French Capazznert Sizes March 1, 1946 he he held Government. Since March 1 1946 he has held a residency in the Fourth Medical Division of Bellevue Hospital.

The appointment of Dr Franklin M Foote as medical director of the National Society for the Prevention of Blindness has been announced Foote was formerly District Health Officer of the Kips Bay Yorkville Health District of the New York City Health Department Prior to that, he was Chief of the Division of Local Health Ad ministration, Connecticut State Department of Health Dr Foote is assistant professor of public health and preventive medicine at Cornell University Medical College.

In accordance with the previous announcement of the creation of the Rosenstock Memorial Founda tion Fellowships, the Foundation received in 1946 a number of applications which were turned over to the Medical Advisory Committee for study and to the Medical Advisory Committee for study and based upon these applications, together with reports of the several members of the Medical Advisory Committee, three awards have been granted at this time to Dr Doris J W Escher, of Montefiore Hospital, Dr Raymond S Megibow Mt. Sinal Hospital, Dr Alan Ersley, Memorial Hospital They are undertaking research studies on edema, burner the research and the second several seal length of the second search studies on edema, hypertension and lenkemia, respectively

The Interim Commission of the World Health Organization a Specialized Agency of the United Nations has announced the appointment of Dr Frank A Calderone as director of its headquarters office which is being established in the Empire State

Building New York City
Dr Calderone attended Columbia University,
and is a graduate of New York University School of Medicine, where he also taught pharmacology and of Medicine, where he also taught pharmacology and preventire medicine. He received his degree in public health from the School of Hyptene, Johns Hopkins University He is a member of the New York County Medical Society, the Harvey Society, and is a Fellow of the Academy of Medicine, and of the American Public Health Association. He was the Mary Volk City Health Department for with the New York City Health Department for ten years, last serving as deputy commissioner of health and acting health commissioner

Dr Louis E. Marshall has been appointed director To Class a the House of the Good Samartan Hospital in Watertown New York. Dr Marshall was graduated from New York University, College of Medicine in 1938 Subsequently, he spent four years in hospital training in New York City hospitals and the property of the Control of the C pitals, including his residency in pathology at City Hospital, Welfare Island, New York. [Continued from page 176]

Dr R Scott Howland was toastmaster and Dr Boland read a review of Dr Booth's accomplishments in the medical, historical, banking, and

farming fields
Dr Donald J Tillou presented Dr Booth a scroll signed by those present and a matched set of

seven pipes from the Medical Society '

Franklin County

At a regular meeting of the Saranac Lake Medical Society at 8 00 PM on November 20, 1946, Dr Harry S N Greene, professor of pathology, Yale University, School of Medicine, New Haven, presented a paper entitled, "The Biological Differentiation of Benign and Malignant Tumors"

The Strenges Lake Medical Secrety holds a meeting

The Saranac Lake Medical Society held a meeting December 18, 1946, at which Dr K G Hansson, of the New York Hospital was the speaker His subject was "The Prescription of Physical Medicine

in General Practice"

Fulton County

The November dinner meeting of the Fulton County Medical Society, held at the Hotel Johnstown, was the largest in years, with a total of 46 members of the profession in attendance

A slate of officers was presented for the annual election, and a talk given by Dr Eldridge H Campbell, of Albany, who described some of his war experiences as related to present-day concepts in the field of brain injuries *

Herkimer County

Conflicting opinion on the advisability of vaccinating dogs in the County, as a precaution against rabies, were expressed in communications received by the Herkimer County board of supervisors, as it opened its annual session. A letter from Dr. Fred C. Sabin, of Little Falls, secretary of the Herkimer County Medical Society, informed the board that the Society approved the proposed vaccination, having gone on record in favor of the

"We believe that protection of the dogs is indirectly protection for persons as well. It is not detrimental to dogs in any respect and vaccination against rabies is economical, easily done, and efficient "*

plan at a recent meeting Dr Sabin's letter stated

Kings County

There will be a meeting of the Pediatric Section of the Kings County Medical Society on Monday evening, January 27, 1947 at 8 30 PM at the Kings County Medical Society Building The meeting will be a "Symposium on Meningitis" The guest speakers will be Dr Emanuel Appelational Appelations of Manageria Division of Appelations of Manageria Division of Appelations of Manageria Division of Appelation of Manageria Division of Ma baum, director of Meningitic Division of the New York Health Department, Dr Horace L Hodes director of communicable diseases of Sydenham Hospital, Baltimore, and Dr Abraham M Litvak, director of Pediatric Department of Beth-El Hospital and visiting physician of Kingston Avenue Hospital, Brooklyn

Nassau County

The County Medical Society recently cooperated with the Nassau County Cancer Committee in sponsoring a symposium on cancer for physicians Participating in the lectures were foremost authorities on cancer in the East

Attending were members of the medical so-cieties of Kings, Queens, Nassau, and Suffolk

counties

Meeting recently with the Nassau County Board of Health, officials of the County Society have cooperated in the development of a plan to expand diphtheria prevention service in the County Results of the plan are the immunization clinics that have been conducted in various centers

New York County

The final lectures in the Twelfth Series of Lectures to the Laity, entitled "Medicine in the Post-war World," and presented by the Academy of Medicine, world, and presented by the Academy of Medicine, will be held January 23 and February 13 On January 23, Dr Howard W Haggard, director of the Laboratory of Applied Physiology, Yale University, will give a talk entitled "American Pioneering in Psychiatry" Dr Clarence P Oberndorf is presiding chairman Dr Rene J Dubos will present the final lecture on February 13 He is a member of the Rockefeller Institute for Medical Research, and will discuss "Anti-infectious Agents of Natural Origin" Dr Bernard S Oppenheimer is presiding chairman of this lecture

Niagara County

The Niagara Academy of Medicine issues an invatation to members of the medical profession to attend a Clinic Day on Saturday, March 8, at the Niagara Hotel, Niagara Falls The program is as follows 9 30 A M — Dr Walter F Kvale, Mayo Clinic, Rochester, Minnesota, "The Prevention of Venous Thrombosis and Pulmonary Embolism", 11 00 AM -Dr John Romano, professor of psy chiatry, psychiatrist-in-chief at University of Rochester School of Medicine and Strong Memorial Hospital, "The Diagonosis of Neurosis", 130 PM—Dr Gabriel Tucker, professor of bronchesophagology, Graduate Medical School, University of Pennsylvania, Philadelphia, "Obstructive Dysp-nea", 3 00 p m — Dr Newlin Paxson, professor of obstetrics, Hahnemann Medical College, Phila delphia, "Extraperitoneal Caesarean Section", 6 00-7 00 p m — cocktails, 7 00 p m — dinner At the dinner Dr Morris Fishbein, of the American Medical Association, will speak on the subject. Medical Association, will speak on the subject, "The Rise and Fall of Charlatanism"

Doctors and their wives are invited to the dinner in the evening to hear Dr Fishbein Please make reservations for the dinner so that arrangements can be properly made with the hotel The price per plate 18 \$3 00 Checks for reservations may be sent to Dr Wm R Lewis, 1923 18th Street, Niagara Falls

Oneida County

Dr James L Poppin, staff member at the Lakey Clinic, Boston, was guest speaker at the November meeting of the Utica Academy of Medicine in Utica His subject was "Ruptured Intervertebral Discs"

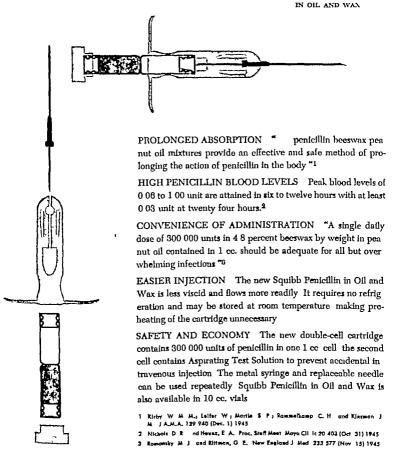
Dr Harry Dan Vickors, Little Falls, read a paper on "Intestinal Intubation"

Dr Fred G Jones was appointed chairman of the nominating committee, assisted by Dr Victor Dilorio and Dr Howard McFarland *

Officers were elected and three scientific talks were presented at a recent dinner meeting of the newly organized Mohawk Valley Neuropsychiatric About 50 physi Society in Utica State Hospital cians from Syracuse and cities of the Mohawk Valley as far east as Albany attended

Dr Neil Black, assistant director of Marcy State

[Continued on page 180]



DUIBB Tenicillis

[Continued from page 178]

Hospital, was elected president, and Dr T Baum, of the Rome State School, was elected secretary-

treasurer

Dr Lothar Kalmowski, of the New York Neurological Institute, discussed electroshock therapy for mental disorders. A question period followed Dr. James Palmer, of the Utica State Hospital staff, spoke on a case of catatonia, a type of dementia praecox, in two sisters Discussion of his paper was led by Dr Richard H Hutchings, retired

Dr Whitfield, neurosurgeon, Albany, and Dr Von

Storch, Albany

The next meeting is expected to be in April, in Albany

Onondaga County

Dr Arthur N Curtiss was elected president at the

140th annual meeting of the Onondaga County
Medical Society in December in the University Club
Other officers elected were Dr J G F Hiss,
vice-president, Dr Irving L Ershler, secretary,
and Dr A C Hoffman, treasurer Dr F S Wetherell, retiring president, remains as delegate to the State Society for a two-year term Motion pictures of many of this season's collegiate

football games were shown after the dinner meeting

Orange County

Dr Edgar Burke, director of surgery of the Jersey City Medical Center, was the speaker at a dinner of the Orange County Medical Society in the Palatine Hotel on December 10

Dr Burke, an authority on abdominal surgery, read an original paper on "Some Aspects of Biliary Tract Surgery"*

Orange County Medical Society, the State Department of Public Health and the Field Army, ACS, jointly sponsored a number of illustrated lectures throughout the County in November

Cornwall residents and those in the nearby communities were invited to hear Dr J W Walten, radiologist of Horton Memorial Hospital in Middletown, and Dr H F Pohlmann, surgeon at the same hospital.*

A city-wide search for unknown cases of tuberculosis was held in December under a mass x-ray program sponsored jointly by the Orange County Health Association and the Middletown Health Department, with the endorsement of the Orange County Medical Society *

Queens County

Dr Alfred Angrist, of Jamaica, chief pathologist at the Queens General Hospital, was named president-elect of the Queens Medical Society at the

annual election in the Medical Building, recently
The elections were for the 1948 president and the
rest of the 1947 staff Dr Goodwin A Distler is succeeding Dr Vincent Juster, of Jamaica, as president for 1947

Other officers of the society elected are secretary, Dr Ezra W Wolff, of Forest Hills, assistant secretary, Dr William Benenson, of Flushing, treasurer, Dr Arthur A Fischl, of Long Island

City, assistant treasurer, Dr_Lawrence M Water-City, assistant treasurer, Dr. Lawrence M Water-house, of Jamaica, historian, Dr. Joseph S Thomas, of Flushing, assistant directing librarian, Dr. Emanuel Fletcher, of Flushing, trustees, Dr. Vincent Juster, of Jamaica, Dr. Jacob Werne, of Jamaica, and Dr. Robert R. Yanover, of Flushing.

"The Modern Treatment of Genitourinary Infections" was the subject of a lecture given by Dr Philip Roen to members of the Society on December 20 Dr Roen is instructor in urology, Columbia University, and assistant urologist at New York Post-Graduate and St John's hospitals

Rensselaer County

At an election of officers held on December 10, Dr Francis J Fagan was elected president, Dr Clement Handron, vice-president, Dr Henry F Albrecht, secretary, Dr Henry Engster, treasurer, Dr Crawford Green and Dr Leo Weinstein, censors

On December 12 a Cancer Teaching Day was held at the Masonic Temple The afternoon speakers were Dr Cushman Haagensen, of New York, who spoke on "Tumors of the Breast", Dr Louis Kress, of Buffalo, speaking on "Tumors of the Bone", and Dr Hayes Martin of New Yorl speaking on "Mouth Cancer"

The annual dinner was held the same evening

in the Surf Room of the Annex.

Following dinner there was a talk by Dr Harol Dargeon, of New York, on "Tumors in Children Dr Richard Cattell, of Boston, was the fine speaker, his topic being "Malignant Tumors of the Gastrointestinal Tract"

St Lawrence County

Dr George E Anderson spoke to the Count Society on December 12 on "Diabetes Mellitus-Its Modern Interpretation and Treatment." D. Anderson is clinical professor of medicine, Lon Island College of Medicine

The instruction is presented as a joint endcave by the State Society and the State Department

Health

Schenectady County

Four doctors who have practiced for fifty year were honored at the annual meeting of the Schener tady County Medical Society December 5 at th Mohawk Golf Club All four were graduated from medical school in 1896

Walter M Clark, MD, is a graduate of Alban Medical college He interned at Mattenwan Her pital for Insane Criminals He entered general practice in Vermont and came to Schenectady in 1911. He served as health officer for the city and

on the staff of City Hospital

Jesse M W Scott, M D, was graduated from
Albany Medical college He interned at Albany

Schenes Hospital and began his medical practice in Schenec He is a fellow of the American tady in 1905 College of Physicians

Walter D Spoor, M D, received his training a New York Homeopathic College and received his degree from Denver He interned at Denve City Hospital and has practiced in Schenectady since the control of th He is a member of the American Congres of Physical Therapy

Edward J Wiencke, M.D., attended Unior College and was graduated from Albany Medica College He served his internship at Ellis Hospita

[Continued on page 182]



Nature endowed the Saratoga Spa with naturally carbonated mineral waters of great therapeutic value and she placed them in surroundings of surpassing beauty and screnity

Here, in peace and quiet, your patients achieve the mental and physical relax ation that gives full scope to the restor ative powers of the Spa's famed waters

In superb facilities erected by the State of New York, they receive the benefit of your continuing medical direction in regimens which you yoursell recommend for the treatment of cardiac, vascular or rheumatic disorders of a chronic nature.

Well trained physicians are available in Saratoga Springs for consultation with your patient on the details of the program

Practitioners who found the Spa a valued adjuvant in less busy times are today doubly conscious of its service in lightening their postwar burden

PHYSICIAN, GIVE HEED TO THINE OWN HEALTH"

Many physicians have recently come to the Spa for the same kind of treatments that helped their patients here. After a restorative "cure" at the Spa, you, too, would return to your practice refreshed revitalized, ready for the busy days that still lie shead



For professional publications of the Spa, and physician s sample carton of the bottled waters, with their analyses, please write W S McClellan, M.D., Medical Director Saratoga Spa,

155 Saratoga Springs N Y

Listed by the Committee on American Health Resorts of the American Medical Association

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION



[Continued from page 180]

and St Peter's Hospital Visiting physician at Ellis Hospital from 1900 to 1908, he was appointed to the honorary staff in 1946 He has been physician in the city tuberculosis clinic since 1931 and is the county physician He was a member of the board of managers of Schenectady County Tuberculosis Hospital from 1924 to 1939 and was president of Glenridge Sanatorium from 1936 to 1939 a member of the National Tuberculosis Association and the American Trudeau Society *

An increase in medical fees was adopted at a recent meeting of the Schenectady Medical Society,

and was maugurated December 1

In accordance with the fees set by the Veterans Administration and used by many other com-munities to meet the rising cost of practice, the fee schedule places a minimum of \$3 for office calls and \$4 for city house calls, it was announced Out-of-town calls, excluding Scotia, will be charged at the rate of 25 cents per mile to and from the place of appointment

The fee for calls after 9 00 p M will be \$5 *

Tompkins County

Simplified procedure relative to outpatient care of former servicemen was outlined to the Tompkins County Medical Society at a meeting in Memorial Hospital recently by Dr Frederick Lane of the Veterans Administration

Dr Lane, in charge of outpatient care in New York State and Puerto Rico, advised physicians that such treatment should not be given, except in emergency cases, without authorization by the Veterans Administration Veterans with serviceconnected disabilities, he said, may take treatment from a physician of their own choosing but are urged to obtain authorization beforehand

The authorizing medical officer for the Tomkpins County area is located in Syracuse and should be contacted by the physician on all emergency cases, In issuing prescriptions, members of the society were advised to print the Veterans Administration authorization on the label so that any licensed pharmacist in the State might fill it

Outpatient treatment, he emphasized, is for a service-connected disability only *

Ulster County

The project to erect a suitable building for the establishment of a tumor clinic to serve the people of Kingston and Ulster County was furthered in December when the Common Council, by unanimous vote, passed a resolution granting the use of land adjacent to the city laboratory for such purposes

The resolution was presented by the laws and rules committee, which had taken favorable action on a letter submitted in October by Dr Francis O'Conhor, chairman of the cancer committee of the Ulster County Medical Society, who gave data regarding the proposed clinic, the great need for its establishment and stated that the Board of Supervisors of the county had indicated a willingness to cooperate The necessary land will be made in such a move available when required *

Westchester County

Officers elected at the 140th annual meeting of the County Society are president, Dr Robert B Archibald, of Bedford Hills, president-elect, Dr William G Childress, of Grasslands Hospital, vice-president, Dr Waring Willis, of Bronxville, secretary, Dr Edwin J Dealy, of White Plains, treasurer, Dr Reid Heffner, of New Rochelle

NECROLOGY

Arthur W Benson, M D, 59, of Troy, died on November 20 He was president of the Board of Visitions of the New York State Reconstruction Home at West Haverstraw In 1914 Dr Benson received his medical degree from Columbia University, College of Physicians and Surgeons served on the faculty of the Albany Medical College, lecturing on pediatrics He was a delegate to the White House Conference on Child Health Protection in 1930–1931

Dr Benson was a member of the staffs of both the Leonard and Samaritan hospitals in Troy, and also was consulting pediatrician of Mary McClellan Hospital at Cambridge, and medical director for many years of Camp Van Schoonhoven

Former president of the Samaritan Hospital staff and of Rensselaer County Medical Society, he had also served as chairman of the Pediatric Section of the New York State Medical Society and president of the Central New York Pediatric Club

Dr Benson was a fellow of the American Academy of Pediatrics, New York Academy of Medicine, Rensselaer County Medical Society, the Medical Society of the State of New York, and the American Medical Association.

Rudolph Boenke, M D, 71, of Astona, died on October 27 He served as consulting dermatologist in the Queens General Hospital, Queens, St. John's Hospital, Brooklyn, and Creedmoor State Hospital, Queens At one time he was attending dermatologist to the Mary Immaculate Hospital, Jamaica.

Dr Boenke received his medical degree in 1911

from Bellevue Medical College He was a member of the American Academy of Medicine, American Investigative Dermatology Association, The American can Medical Association, the Queens and Long Island City medical societies, the Associated Syphilis Chinics, and the Medical Society of the State of New York.

Lynn B Chase, M.D., 73, of Morrisville, died on November 2 He had served as school physician, health officer of the town of Eaton and the village of Morrisville, and was the first chairman of the Madi son County public health commission in 1931 He was president of the Madison County Medical Society from 1932–1933, a member of the Medical So-ciety of the State of New York, and the County So-Dr Chase was a practicing physician and surgeon for fifty-three years He was graduated

[Continued on page 184]



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[Continued from page 182]

from the New York University, School of Medicine, ın 1893

William L Culbert, M D, 82, of Miami Beach, and formerly of New York City, died on November 19 He was former chief of staff of the Manhattan Eye, Ear, Nose, and Throat Hospital Dr Culbert retired from active practice eight years ago, but had served as consultant in many cases in Miami since living in Florida

He received his medical degree in 1888 from Columbia University, College of Physicians and Sur-He was a member of the American Medical Association, New York Academy of Medicine, and

the American College of Surgeons
James M Flynn, M D, 63, of Rochester, died on
December 14 He had served as president of the Medical Society of the State of New York in 1940 He was graduated from the University of Buffalo,

School of Medicine, in 1914

Before his election to the State Medical Society office, Dr Flynn had been president of the Monroe County Medical Society, Rochester Academy of Medicine, and the Rochester Pathological Society He was a member of the American College of Physicians, American College of Radiology and Royal Faculty of Radiologists of England He was a diplomate on the American Board of Radiology and a member of the American Medical Association, the Radium Society, Roentgen Ray Society and Radiological Society of North America He was a mem-

ber of the State and County medical societies
Matthew G Golden, M D, 52, of Brooklyn, died
on November 11 Dr Golden was physician in charge of the ear, nose, and throat department at Kings County Hospital, Brooklyn He also served on the staffs of four other hospitals in the borough, St Peter's, Victory Memorial, Midwood, and Bay Ridge He received his medical degree in 1919 from Fordham Medical College, and was a member of the American Academy of Ophthalmology and Otolaryngology, American College of Surgeons, and

the Kings County Medical Society
Morris Harris, M D, 59, of Brooklyn, died on
November 27 He was graduated in 1909 from the New York University and Bellevue Medical Col-Dr Harris was an attending broncho-esophagoscopist and an associate otolaryngologist at Israel Zion Hospital, Brooklyn At one time he was an instructor at the Long Island Hospital College of Medicine, Brooklyn He had contributed to the Archives of Otolaryngology, Medical Review of Re-

views, Archives of Physical Therapy, X-ray and Radium, the Laryngoscope and the Journal of the American Medical Association Dr Harris was a American Medical Association Dr Hafris was a member of the American Medical Association, the State and County medical societies, Eastern Medical Society, Academy of Otology, Rhinology and Ophthalmology, Brooklyn Oto-Rhinological Society, and the American Board of Oto-Laryngology John S Hickman, M D, 59, of Jamestown, died on November 11 He was chairman of the Health and Hospital Board which operators Important

and Hospital Board, which operates Jamestown General Hospital He was a member of the State and County medical societies, American Medical Association, and the American College of Physicians

and Surgeons

Clarence A MacMinn, M D, 74, of Round Lake, ed on December 11 In 1908 Dr MacMinn m died on December 11 stalled an x-ray machine in his Schenectady office and it was the first to be used in upstate New York. He received his medical degree from Bellevie Medical College in 1898 Dr MacMinn was assistant radiologist at Saratoga Hospital, Saratoga Springs, and a member of the State and County medical societies, and the American Medical Association.

George S Ogden, M D, 72, of Brooklyn, died on December 10 He was chief of the medical staff of Prospect Heights Hospital, and formerly a member of the staff of Cumberland Street Hospital and Peck Memorial Hospital, Brooklyn He was graduated from Hahnemann Medical College, Philadelphia, in

Paul F Sarubbi, M D, 56, of New York City, died on November 28 He served as a police surgeon during the administration of the late former Mayor James J Walker He received his medical degree in 1915 from Eclectic Medical Col lege, Cincinnati Dr Sarubbi was long known as the "doctor of Chinatown" having an extensive prac-Dr Sarubbi was long known as tice among the Chinese in the vicinity of Mott, Pell, and Dover streets

Herman Scaison, M D, of Mount Vernon, died on December 13 He was 70 years old He was graduated from New York Eclectic College in 1898. Dr Scarson was a member of the staff of Mount Vernon Hospital He was a member of the Amencan Medical Association, and the State and County medical societies

Philip Srebnik, M D, of New York City, died on November 12 He was graduated from the Long Island College of Medicine in 1909 Dr Srebnik was 59 at the time of his death

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC TO HOLD EXAMINATIONS

The next written examination and review of case histories (Part I) for all candidates to the American Board of Obstetrics and Gynecology, Inc will be held in various cities of the United States and Canada on Friday, February 7, 1947

Arrangements will be made so far as is possible for

candidates to take the Part I examination (written paper and submission of case records) at places convenient for them Candidates who successfully com-

plete the Part I examination proceed automatically to the Part II examination to be held June 1-7, 1947, at Pittsburgh, Pennsylvania Notice of the exact time and place of the Part I and Part II examinations will be sent all candidates well in advance of the examinations. of the examination date

For further information and application blanks address Paul Titus, M D, Secretary, 1015 Highland

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HOSPITAL NEWS

Hospital Council Issues Bulletin

SIX major sections of the Master Plan for guidance in the development of hospitals and related fa-culties are outlined in a bulletin issued December 12 by the Hospital Council of Greater New York.

Dr John B Pastore, executive director, reported that the Plan, based upon a two-year study, will include facts and recommendations concerning (1) physical facilities required, (2) medical education and training, (3) medical research, (4) professional services, (5) evaluation of present facilities, and (6) application of the Master Plan

The Hospital Council was organized in 1938 as a nonprofit voluntary organization to coordinate and improve the hospital and health services of New York City and to plan their development in relation

to community needs

Facilities needed for adequate medical care of the people of New York City should include provision for general hospital care, acute communicable diseases, tuberculous patients, convalescent patients, chronic or long-term illnesses, patients with mental diseases, preventive medicine, and ambulant patients, according to the Master Plan outline

Emphasis is placed upon the continuity of medical supervision and the services required by the people irrespective of their economic status

The Plan includes discussion of services necessary for ambulant

patients and considers the advisability of providing facilities for group practice and offices for doctors

within hospitals

The Council's plan recognizes that responsibility for medical education and training rests mainly on the larger cities, such as New York, and recommends the extension of present facilities to train physicians for practice not only in the city but throughout the country

Studies made of professional services indicate a need for better integration of doctors' services within hospitals and participation by a greater number of physicians in the medical activities of hospitals. The Master Plan will make recommendations for the coordination of professional services for home as

well as hospital care

Discussing the evaluation of present facilities, the outline reveals that many hospital plants in the New York area have been found obsolete and not suitable for modification Others are located in undesirable The Council's studies have or maccessible places considered the changes in population distribution which may result from the City's plans for housing, transportation, recreation and industrial develop-"The ultimate network of hospital facilities must be coordinated with the master plans of the City for other facilities," Dr Pastore said

Cancer Hospital Planned by City

PLANS have been made for a new 300-bed, twelvestory New York City hospital for the treatment chronic cancer patients The hospital will be of chronic cancer patients built on the east side of First Avenue between Sixty-seventh and Sixty-eighth Streets The cost, according to the plans filed with the Department of Housing and Buildings, will be \$2,900,000

Land for the new hospital was donated to the City the Memorial Hospital With Memorial Hospiby the Memorial Hospital tal and the new Sloan-Kettering Institute for Cancer Research now under construction, the City's hospital will be one unit of a center devoted to the study and

treatment of cancer

When the building is completed, some time in 1948, Memorial Hospital will nominate the staff and will also make available to the City institution its treatment facilities Thus the City will be spared the cost of duplicating expensive x-ray treatment

According to the plans, the City hospital will contain laboratories, operating rooms, offices, class-rooms, wards and living quarters for the hospital staff. The offices and laboratories will be on the first floor, classrooms on the mezzanine, and wards and utility rooms on the next seven floors Living quarters will be on the tenth floor, a dining room on the eleventh floor and an apartment on the twelfth A penthouse also is included in the plans

Patients at the City hospital will receive free treat-ent The hospital will primarily receive long-term ironic cancer cases The City now has under con chronic cancer cases struction the Florence Nightingale Hospital at 161st Street and Fort Washington Avenue, which will

treat acute cancer cases

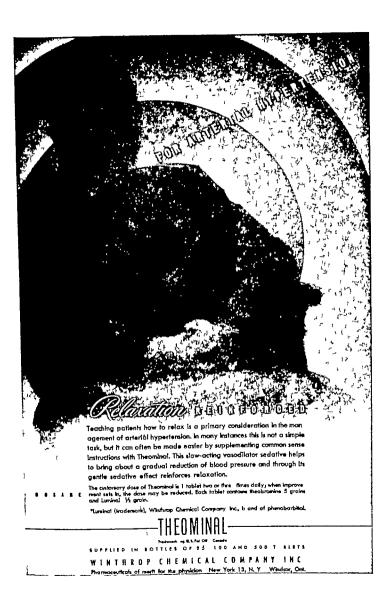
Mount Sinai Lecture Series

SERIES of lectures on recent advances in A therapy is being presented by the Mount Sinai Hospital, New York City

The lectures take place Wednesday evenings at 8 30 in the Blumenthal Auditorium of the hospital, 1 East 99th Street The remaining lectures are as January 22, "Recent Advances in Our Knowledge of Vitamins," Dr George R Cowgill, professor of nutrition, Yale University School of Medicine, February 19, "The Treatment of Epilepsy," Dr H. Houston Merritt, chief neuropsychiatrist, Montefiore Hospital, March 5, "Amino

Acid Therapy," Dr Sidney Madden, professor of pathology, Emory University, Atlanta, Georgia, March 19, "Physiological Therapy in Disease of Respiration," Dr Alvan Barath, associate attend ng physician, Presbyterian Hospital, New York City, April 2, "Section of the Vagus Nerves to the Stomach in the Treatment of Peptic Ulcer," Dr Lester R Dragstedt, professor of surgery, University of Chicago, April 16, "The Treatment of Hyperthyroidism," Dr E B Astwood, research professor of medicine, Tufts Medical School, Boston. Boston.

[Continued on page 188]



[Continued from page 186] Newsy Notes

Jefferson County's tuberculosis sanatorium is now entering a new phase of service, as its role in the treatment of general and contagious patients becomes paramount

At present there are 23 tubercular patients in the \$300,000 institution, occupying less than a third of

the 78 beds

Dr Sutherland E Simpson, the superintendent, estimates that the sanatorium is now more than adequate for the needs of four north counties, Jefferson, Lewis, Oswego, and St Lawrence *

Contributions to the Dr R. H Loomis "living memorial fund" drive, which is being conducted by the Business and Professional Women's Club to equip a proposed new children's ward in the Hospital in Sidney, have passed the \$3,000 mark.

The children's ward, according to a release by the Women's Club is to be dedicated as a "living me-

morial" to Dr Loomis, a practicing local physician— The doctor, a native of Bainbridge and a graduate of the high school there, came to Sidney thirty-five years ago after graduating from the Syracuse Medical School, an internship at St. Luke's Hospital in Utica, and brief preliminary practice at a YMCA camp and in Bainbridge

During his long career, Dr Loomis has taken an active part not only in the affairs of the local hospi-

tal, but of the community in general *

A new \$1,000,000 addition to St Clare's General Hospital, on W 51st and 52nd Streets, between 9th and 10th Avenues, New York City, was announced recently by Cardinal Spellman, who is honorary chairman of the advisory board of the Hospital

The new structure, of six floors, basement and sun deck, will be the third addition to St Clare's since it was taken over in 1934 by the Sisters of the Third

Order Regular of St Francis *

St Elizabeth Hospital expansion campaign to raise \$535,000—the amount set as necessary to meet the current pressing need for more beds and increased facilities at the hospital—will be launched January 24 *

The Hospital for the Ruptured and Crippled, New York City, now known as the Hospital for Special Surgery, has come a long way since it was

organized in 1863

It started at 97 Second Avenue when a few children and adults with cerebral palsy were taken into the home of Dr James Knight His interest in cripples had been aroused while he was medical visitor for the Association for Improving Conditions of the Poor

The little hospital in the parlor and bedrooms of that old house was six months old when President Lincoln delivered his Gettysburg address There was not a nurses' training school in the entire United Goats roamed the land at E 42nd Street and Second Avenue, where the hospital is now

The hospital's beginning was an innovation at a time when everybody except a few open-minded physicians believed that most cripples were beyond In those pre-Pasteur, pre-Lister days medical help aseptic surgery had not been developed

Thompson Hospital, Canandaigua, has received a bequest of \$6,000 under the will of Harriet A Dillon. of Shortsville It will be added to the endowment fund, it was announced by President John D Hamil-An additional \$675 was received from the same source, to be used for the purchase of furnishings for three hospital rooms *

In keeping with the progressive educational methods of the nursing profession, the Amsterdam City Hospital has introduced a new "In Service"

program for the graduate staff
The "In Service" program aims to present new
technics and other material of interest in both the professional and nonprofessional fields to interest members of the nursing staff in continued growth both professionally and socially and to intensify an interest in resources of the community

A total of 90 former resident doctors and interns at Grasslands Hospital attended the first Grasslands

Alumni Day reunion since 1941

The day's program started with visiting in open clinics from 10 00 A.M until noon At 1 00 Pu luncheon was held in the staff dining room and during the afternoon from 2 to 4, a scientific program was held in the hospital auditorium surgical progress of the last five years was given by Dr Albert G Rogliano Influenza was the topic of a talk by Dr Reginald Higgons, and Dr Dougla Parker spoke on facial injuries *

The five voluntary hospitals in Suffolk County maugurated on November 1 a forty-hour week for their staffs The institutions are Mather Memorial Port Jefferson, Southampton Hospital, Eastern Long Island Hospital, Greenport, Southside Hospi tal, Bay Shore, and the Huntington Hospital *

With the return of most of its physicians from the armed forces, the Jewish Memorial Hospital in Nev York City announces that its Sterlity and Infertility Clinic, with Dr Abner Weisman as chief 0 clinic, is again in operation. Eligible patients are now being received for diagnosis and treatment The clinic will act in conjunction with the hospital's Maternity and Erythroblastosis Fetalis clinics

A proposal to construct three buildings for some 1,200 continued treatment patients at Kings Park State Hospital, Suffolk County, was approved at the November meeting of the New York State Postwar November meeting of the New York State Postwar Public Works Planning Commission, according to an announcement by John E Burton, State Budget Director and Commission chairman

Using 1940 construction figures as a base, Ross E Sluyter, Director of State Planning for the Commission, estimated it will cost \$2,762,000 to erect the three buildings Present plans call for replacement by the new structures of several buildings now used for continued to the continued to

used for continued treatment patients

On December 21, 1946, the attending staff of Horton Memorial Hospital, Middletown, gave 8 testimonial dinner to Dr Arthur S Moore, FA.C-

[Continued on page 190]

^{*} Astensk indicates that item is from a local newspaper

Every Doctor Knows

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Carnation





Milk

[Continued from page 188]

HA and FAPA Dr Moore is retiring as superintendent of the Horton Memorial Hospital after eighteen years. He was presented with a silver cigarette case by the staff

Dr Moore has been very active in the Hospital

Councils of this area, and was on the Hospital Ad visory Committee of the Associated Hospital Service (Blue Cross) for the past ten years

After January 1, 1947, he will join the staff of James Hamilton and Associates, Hospital Consult-

Improvements

The monthly night clinic was held December 2 at

Herkimer Memorial Hospital, Herkimer, with Dr Herbert F Schwartz, Pine Crest, in charge Assisting him were Miss Madge E Pierce, chief nurse at Pine Crest, Miss Geraldine Geraghty, Herkimer Hospital technician, Edward Murphy, Pine Crest technician, Miss Mary Bechtold, Herki-mer village nurse, and Miss Louise Palmer, Herkimer school nurse

Arrangements for clinics are made and follow-up work undertaken by Mrs Elsie B Rowlands, county

tuberculosis nurse

A \$43,500 second floor addition to the milliondollar five-story Flushing Hospital and Dispensary The second is now completed and ready for use floor, which will be utilized as the maternity ward, will be opened as soon as the demand for it arises

The new maternity section has fifteen maternity beds, two nurseries and utility rooms and brings the number of beds on that floor to twenty-five There is a total of 265 beds in the entire hospital

are also 108 bassinets for newborns

All the furnishings for the new second floor rooms were donated Two bedrooms were furnished by Branch 7 of the Woman's Auxiliary, Branch 12 of the Woman's Auxiliary and the Junior Auxiliary One bedroom was furnished by Branch 12 of the Woman's Auxiliary and the two four-bed rooms by Mr and Mrs Albert C Wappler and Miss Sara Howatt *

The Chenango Memorial Hospital, Norwich, is undergoing a number of progressive changes in its internal organization and in the many services it offers the citizens of Chenago County, it is announced by Cyrus M Higley, president of the board of directors of the hospital

"The board of directors of the Chenango Memorial Hospital is interested in bringing before the public the facts about the hospital that serves them," Mr Higley stated

Last spring the board of directors engaged a highly skilled firm, Hospital Consultants, of Chicago, Illinois, to make a study of existing conditions at the Chanango Memorial Hospital and to submit a One of the first suggestions made by Hospital Consultants, soon after they arrived in Norwich, was that a new superintendent be engaged

Miss Frieda Dietrichs, R.N., NACHA, whose home is Omaha, Nebraska, was engaged and took

over her duties on July 1

The changes already made or in process are

An early effort will be made to expand hospital association membership to include everyone inter ested throughout Chenango County

The membership fee has been raised from \$1

to \$5

3 The hospital constitution and bylaws are in

the process of being changed

The annual meeting of the hospital association will be held Tuesday, January 28, as suggested, and will be one of the big community events of the year It probably will be held in the Norwich high school auditorium

The public will be informed more completely on the hospital operations through a public relations committee, as suggested Thus correct information and interesting facts will be made common knowl

The board of women managers will continue to function, as a woman's auxiliary, with organization as suggested in the Hospital Consultants

Advisory councils within the medical and nursing staffs will be set up, to assist the hospital

administrator in her work.

The Hospital Consultants' suggestion that the hospital attract the services of additional specialists and additional surgeons who are Fellows of the American College of Surgeons, or the American Col lege of Physicians or licentrates in one of the approved examining boards in their specialties, has been followed *

At the Helm

David L Podell, president of Beth Israel Hospital, at Sixteenth Street and Stuyvesant Park East, New York City, announced on November 20 that the hospital was planning a program of expanded study and research in the field of high blood pressure work will be carried on under the supervision of Dr Arthur M Fishberg, who has been named physicianin-chief of the Hospital *

Dr Sarks J Anthony, of Buffalo, director of the outpatient department of Meyer Memorial Hospital, Buffalo, also will serve as chief assistant superintendent under appointment by the Board of Managers A graduate of the University of Buffalo Medical School, Dr Anthony has been associated with the hospital twelve years *

The most recently appointed member of the Board of Managers of Meyer Memorial Hospital William R Morris, was unanimously elected presi dent of the board on November 26

Members of the Hudson River State Hospital Board of Visitors in Poughkeepsie, honored Dr John R. Ross, returng senior director of the hospital, and Mrs Ross with a testimonial dinner at the Nelson House recently

Benson R. Frost, board member, praised Dr Ross for his contribution to the care of the mentally ill and thanked him for his cooperation with the Board

of Visitors

[Continued on page 192]



(Above) Fitting practice session it recent CAMP Instructional Course

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[Continued from page 190]

Mrs Conger presented Dr Ross a resolution from the board, thanking him for his service to the State and for his cooperation with the Board of Visitors and expressing the regret of the board at his retirement

Other members of the board spoke briefly Ross thanked the board for the honor conferred upon him and he expressed his appreciation for the support the board had given him during his directorship

of the Hudson River State Hospital *

Appointment as resident physician of St Luke's Hospital, Utica, has been given Dr Robert Lewis Griffith, and he has assumed his duties there *

The retirement of Dr L Howard Moss, of Richmond Hill, as chief surgeon of Jamaica Hospital,

Queens, was announced on November 5 Dr Moss has served on the staff of the hospital for forty-three years, joining in 1903 A Queens physician since 1902, he served as president of the Queens Medical Society

He will be succeeded by Dr Joseph D Hallman of Richmond Hill *

Appointment of Dr William Lawrence Gatewood as consulting plastic surgeon on the staff of St Vincent's Hospital, Richmond, has been announced

by Sister Mary Ignatius, superintendent
Dr Gatewood, whose office is in Manhattan, is a member of the American Society of Plastic and Reconstructive Surgery and an active consulting plastic surgeon on the staff of Gouverneur Hospital, Man-

hattan

He is also a fellow of the New York Academy of Medicine and the American College of Surgeons

A well-attended meeting of directors of the Dansville General Hospital, Dansville, with additional members of the medical staff, greeted three leaders in the Council of Rochester Regional Hospitals, Inc., when they visited Dansville on November 11 to discuss a survey of the organization and operation of the hospital These leaders w i Dr Albert D Kaiser, executive director, Dr Paul A. Lembeke, associate director, who had made the survey, and Charles M Royle, business manager of the council*

WOMAN'S AUXILIARY

TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

County News

Mrs William Burgess Cornell, Albany County president of the Woman's Auxiliary to the Albany Medical Society, has announced that the midyear Medical Society, has announced that the midyear luncheon and meeting of the Auxiliary was held at the Albany Country Club on Wednesday, December 18 The principal speaker for the event was Mrs Alfred L Madden, President of the Woman's Auxiliary to the State Medical Society who had just returned from Chicago, where she attended the executive board meeting of the Woman's Auxiliary to the American Medical Association. Mrs. Medical Association. to the American Medical Association Mrs Madden's topic was "Relationship Between the County and State Auxiliary "

The second speaker was Mr Robert Barne, director of education services, Albany County Tuberculosis Association, whose was subject "Ways in Which the Medical Auxiliary Can Help the Tuberculosis Education Program."

The guests were Drs Raymond G Leddy, Homer Nelms, Abram L Mann, Alfred L Madden, James W Bucci, and Emerson C Kelly Mrs William G Rightmar was in charge of the program. G Richtmyer was in charge of the program Mrs Alfred Vander Veer 2nd, entertainment chairman, and Mrs James A. Hogan were the hostesses

During the Christmas holidays, as its philanthropic project, the Auxiliary presented four bed-side tables to the Hospital for Incurables Mrs

Emerson C Kelly did the buying and sewing of seventy drawsheets to be presented as the remainder

of the project, at a later date

Plans for the holidays also included the presentation of Christmas gifts to the children and adult patients of the Hospital for Incurables, by an Auxiliary committee composed of Mrs William J Fitzgerald, chairman, assisted by Mrs Philip G Hacker, Mrs Albert M Yunich, Mrs Sheldon Church, Mrs Charles E Stott, and Mrs Louis J DeRusso This committee had also arranged for a New Year's Day Dessert Party for the patients

In accordance with the Auxiliary's plan to keep informed about medical interests, the Albany County Auxiliary had heard the following speakers in 1946 Dr Hugh F Leahy, who spoke on "The Meaning of the Pediatric Survey, and How the Auxiliary Can Help" Dr Leahy is a member of the American Academy of Pediatri-Another speaker was Dr Frank E Coughlin, Albany County District Health Officer, whose topic was "Future Trends in Public Health" The December program included Mr Robert Barrie, director of education services, Albany County Tuberculosis Association, whose topic was "The Tuberculosis Education Program" In January Dr Theodore

[Continued on page 194]



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[Continued from page 192]

Van Storch, neurologist, spoke on the topic of "Help

for the Cerebral Palsy Patient "
Niagara County The Woman's Auxiliary to the Medical Society of Niagara County opened the season with a very successful luncheon meeting the latter part of November The luncheon was held at the Red Coach Inn, Niagara It was a pleasure to welcome back the members who were absent during the war period

An extensive and interesting program was planned

for the coming year

Queens County The Woman's Auxiliary to the Medical Society of the County of Queens held an installation luncheon at the Grammercy Park Hotel, in New York City, on December 4

Mrs Alfred L Madden, State president, was the mored guest Also guests of the Auxiliary were honored guest the Auxiliary members whose husbands were in

mılıtary service

Seated at the speakers' table were Mrs Madden, Mrs Joseph Hallinan, returng president of Queens County, Mrs Harold Foster, incoming president, Mrs Daniel Swan, president-elect, Mrs Meyeran Coe, installation chairman, and Mrs Raymond Murphy, installing officer

The officers installed were president, Mrs Harold Foster, president-elect, Mrs Daniel Swan, vice-president, Mrs William Brons, recording secretary, Mrs J Gibson Hill, treasurer, Mrs John Finnegan, assistant treasurer, Mrs James DeRose, historian, Mrs Walter Lynch The district representations of the control of the cont tatives are Jamaica, Mrs John Scannell, Jackson Heights, Mrs Edwin Kane, Richmond Hill, Mrs William Flanagan, Queens Village, Mrs George Jantzen, Forest Hills, Mrs John Keating, Flushing, Mrs William Cashion, and Ridgewood, Mrs Henry Eichacker

Mrs Foster announced the following appoint-

ments

Corresponding secretary, Mrs Benjamin Coleman, committee charmen entertainment, Mrs Joseph Desane, reception, Mrs James M Dob-bins, library, Mrs George Schmidt, publicity, Mrs Sammuel M Klein, legislation, Mrs Thomas D'Angelo, hospitality, Mrs Charles Liberali, archives, Mrs Anthony Greco, finance, Mrs. William Lavelle, membership, Mrs Michael M. Schultz, program, Mrs Hilliard Bresky, house, Mrs Liver Laver and the Polytonia Mrs. Burney, M Miss Lucy Lanza, public relations, Mrs Raymond Murphy, revisions, Mrs William Godfrey, and Hygera, Mrs Charles Tilley

CORRESPONDENCE

Psychiatry in Danger

To the Editor

About ten years ago, the interest in psychiatry and psychology began to spread far beyond the trained expert Laymen, movies, radio, magazines, and newspapers began to discuss and to "know" about problems, hidden before from them and reserved to a few specialists. The strange paradox days layed that though these asynctic had appeared. developed that though these experts had spent more years for their training than any other profession, they—and especially the psychoanalysts—were looked upon and joked about as kind of silly phonies who couldn't be taken at all seriously The reason seemed easy to understand as a heritage from a time when psychic life was dominated by magic and animistic thinking, those who dealt with it were sorcerers and magicians. In addition, the joking satisfied the intense need for a defense against unconscious fear of being found out by

"those analysts" While thus the features of the psychiatrist, almost breaking under the weight of the constant and heavy responsibility and overwork, were distorted to figures in comic strips, the fascination for the insane began to skyrocket The war did the rest For this kind of threat to life the individual was not prepared The discrepancy between human psychic organization contra technical mass murder was too much The number of "break downs" of pathologic psychic affliction became spectacular and horrifying The psychiatrist had to move his desk and couch from his office to the battlefront Instead of the concentrated treatment of one dozen daily, he was confronted with the task of doing something with thousands in need alarm was given from highest quarters. Our best psychiatrists, conscious of their medical as well

as ethical responsibility, cried out for mass training of experts? But how to bridge the necessary training time of twelve years or more? How to create out of nothing other 5,000 to 10,000 psychiatrists? The method seemed simple One had only to drop the level, train physicians by some lectures in courses of a few months, have psychiatric social workers open "practices", have psychologists open "advisory" offices

The danger of such a development and its challenge to the medical profession cannot be exaggerated What actually happens now is the elimination of psychiatry as the most complex, most responsible, most difficult medical specialty Instead it has become a kind of fashionable sport or exciting entertainment for lay people The problem of insufficient psychiatric care grasps our young college students not with the spirit of an ethical dilemma, confronting the nation, but it is experienced with sensational fascination as a kind of snobbish epidemic Beside the mercenary aspect (all psychiatrists are millionaires) it is the glamor of the psychiatrist as a social being, full of power and mystery, that induces these young men and women to enroll in superficial psychologic studies After a year or so, they begin to "analyze" and treat their neighbors

The attraction goes especially to women—to those in particular to whom nature has denied the assets of bodily attraction. They make up for it by compensating their inferiority through a profes-

[Continued on page 198]

^{* &}quot;Results of Treatment of Psychoneuroses by the General Practitioner," Peter G Denker, M D, Oct. 1, 1946, page

[Continued from page 194]

sional work that gives them a superior position

An article in this Journal* proving that the general practioner's results in treating neuroses are as good as the results obtained by psychiatrists was presented at the New York Academy of Medi-cine The audience of physicians felt highly amused They roared in laughter Almost nobody seemed to realize the earnestness of a challenge which repudiates psychiatry and denies its outstanding rights as a most serious specialty of medicine Such a paper will back up the physician's and the public's distrust of the expert Psychiatry becomes everybody's lusty hunting ground

The results of this development will be twofold First, the door is pushed wide open for dilettantism The popularization of science, especially of medicine, is a good thing as long as the layman remains in the role of an interested spectator. However, at the moment where he begins to take a dare by actively "analyzing" himself whomever he happens to come across, the possibility of danger becomes It means not only the possibility that organic diseases of the nervous systems might be unrecognized and overlooked, it is rather the explosive potentiality immanent in every mental and emotional ailment which, wrongly handled, might create eventually a most detrimental damage It is not the arrogance of the scientist and expert which demands a strict and clean hands-off program It is the dictate of responsibility which we have to carry, to see to it that this most delicate problem of medicine does not slip into the unskilled hands of the broad masses

If we let this happen, if we allow psychiatry to become a kind of everybody's mental football game, the other result—besides the damage to our patients—will be a reaction in a few years which will be even more disastrous than anything before The pendulum always swings back. Psychiatry, just emerged as a new, essential part of medicine of broadest implications, will be abandoned and rejected by the public just as quickly and passionately as it has been taken over—It was always like that—The more violent a curve of interest rises, the deeper and faster it is doomed to fall

The problem of how to deal with the disastrous increase of mental diseases cannot be solved by giving it into the hands of the people. The free-for-all attitude spells disaster. To put it into the lap of the general practitioner would be a possible solution, if, through postgraduate courses, these doctors would be taught not only the basic psychiatric approach to somatic ailments, but simultaneously the point where they have to stop and leave the work to the trained psychiatrist. It is this knowledge of the potentialities and limitations which we have to convey to them, it would ease the psychiatrist's burden by relieving him from the treatment of superficial emotional disorders while the deeper anxieties and their defense organizations definitely have to be reserved for him mean the training of the doctor's judgment and his professional character, his sense of responsibility and eventually self-denial by recognizing his limitations in cases where his professional vigor and vanity might have to be frustrated

Still, the ultimate approach to the dilemma lies in a different direction In accordance with Canada's wartime Surgeon Gen B Chisholm, the psychiatrist and psychoanalyst should give up his behavior as a mystery man The public, anyway, being inclined to separate the "soul" as a quite hazy metaphysical part from the remainder of the patient, should be enlightened in the broadest possible way about the realistic aims of the psychiatrist on the one hand, and about the nature and mechanisms of mental and emotional disturbances on the other The mass movement of psychiatric interest must be robbed of its sensa-tional connotations and channeled back to the psychiatrist's personal leadership Popularization of scientific issues should be done only by the expert himself, only if it is in his hands, can we expect a real help in an otherwise hopeless problem

> Eric P Mosse, M D 57 West 57th Street, New York City

October 28 1948

To the Editor

One can only agree with Dr Mosse's concern about psychiatrists and psychoanalysts being looked upon as "silly phonies," although his rather pro-found psychoanalytical interpretation as to the cause of this reaction seems a bit oversimplified It is quite easy to assume that "the joking satisfies the intense need for a defense against unconscious fear of being found out by 'those analysts', one cannot avoid a strong suspicion that statements of this type are rationalizations in themselves In order to command the serious respect of physicians and intelligent individuals in other spheres of life, such glib generalities are not too impressive Personally, I feel the problem hes deeper than Dr Mosse conceives Is it not important in the comparative suspicion of psychiatry, that psychiatrists and psychoanalysts have, for the past ten or more years, been attempting to "oversell" their product to the public? How scientific has their approach really been, and who has actually been doing all of the speaking before laymen, radio audiences, and the psychologically hungry social service workers? Has not there always been an innuendo, with all their verbal barrage, of infallibility associated with the psychiatric and psychoanalytical procedure? The customary humility of the scientist in critically evaluating his therapeutic results has, unfortunately, been absent in the popular smoke-screen, spread on very slight provocation by these men, and if they are concerned at present with the boomerang effect on the part of the public, the answer, it would seem to me, would be to return to the fold of scientific medicine. Reverse the ratio of tea party and popular magazine articles, and present your results to physicians in an honest, critical manner After all, they are in a better position to judge such results than the lay groups, and although no one expects omnipotence in the analysts, it would come more graciously to have them speak occasionally of their failures, instead of one case that had achieved a successful outcome after two or more years on the couch

It was with such an idea in mind that I thought it of interest in my article to compare the results of treatment, in severe neurotic conditions, by the general practitioner, with those of psychiatrists, psychoanalysts, and psychiatric institutions Personally, I feel that more such comparative studies and larger series of controlled cases are necessary

Peter G Denker, M D 140 East 54th Street, New York City

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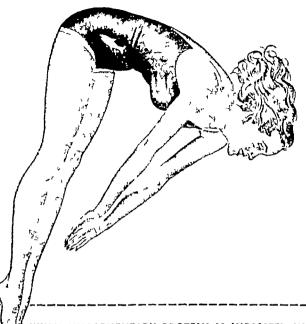


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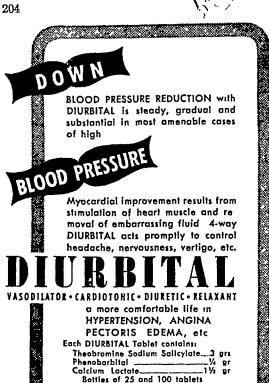
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Size of Articles -It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside Longer articles tend to lower An average of five or six seems to reader interest be the most desirable from this point of view Cal-culation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e g, twelve manu-

script pages will make five Journal pages

Manuscripts.—Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin. This is imperative for rapid and accurate composition by the printers

Titles —The title should be brief and typed in capital letters The subtitle can be longer and should be typed in caps and lower case letters Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subheadings —Subheadings should serted by the author at appropriate intervals

References —It is the unfailing practice of the NEW YORK STATE JOURNAL OF MEDICINE to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text) The arrangement should be as follows and should include all items

Books-author's surname followed by initials. title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed., Philadelphia, Lea & Febiger, 1927, vol. 5, p 57

Periodicals—author's surname followed by

initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

The Journal does not include titles of Note articles

Case Reports -Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables -- While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations -These should be kept to the minimum necessary to make clear the points to In some instances be registered by the author they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space

and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper Do not use typewriter for The smallest lettering on 8 × 10 inch copy should be no less than 1/4 inch high. Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer In the case of finely ruled paper, only blue-lined paper can be accepted Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold. Photographs should be very distinct and show clear black and white contrasts They must be on glossy

white paper Avoid round and oval photographs
Whenever possible "crop" photographs, 1e,
mark portion that can be excluded when reproduced Crop marks should be on margin of photographs. Do not run pencil lines through photographs graphs

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig 1, 2, and the name and address of the author

Legends should be typewritten on one sheet of paper and attached to the illustrations



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VOLUME 47

FEBRUARY 1, 1947

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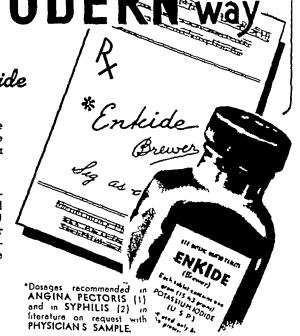
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The 141st Annual Meeting of the Medical Society of the State of New York will be held from Monday, May 5, through Friday, May 9, 1947, at the Buffalo Memorial Auditorium and Convention Hall, Buffalo, New York

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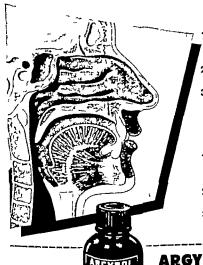
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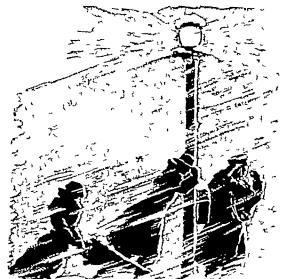
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Finally Prothricin' Antibiotic Nasal Decongestant is stable, retaining full antibacterial potency indefinitely at room temperature. This unique preparation is indicated in the local treatment of sinusitis, rhinitis coryza and nasal congestion.

Supplied in 1-ounce, dropper assembly bottles

sharp & Dohme Philadelphia 1 Pa

*Council-Accepted





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in severe infectious sore throats."

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Eskadiazine
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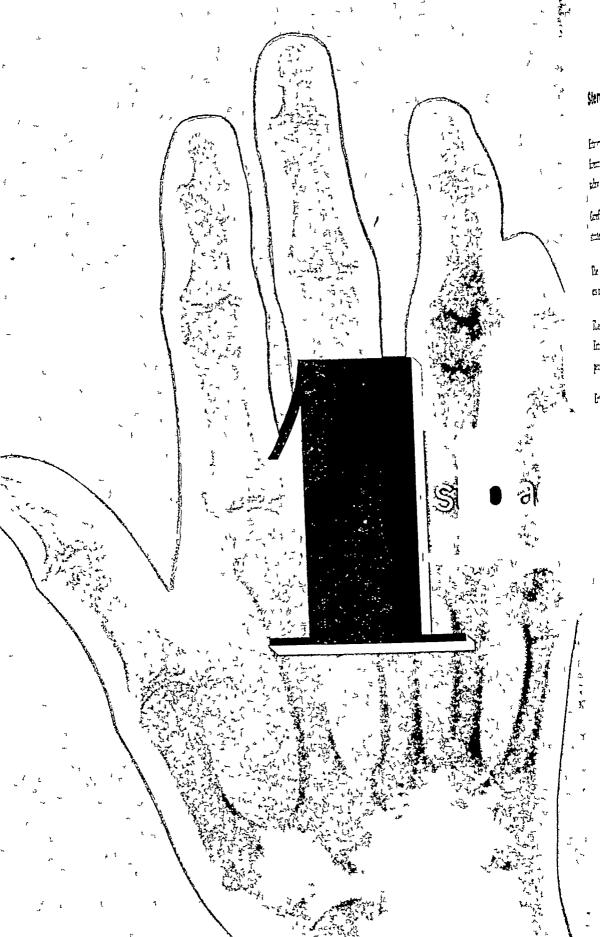
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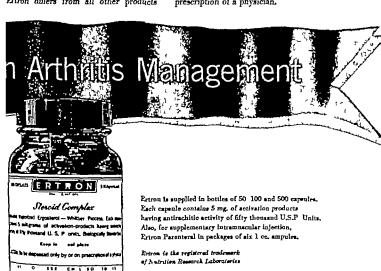
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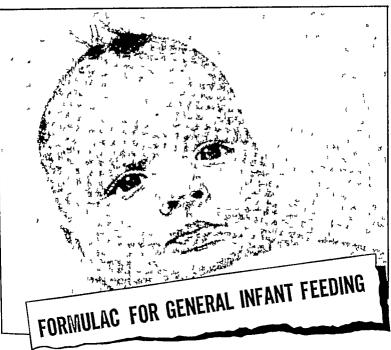
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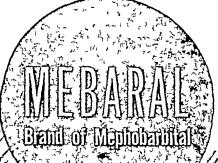


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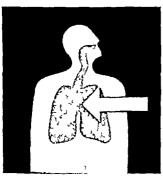
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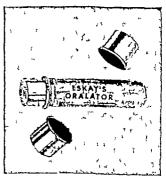


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treated over 1200 cases of 1945 873) has

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Infections of second and third degree burns Carbuncies and abscesses after

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FURACIN SOLUBLE DRESSING LIQUE FIES AT BOD'S TEMPERATURE, forming a water soluble surface active liquid that can penetrate crevices and dissolve in exudates of infected wounds These properties facilitate contact of the antibacterial agent with infected

Another one of

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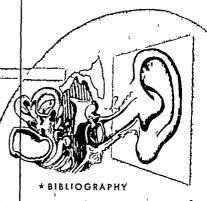
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New England J Med , 234 468 1946
Ahnals of Allergy, 4,33 1946'
laryngoscope 55.555,1946
Arch Otolaryngol 43,605 1946
Eyo Ear, Nosa & Throat In press.
J. A. Ph. A-(Sc. Ed.). 35 304 1946

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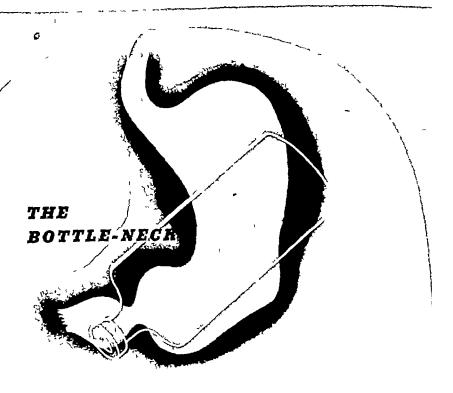
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AND REQUIRES NO REFRIGERATION

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- Potency Clearly Stated on Label The phy sician knows at a glance the degree of purification of the penicillin administered

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CAUTION Once in solution, however all penicillin requires refrageration.

nor an increasely one Commenty From our, JAMA 131 1423 (Avg. 24) 1946.



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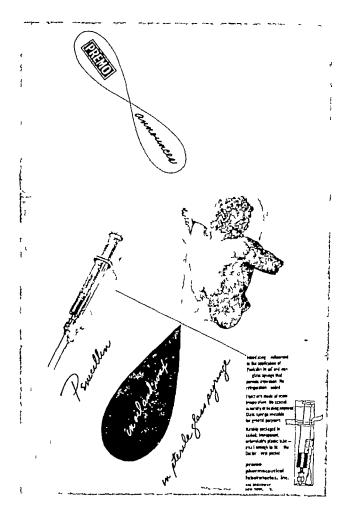


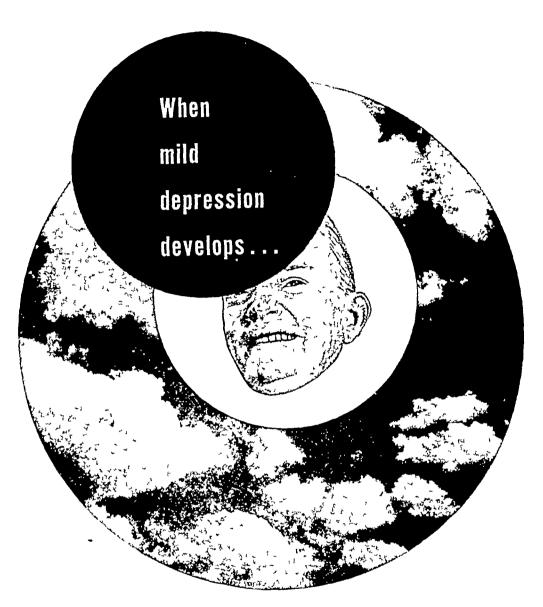
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Laryngoscope Feb 1935 Vol XLV No 2 149 154 Proc Soc Exp Biol and Med 1934 32, 241
Laryngoscope Jan 1937 Vol XLVII No 1 58 60 N Y State Journ Med Vol 35 6 1 35 No 11 590 592

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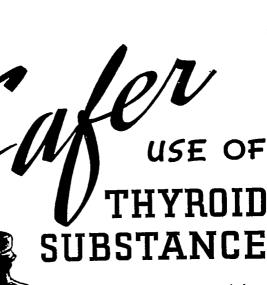
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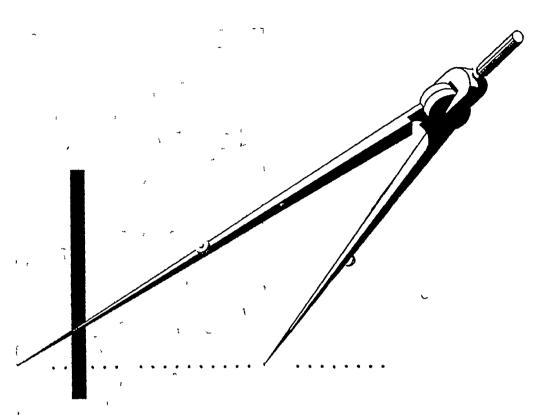
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Endocrinology XXXI, p. 867 1943.
 Am. J Physiol CXXXV p. 474,
 Brit. Med. J 1 p. 245, 1943.
 Nutrition, VII, p. 547 1934.
 J.A.M.A. CXXIII p. 1049, 1943.

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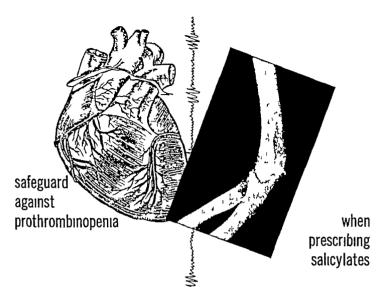
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Each tablet of Menacyl contains

Acetylsalicylic Acid 0 33 Gm Menadione 0 33 mg Ascorbic Acid 33.3 mg

Menacyl is now widely employed in rheumatic fever and as a relief measure in arthritis, dysmenorrhea, headache and other painful conditions Supplied in bottles of 100 and 1000 tablets at prescription pharmacies Lakeside Laboratories, Inc., Milwaukee 1, Wisconsin.

References

 Lisk, K. P. and co-workers: Hypoprothrombinemi in the Rat Induced by Salkeylic Acid, J. Biol. Chem., 147:443-474 (F b.) 1943

(2) Meyer O O., and Howard, B i Production of Hypoprothrombinemia and Hypocoagulability of the Blood with Salicytese, Proc. Soc. Exper. Biol. Med., 52(234-237 (June) 1943.

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VOLUME 47

FEBRUARY 1, 1947

NUMBER 3

Editorial

Biennial Registration of Physicians Important Notice

About 5,000 physicians in the State of New York have not, as of January 1, 1947, completed their registration as required by law

We call to the attention of all physicians of the State of New York the fact that been cannal registration was started two years ago and this year (1947) all physicians are required to register, that is, the two-year period for those who registered before will finish this year and for anyone registering for less than the two years, registration would terminate this past January

This means all physicians should have registered before January 1 for the years 1947-1948 The notices were sent out by the Department of Education in early October, 1946

The law requires that a physician register on or before January 1 The Department is required by law to charge an additional fee for any registration that comes in late. The minimum fee that the Department can charge by law is \$100 per month. It increases from that up to \$500 per day for every day of practice if the evidence is that the physician willfully refuses or omits to register 1

The physician is not excused if he did not receive his registration form which was sent out by the Department of Education. The Department is not required to notify the physician that he has not registered.

We urge all physicians to check with the Department of Education immediately to verify their registration, also to spread this information to their colleagues

There is no exemption in the law for veterans nor does the Department have the right to set aside or exempt a person from the additional fees or fines specified in the law

¹ See Handbook, Section 1960 paragraph 6.

Ordinary Human Decency

Some time ago, we read an article called "Preventive Psychiatry" It was one of the most shocking chronicles of man's inhumanity to man that has ever come to our attention. It was written by two psychiatrists. Psychiatry is a young and tender plant, and it was probably their wish to seem as detached and impersonal as possible, which may account for the freezing temperature of their style.

"The effective combat life of the average infantryman appears to depend largely on how continuously he is used in combat" It would seem obvious that if a man is not in combat he is not as likely to be killed as if he But that is not what the authors They were trying to interpret the meant amount of sustained terror that the average man can stand in terms that they hoped might be understandable to generals British, for example, estimate that their riflemen in Italy will last about four hundred regimental combat days, about twice as long as US riflemen in the heavily used US divisions in Italy "They attribute the difference to the policy of pulling infantrymen" (we doubt if much pulling was necessary) "out of the line at the end of twelve days for a rest of four days" The authors state that the Americans kept in the line without relief usually twenty to thirty, frequently thirty to forty, occasionally eighty days, wore out at the end of two hundred to two hundred and forty aggregate combat days Actually, the line officers were emphatic in stating that the limit of the average soldier was considerably Most men, they stated, were meffective after one hundred and forty to one hundred and eighty days

At the conclusion of the article, the

authors state that the "possibility that psychiatry can contribute to the mental health of the population by recommending environmental changes involving policy and procedures in industry, education, and elsewhere bears further study" We commend the authors for one of the greatest masterpieces of understatement we have ever read

And, yet, it is quite of a piece with the general American attitude toward life. If you aren't going about your business at a dog trot, with your tongue hanging out and your collar wilted, you don't look busy. And if you don't at least look busy—why—you must be a failure.

John Hunter was always held up to us as a great man He had high blood pressure and remarked that his life was at the mercy of any damned fool who chose to make him angry He died in a fit induced by an argument with a stupid hospital trustee

Well, we come in contact with damn fools every now and then But we are not going to let them make us angry—much not going to spend our lives in the way that the High Command spent the lives and exhausted the nervous systems of the combat infantrymen in Italy—even in the face of the British beside them who lasted twice as long by pulling the men out to rest every twelve It seems to us unnecessary to write of days such things under the heading of psychiatry Why wouldn't ordinary human decency do as well? Any man who treated a tank or a mule like that would be severely punished Yes, we know the meaning of the word "ex-" pendable

We are at least firm in one resolve We are not going to be killed in the typical American way—crossing the street against the lights to catch a bus that isn't there

The Drug Encomiast

How many morphine addicts there are in this country we do not know, nor would it matter greatly if we did What we do know is that there was an impression firmly established in both professional and lay minds that morphine, while in certain cases it is one of God's great gifts to man, is in general a dangerous, habit-forming drug, and that its victims are among the most wretched of the inhabitants of this earth

We were, therefore, more than somewhat surprised when some time ago a nationally

¹ Appel, John W., and Beebe, Gilbert W. J.A.M.A. 131, 1469 (Aug. 31) 1946

and internationally known digest magazine, boasting a prodigious circulation, published an article by a well known author extolling the virtues of a new drug, Demerol, as being in every way a substitute for morphine and nonhabit-formina

Since its appearance, there have appeared articles, pro and con, in both the professional

and the lay press

The same writer is also the author of a book praising the qualities of testosterone proprionate, the male sex hormone, as the contemporary equivalent of the Fountain of Youth.

We think it important, therefore, to reprint an excerpt from a pamphlet sent to us by the Winthop Chemical Company, the manufacturers of Demerol Its language is restrained, but its meaning clear think, coming from the manufacturers of the very drug in question, the evidence is unimpeachable.

Warning May Be Habit Forming

Clinical research on Demerol hydrochloride indicates that when it is administered for relief of pain in amounts not in excess of 150 mg every three hours, habituation, and physical dependence on the compound are not likely to occur However, the medication should be used with caution inasmuch as in the absence of pain, physical dependence has been produced experimentally in former or active morphine addicts when daily amounts in excess of therapeutic dosages were administered for prolonged periods of time (upwards of two months)

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The writer of these articles, this drug encomiast, we picture as a grizzling giant. a senescent Bernarr McFadden, in his one hand a hypodermic of testosterone proprionate to prolong his pleasures, in the other, one of Demerol to ease his pain.

Both remedies may have worked with him personally, but we would remind this ageing gander that what may be sauce for him is not necessarily wholesome fare for the general public. We also question what might well be called the morality of an editorial policy that advertises a painkiller to the public at large (See also issues of the Journal of the American Medical Association. September 7 and 8, 1946)

The New Subversion of Sickness

The JOURNAL said editorially in September that good modern medical service was senously threatened by the possibility of interruption to the necessary flow of "ancillary services and things which the working medical profession now needs in order to function. " It said further that "Everybody's business is nobody's business medicine is the business of the working medical profession seven days a week, 365 days a year, year in and year out Don't forget that fact It is important to the national health. And the health of every individual taxpayer is an important part of the national health. That national health is threatened by whatever threatens the continuous flow of medical services, by work stoppages in critical industries, by failure to produce the things that people need, that the working medical profession must have in order to function, by excessive prices for medical service occasioned by badly controlled cost in relation to volume of goods or service pro-

bers of Local 274-B of the pipe fitters' union in New Jersey had no intention of creating such a catastrophe in New York City hospitals, no matter what the cause was for which they struck. Nevertheless, it is to be anticipated that secondary results of this kind will of necessity accrue as a by-product

are poor economists, but even a poor economist can see that " On October 15, the New York Times (page

duced as they relate to the creation of medi-

cal service. Doctors may be and probably

1) reported that

Because a strike has stopped production of oxygen for New York's twenty-six city hospitals these institutions face a crisis this morning that will "cost more than 100 lives a day," Commissioner of Purchase Albert Pleydell said last night.

Before the strike began last Saturday in the plant of the American Oxygen Company, Harrison, N.J., the reserve supply of oxygen in the city's hospitals had been reduced by the trucking strike This morning it will be exhausted

It is fair to assume that the striking mem-

¹ New York State J Med., Sept. 1 1946, p. 1913

without neostigmine Earlier employment of this drug would appear desirable

Congenital Hypertrophic Pylonic Steno-The questions of when to operate on cases of congenital hypertrophic stenosis, and what cases can be cured with medical treatment are always pertinent and may at any time face the general practitioner The surgical mortality of 5 to 8 per cent previously reported, and the failure of some cases to respond satisfactorily to medical treatment, show the need of a classification of cases to determine if and when the treatment should be surgical Of equal importance is the selection of cases that can be cured by medical treatment criteria for selecting individual cases for medical or surgical treatment were stated by Jacoby in 1944, in a report of 26 cases, with a mortality of 8 per cent With the added experience gained during

the past years (and a slight change in the criteria), Jacoby¹ now reports his results in 50 consecutive cases of congenital pyloric stenosis, with mortality at zero. Of the total 50 cases, 24 were treated surgically and 26 received medical treatment—all without a fatality. The following are his criteria for selecting the method of treatment in in-

dividual cases

Indications for Surgical Treatment

- (a) Vomiting beginning in the second week or earlier
- (b) Severe dehydration

2 Contraindications to Surgical Treatment

(a) Infection

(b) Diarrhea
Indications for Medical Treatment

- (a) Vomiting starting in the fourth week or later
- (b) Vomiting continuous for three weeks or more before the infant is first seen, provided it is not severely dehydrated
- Contraindications to Medical Treatment
 - (a) Severe dehydration

(b) Hematemesis

The basis of his treatment of medical cases is a diet small in amount but concentrated—not diluted—and atropine methylnitrate He lays emphasis on six points (1) certain diagnosis by finding a "palpable pylone tumor", (2) select case on basis of criteria, (3) feed undiluted milk (breast milk preferred), one ounce every four hours for infants under 6 5 pounds, and 1 5 ounces for infants over 6 5 pounds, (4) atropine methylmtrate (0 6 per cent in alcohol), four drops into the back of the mouth (give four doses, fifteen minutes before feeding, the first day, three doses the second day, and when vomiting stops continue atropine three times a day for sixteen weeks), (5) wash stomach only in cases with a large amount of mucus in vomitus, and (6) give no parenteral fluids by any route Need of hydration is an indication for prompt operation

Of the 50 cases he reports, 50 per cent of them were being fed artificially when medical advice was sought. This is unfortunate and the result of a mistaken belief that the breast milk was the cause of the vomiting. The author emphasizes the importance and the benefits of breast feeding in cases of con-

genital pyloric stenosis

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As this issue of the Journal goes to press, we regret to announce the sudden death in Utica on January 16 of Dr William Hale, President of the Society A more extended memorial will be published in the next issue of the Journal

¹ Jacoby, N M Brit Med J pp 721-722 (May 11)

OPERATIVE TREATMENT OF CLUB FEET

JOHN C McCAULEY, JR., M.D , F A.C S , New York City

(From the New York Orthopedic Dispensary and Hospital)

In the treatment of club feet, the most frequent problems are furnished by the so-called common, or first type. These feet usually are unassociated with other congenital deformities, obvious neurologic disturbances, or bone defects

This discussion, in the main, is concerned with this type of foot rather than the unusual variety, which by their more profound character will sconer or later demand some type of surgical treatment.

The common type, however, shows consider able variation in response to the same general measures of treatment, and this variation from a practical standpoint results in our having to deal with two more or less definite patterns. The first are feet which respond satisfactorily as to correction—satisfactorily as to the length of time necessary to obtain correction, and satisfactorily in maintaining that correction once it has been attained

The second are feet which do not respond in such fashion and eventually become classified as chronic, recurrent, or inveterate deformities.

If, from a statistical viewpoint, we conclude that bone resection and arthrodesis at a later age is the best operation for recurrent, chrome, or inveterate club foot deformities. I believe that by so doing we must either indict these as instances of congenital tailpes as extremely serious and difficult problems, or their previous treatment as inadequate

Some years ago, it was much easier for me to think that recurrent, chronic or inveterate club feet were feet in which the initial measures of treatment had fallen short of proper standards I am still of the opinion that this is true in many instances, where initial treatment has been interrupted or applied without complete knowledge of the task at hand. We see such feet quite frequently but these remarks are concerned with the group of feet which are difficult problems from the first, or early period of their existence and where more or less faithful and constant effort has failed to produce either satisfactory overcorrection, or to maintain ground once gained Often there is failure to maintain gains that have been reproduced time and again.

What additional measures can operative treatment offer these cases, and is their surgical help of value or permanence during the more or less orthodox period of conservative attack?

Presented at the 140th Annual Meeting of the Madlesl Society of the State of New York, Section on Orthopedis Surgery May 2 1946.

I believe there may be help from this direction and that its employment in no way calls for any sweeping revision of common sense methods of conservative treatment. Fortunately, this group of recalcitrants is comparatively small, but their behavior is of such a definite pattern of persistent resistance, or recurrence, that more or less general rules can be laid down for the application of surgical assistance.

Standards of Correction

The basic law in the treatment of club feet is to obtain overcorrection of the deformity. The interpretation of overcorrection must not depend on clinical appearance. A ray verification is necessary. Overcorrection, then, must be maintained for a sufficient period so that no significant return to the original attitude occurs when the restraint is removed. This sounds simple, but far too often it is not simple, either as to its execution or as to its full attainment. Then, too, its literal application to the group of feet under discussion would mean virtual extinction of physiologic function for an indeterminate period.

To cite an example.

In a child at the age of 6 years and 7 months, retentive dressing had been applied a total of three years and the child had failed to report during the last two years of the total ago period. Heal cord tenotomies and posterior capsulotomies, which had been advised at the age of nine months were refused until the child was 61/1 years old. After such oper ations had been performed, the feet remained fairly good for three years, with recurring equinus in the forefeet rather than at the ankles, and one foot requiring additional surgery with a subtalar arthrodesis at the age of ten years. The original note describing those feet at cleven days of age stated that the deformities were extreme in all elements, but the feet were flexible and could be corrected even the equinus. This child was reported as showing no neurologic abnormalities at the age of three to four years. The handwriting on the wall appears in the early treatment history Retentive dressings for the initial seven months of life were followed by prompt recurrence after short recesses. A subsequent three months recess was followed by retentive dressness for fourteen months, and so on.

Such cases certainly are not an indictment against conservative treatment, but to my mind, demonstrate the obstacle marathon that exists in the "run of the mill" treatment of club feet.

No matter how convinced one may be that the answer to success is the diligent application of

a well-defined program of treatment, he will always have the problem of inveterate club feet, due to circumstances beyond his control. This is true far more often in clinic than in private practice.

There is no sure method of treatment by which these difficult club feet can be made to respond consistently and satisfactorily The present vogue, the Dennis-Brown splint, is an ingenious and sound device and may in time prove helpful in reducing the number of our inveterate prob-The Dennis-Brown splint, however, is subject to the same limitations and uncontrollable factors as any other form of treatment, and its widespread use in many hands will not eliminate unsatisfactory results Numbers of new admissions to the Club Foot Clinicat the New York Orthopedic Dispensary and Hospital, with previously treated but incompletely corrected feet, give the history of the Dennis-Brown splint being used in their early career One of the clinics, from which emanates a report of complete satisfaction by its use, hospitalizes all its patients immediately after birth where the application of the splint is under constant and meticulous supervision for a number of months This is an excellent way to effectively apply any type of treatment, but, unfortunately, for most of us it is impractical

Correction of Equinus

In discussing the various aids by surgery, we come first to the element of equinus. It may be categorically stated that when you find a foot which offers no obstacle in the course of early treatment to complete and relatively easy correction of the equinus you have at least two strikes on the inveterate club foot situation. While the reciprocal state of affairs, very fortunately, does not always predicate inveterate club foot, it, nevertheless, makes us realize the importance of equinus as an ally or an antagonist.

When should surgery be employed for its correction? When it is established that dorsal flexion of the talus and the calcaneus cannot be produced by stretching force, and this can be determined only by x-ray and not by clinical appearance. The tendo Achillis should be carefully lengthened by an open procedure, and the posterior ankle joint capsule divided along with the posterolateral and posteromedial ligaments after meticulous dissection and retraction of the neuromuscular bundle on the medial side

Delay in surgical correction is hazardous, but is essential under some circumstances and permissible under others. Delay is essential when incomplete correction of the varus exists, as a successful result from surgical correction of the equinus will be materially helped by thorough primary overcorrection of the varus, particularly

of the heel 'Final postoperative retention must be in a position of calcaneovalgus, otherwise, the heel varus will be reproduced, become the leading contender for consideration, and the additional splintage time necessary may well limit the range of plantar flexion at the ankle joint This frequently happens in these cases

It may be argued that limitation of plantar flexion is the lesser of two evils, possibly it is Certainly, in the same consideration of varus, I find a somewhat similar parallel in my own cycle of thinking the early, almost pride in converting a varus to a valgus foot, the later concern that attended such overzealousness, and now, I am almost back to where I started from—not proud, but apt to be content, particularly if it has been a difficult correction—However, one's conscience is not often placed upon the valgus-varus balance in the treatment of club feet

Delay in surgical correction of equinus is permissible in feet where questionable overcorrection of the equinus obtains, coupled with acceptable overcorrection of the other elements and in which they show no tendency to backslide The influence of weight-bearing function, coupled with intelligent home manipulation, may be all that is necessary

Delay in correction of the equinus by surgery should never be indulged in to the point where deformities of the talus will prevent it from being recessed in the ankle mortise

Just a word about the complication of calcaneus following division of the heel cord—it happens rarely, but it does occur and should be thought of in cases with thin, weak, poorly-developed leg muscles. Apparently some of these calf muscles, while supported by strong contracted capsule and ligaments, can in spite of weakness exert a dominant deforming influence, but lengthen it and rob it of its supporting contractures, and it will prove incompetent for normal function, particularly if acting against a joint which becomes progressively limited in plantar flexion. Capsulotomy without division of the heel cord is a safer procedure under such curcumstances.

Tendon Transplantation and Soft Tissue Releases

Anterior tibial tendon transplantation can be a valuable adjunct in properly selected cases. It does not have a wide application and cannot be expected to turn the tide of a marked general trend toward recurrence of the deformity. It should not be relied upon where equinus is a major consideration, nor for the purpose of preventing recurrent forefoot adduction. Its greatest value is for combating hindfoot inversion and it has some value by its elimination as a forefoot

invertor Its ideal application is in a nonresistant or well-corrected foot to passive manipulations, where either nonweight-bearing, or weight-bearing activities bring out the habitually deforming influence of an overactive anterior tibial muscle

It can be successfully anchored in cartilage and therefore, can be used early. The site of implantation is determined by the individual problem. The foot should be previously overcorrected and the transplant made with the foot held in this position. One cannot help being impressed at operation in very young patients by the large size of these anterior tibul tendons.

Soft-tissue release operations in the past have been reserved for the older, more deformed and more resistant type of club foot, in which adequate correction is otherwise impractical or in feet in which it is felt that additional insurance against recurrence may result from the addi tional overcorrection which can be obtained in this way In general, the results from soft tussue release operations have been disappointing. It is unimportant to go into detail as to the comparative methods that have been described, the im portant thing is to operate upon each foot as an individual problem releasing all restraint to correction with such thoroughness that force is not necessary to maintain the attitude of correction

For several years we have been developing a medial release operation that now seems to have proved its worth. It will soon be described as we have employed it in a representative number of cases, including an earlier age group. An incomplete release, even after following all the steps of any described operation, is a waste of time.

Osteotomies for Rotation of the Leg Bones

In club feet, accurate calibration of internal torsion of the leg bones is one of the most difficult items in clinical observation that I know of It is interesting to note the varying degrees of its seventy as recorded by different observers and often it has been my expenence to evaluate it quite differently on two successive examinations. It does exist as a definite feature in many club feet, it seems to have a tendency to improve with improvement of the deformity below. When present, it does not always impose a pigeon toe gait. When it is severe and when intocing is out of proportion to the deformity in the foot, it should be corrected by derotation estectomy. When corrected it appears to have but little influence on the base estimation.

Subtalar arthrodess used in its broad sense needs no comment other than to say it is the most satisfactory definitive procedure in the age group where it can be used, and its usofulness in rehabilitation is very gratifying

There will arise not infrequently in the planning of surgical treatment, sufficient change in the foot as a result of preoperative overcorrection, so that one is tempted to revise the operative program and do less than was considered necessary previous to the preoperative stretching. This may be wise in some instances, but, on the whole, the past behavior of the foot is far more important than its appearance as it emerges from a series of corrective casts.

In the Club Foot Clinic at the New York Orthopedic Dispensary and Hospital, 2 894 patents were treated during 1942 and 1943 During this two-year period, 30 cases were admitted to the wards and operated upon A total of 49 operative procedures of the types discussed were carried out. The results are tabulated in Tables 1 and 2.

Conclusions

In club feet, trends are usually established early in their behavior in response to treatment

	T	ABLE 1		
Type of Operation	Number of Operations	Average Age at Time of Operation	Average Time of Follow Up	Result
Lengthening of Tando Achillis and expenditions, 3 Alone, 9 With medial release 4 With anterior tibial transplant, 3	16	3 8 years	2 53 years	Excellent, 1 Good 6 Fair 6 Poor 3 (2 of these were atypical, or third type club feet)
Transplantation of anterior tibial tendon Alone, 4 With Tendo Achillis lengthening and capsulor With subtalar arthrodom 1	8 iomy 3	5 6 years	27 уски	Excellent, 2 Good, 2 Fair 3 Poor 1 Required a later medial
Medial soft-tissue release Alons, 2 With Tendo Achillis lengthening and capsulo	6 tomy	5 5 years	2 75 years	ralease Good, 2 Fair 8 Poor 1 Required a later subtalar
Tibial catactemy	3	2 7 years	1 5 years	arthrodesis Good, I Fair I Foor I (as to the foot) In all cases the leg tor sion was completely cor- rected

TABLE 2

Type of Operation	Number of Operations	Average Age at Time of Operation	Average Time of Follow-Up	Result
Subtalar arthrodesis Alone 2 With anterior tibial transplant, 1 Subsequent to previous surgery Type and time afterwards Tendo Achillus lengthening and capsulotomy 3 years 1 8 years 2 Tendo Achillus lengthening and tibial osteotomies 10 years 2 1 5 years 1 Subtalar arthrodesis (revisions) 10 years 1 5 years 2	13	11 4 усага	2 9 years	Excellent 1 Good 9 Fair 3
Additional Surgical Pro	ocedures Used w	th Subtalar Arthrodesi	8	
Transplant of the extensor longus digitorum Transplant extensor hallucis longus	2 1	14 years 12 years	3 25 years 3 6 years	Good Good

If the trend is toward the chronic, inveterate, or recurrent pattern, one is justified in considering carefully the "conservative" surgical possibilities

Surgery in club feet must be used as an adjunct to, and not as a replacement for, nonsurgical methods, except in the older age group

In the older age group that reach bone maturity with deformity and disability, bone resection and arthrodesis is a very satisfactory method of rehabilitation

Discussion

Dr Halford Hallock, New York City —Dr McCauley has emphasized, and rightly so, a conservative attitude in that surgical procedures are reserved for those feet that belong from the beginning, or early in their existence, to that difficult group which is characterized by chronicity, recurrence, and inveterateness. The well-established nonoperative methods that are effective in the majority of cases are not changed.

In order to reduce to a minimum the number of patients regressing into the difficult group, it is important that conservative treatment be carried to completion. Dr. McCauley's standards of correction and emphasis of the use of x-rays to determine the degree of reposition are of importance. It is absolutely necessary to obtain full, or better, overcorrection. One of the most difficult components of the deformity to correct is the medial or internal rotation of the os calcus beneath the talus. Often it is not corrected and x-rays are the only means of surely detecting it. This point also has been emphasized by Kite.

The operative methods at the New York Orthopedic Hospital that have proved to be of most value are the ones mentioned by Dr McCauley The results of the subtalar arthrodesis group are the best, 77 per cent This operation, however, cannot be

performed until sufficient tarsal development has oc curred, particularly in the navicular bone, to allow adequate bone surgery without endangering the future growth of these bones Otherwise, a small misshapen foot may develop

The results of the calcaneal tendon lengthenings and capsulotomies in the group reported are fair, 41 per cent of 8 cases excellent or good. The average age at the time of operation was 3½ years. All though the group is small and conclusions therefore cannot be drawn, it is possible that better results would be obtained if the operations were performed earlier before there had developed any considerable bone deformity in the ankle joint as a result of a longstanding equinus.

The anterior-tibial transplants have given quite good results—50 per cent—in a small group. Dr McCauley has emphasized the need for selection in its use and the necessity for the attainment of overcorrection before its employment. So far as we know, there has developed no fixed plantar flexion or drop of the first metatarsal as a result of having removed the pull of the muscle from the dorsal surface of this bone.

The results of the medial releases were fair, 2 good and 3 fair in 6 cases. The average age was 5½ years and, as in the group with calcaneal tendon lengthenings and capsulotomies, better results might be obtained if the surgery was performed earlier. For the expectation of best results, the release should be done, following the failure of nonoperative means, before too much bone deformity has occurred

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A surgeon is an explorer with a license With a Puritanical conscience he becomes a small time operator. He yielates one of the fundamental rules of

physics in that the more prominent he becomes the harder he is to see —Photomicrographs, Westchester Medical Bulletin, November, 1946

PUBLIC HEALTH ASPECTS OF RHEUMATIC FEVER

ALBERT D KAISER, M D, Rochester, New York

R HEUMATIC fever is today one of the foremost health problems of childhood Between the ages of 5 and 9, deaths from 1t are outnumbered only by those from the four principal
communicable diseases of childhood as a group
Even mortality from pneumonia has fallen below
that for rheumatic fever At the ages of 10 to
14, it is the leading cause of death Between the
ages of 15 and 25, it is second only to tuberculosis
Although it is true that the mortality from rheu
matic fever has declined, the rate of fall is less
than that from other diseases, so that the proportion of deaths from rheumatic fever to the
total number of deaths annong persons under the
ages of 25 has increased

Clinical Manifestations

One of the difficulties encountered in discussing the public health aspects of rheumatic fever is the scope of clinical manifestations assigned to this term. Rheumatic fever when it presents a fairly definite clinical entity is well understood. When, however, the nonspecific qualities are considered, which are known to play a part in the production of heart disease the nomenclature is not uniform and frequently not clear. Recogning the need of uniform definitions in desorbing this disease, it is quite definite that rheumatic fever with its protean manifestations is mesome obscure way associated with hemolytic streptococcal infections.

Symptomatologically, active rheumatic fever is recognized by a number of different manifestations, many of which seem to represent differing age expressions of the reaction of the host. We may find fever acute and subacute arthritisty sydenham's Chorea, and carditis with pencarditis, active myocarditis or endocarditis, also pleurisy and peritomitis, abdominal pain, epistaxis, torticollis, subcutaneous nodules and skin cruptions, all of which are listed among the manifestations of rheumatic fever. When recognition is given to the acute, chronic and latent phases of this disease, the magnitude of the rheumatic problem can be considered.

Antedating the birth of the name rheumatic fever is the longstanding emphasis upon the fact that exposure to cold and dampness was supposed to be one, if not the main, cause of arthritis. That heart disease was part of the picture of rheumatic fever is a comparatively recent de-

velopment in the story of rheumatic fever for it did not come to light until the late eighteenth and early nineteenth centuries. According to Hedley. Havgarth in 1805 was the first to write a clinical monograph on this disease, and the first to call it rheumatic fever By 1850 rheumatic fever became well established as an entity infectious nature soon became suspected and toward the end of the century the juvenile forms began to be recognized clinically in England When heart disease became an integral part of the rheumatic fever picture, it proved to be a means of identifying rheumatic fever, of separating it from other diseases, and of giving it enough individuality to warrant its separate analysis. Finally came the realization that the joint lesions and the heart lessons were but part of a widespread infection, and this concept soon placed rheumatic fever in the category of an infectious syndrome

General Statistics

In attempting to obtain some figures on the incidence, prevalence and general importance of rheumatic fever, it is necessary to turn to methods which although they are not very accurate, are the best methods available. Information is obtained from mortality statistics including postmortem examinations from compulsory notification, special rheumatic clinics, hospital admission rates, and from special groups such as school children, college students, Army and Navy recruits, and industrial workers

From these methods it is noted that in the Scandinavian countries, where rehumatic fever is a reportable disease, the incidence per annum has ranged from about 1 to 3 per 1,000 In London, where only the child population has been considered, the incidence was 1.8 per 1,000

In this country juvenile deaths (age group 5 to 24) from cardiac disease have amounted to 17 per 100 000 population. From hospital ad mission figures, active cases of rheumatic fever make up from 0 1 to 5 per cent of the admissions to the medical services of general hospitals in this country and probably twice this figure when applied to children's hospitals. Rheumatic heart disease has been detected among school children at a rate of from 0.3 to 4 per cent and among college students from 0 6 to 10 per cent. According to Paul 2 the general estimate of case prevalence for rheumatic heart disease in the whole United States would indicate that between 350 and 700 cases exist for every 100,000 people.

Presented at the 140th Annual Meeting of the Medical Society of the State of New York Section on Public Health Hygiene and Sanitation, May 1 1946

The general impression exists that rheumatic fever is common and severe in temperate zones and that it is less common in warmer, subtropical, and tropical zones It has also been suggested that the clinical picture of rheumatic fever may he milder in subtropical as compared to tem-On the basis of hospital adperate climates mission rates and from mortality statistics collected from areas with an adequate range of varying climates, it seems quite certain that there is a lower prevalence of rheumatic fever in the southern latitudes, as compared with northern ones Considering the mortality rates for rheumatic heart disease in different areas, it is clear that the southern rates are considerably lower than the northern Paul,3 in a survey of Indian school children, discovered that the prevalence of rheumatic carditis among children living close to the Canadian border was found to be almost ten times that encountered among children living close to the Mexican border

There can be little doubt about the differing prevalence of rheumatic fever under the various climatic conditions, but there is much doubt as to its explanation. It appears certain that rheumatic fever, like many upper respiratory infections, seems to flourish best under conditions where there is cold weather and damp weather. This may lead to crowding within doors and perhaps tend to spread the infection.

First attacks of rheumatic fever occur largely during school age, or the six or seven years preceding puberty. Though susceptibility to both first and recurrent attacks decline rapidly in the years after puberty, rheumatic fever cannot be regarded clinically as a disease of childhood, for active rheumatic carditis and polyarthritis are common during adolescence and young adult life Epidemiologically, however, it is reasonable to regard rheumatic fever as a disease of childhood or school age, because from the age distribution of first attacks, the period of midchildhood is the period of greatest vulnerability

Such factors as sex susceptibility and physical characteristics have been studied but no unusual relationship is known to exist in this regard. As to racial susceptibility, there are conflicting reports. Available studies suggest that Irish people living in the vicinity of New York City seem to acquire rheumatic fever somewhat more readily than the average. In Rochester individuals of Italian extraction appeared to lead in the incidence of this disease.

Influence of Environment and Diet

The influence of living conditions on rheumatic fever has been investigated thoroughly This includes housing, dampness within the home or

working place, crowding, food, and all the usual circumstances of poverty or affluence. It is a matter of common knowledge that there are living conditions under which "epidemics" of rheumatic fever are prone to occur, such as hospital wards, schools, barracks for naval or military recruits, and nurses' training schools. It is generally conceded that rheumatic fever is more a disease of the city than of the country Atwater and Hedley have both presented data based upon mortality statistics to show that the incidence of rheumatic fever is higher in urban populations than in rural ones. It seems to be generally accepted that rheumatic fever is more common among the poor, but the degree to which this is true is considerably less in this country than was thought to be the case in England a dozen or more years ago

Attention has been focused on the fact that rheumatic fever is a disease which thrives best in cold, wet climates. Considering the fact that this disease is rare in the arctic regions, it would seem that cold and dampness within doors is more important as a contributing factor.

There has been much speculation as to the part that malnutation or some dietary deficiency plays in predisposing to rheumatic fever. A deficiency of vitamin C leading to a subclinical scurvy has been pointed out as a probable factor in the pathogenesis of rheumatic fever Sendroy and Schultz. 6 however, in a study of the ascorbic acid excretion of active and quiescent rheumatic fever patients and control patients were unable to agree that an ascorbic acid deficiency influenced the onset of rheumatic fever Thus far no conclusive studies have been reported which can attribute any specific food deficiency as a causstive factor in rheumatic fever However, rheumatic fever is more commonly found in malnourished individuals than in well-nourished subjects

The factor of crowding and rheumatic heart disease has been carefully analyzed in England. Based upon these studies, Perry and Roberts believed that they could single out crowding as a factor of unique importance in determining the prevalence of this disease

Many years ago it was pointed out by Cheadle' of London that there is a hereditary factor in rheumatic fever. Since that time it has been repeatedly demonstrated that there is a prevalence of rheumatic fever within certain families. The studies of Wilson and Schweitzer' of rheumatic families present evidence to suggest that an underlying hereditarial predisposition to rheumatic fever exists. When other environmental factors are considered along with the so-called "positive-parent" families, it appears that in a family of children of which one or both

of the parents are rheumatic, the chances are better for a higher prevalence of rheumatic fever among these siblings than would exist among a similar group of ablings whose parents were not rheumatic. It is of considerable epidemiologic importance to know whether this high familial provalence of rheumatic fever is entirely due to hereditary influences, environmental influences, or to a mixture of both. Thus far, this matter has not been solved.

Relationship with Hemolytic Streptococcus

For many years rheumatic fever has been assoclated in some way with a hemolytic streptococcus infection, but in recent years a close relationship is assumed to exist between this disease and a particular kind of streptococcus-namely, to Group A hemolytic streptococcus. Coburns' studies have strengthened this relationship 10 He developed the point of view that the pathogenesis of rheumatic fever might in its essence be explained as one of the late effects, or "sideeffects" of an acute hemolytic streptococcie infection. Clinical studies as well as laboratory tests to determine the elaboration of nonspecific antibodies, group antibodies, and type-specific antibodies, support the theory that rheumatic fever is an expression of faulty immunity to the streptococcus on the part of the rheumatic host As a result of an inadequate immune reaction, the rheumatic activity signifies the continuance of subclinical activity of the hemolytic streptosoccus. The relationship of rheumatic fever to Group A hemolytic streptococcus is still confusing It is not clear why some of the complications of streptococcic infection are of the common suppurative type which seem quite apart from rheumatic fever while others are of the nonsuppurative type characterized by fever, arthritis, pleursy, and carditis. theorize the prerheumatic or rheumatic child is a child who, for either hereditary or acquired reasons, is less capable of "handling" an acute streptococcic injection than is the nonrheumatic. The apparent relationship of this disease to streptococcie infection is supported by the observations of several investigators that recurrences of rheumatic fever can be prevented in rheumatic children by the prolonged administration of small doses of sulfanilamide.

From the epidemiologic standpoint, there are several reports of "epidemics" of rheumatic fever preceded by epidemics of "tonsillitis" or of acute hemolytic streptococcic infection. Seegal¹¹ has pointed out that scarlet fever becomes less frequent as one travels from the northern to the southern part of North America, and that all forms of hemolytic streptococci are less com-

monly found in human throat flora in the subtropical or tropical islands of the West Indies than in the northern half of the United States

From a seasonal point of view, comparative clinical data on rheumatic fever and streptococcio infections run a close parallel. Farquhar and Paul¹³ demonstrated this fact by comparing the monthly hospital admissions for rheumatic fever with those of acute tonsillitia, scarlet fever, and eryspelas in New Haven

Experiences in the recent war, especially in certain naval training stations, agree with previous observations that "rheumatic epidemics" were closely associated with upper respiratory and hemolytic streptococcio infections.

Recognising the various relationships that appear to exist between streptococcic infections and rheumatic fever makes it appear obvious for clinical, immunologic, and epidemiologic reasons that hemolytic streptococcic infections have something to do with rheumatic fever

Necessity for a Rheumatic Fever Program

Although tuberculous and syphilis have assumed important public health aspects, rheumatic fever, the third most common chronic infection, has not received much attention. The reasons for this are obvious. The cause of rheumatic fever is obscure and we have no positive available tests for its diagnosis such as the tuber culin test or the Wassermann test. Then, too, the treatment of rheumatic fever has been rather unsatisfactory. In spite of these discouraging features to the public health officer, Swift¹¹ has emphatically stated that because the treatment of this disease is time-consuming and expensive, it is no argument for not attempting to effect a cure.

Case finding, well recognized in tuberculosis and syphilis, should be one of the first objectives in a public health program. The classic forms of rheumatic fever are usually promptly diagnosed and treated, but the subscute forms and the juvenile forms, particularly the forms without polyarthritis, are not as readily recognized. The relatively new concept of juvenile rheumatic fever and the so-called "subclinical rheumatic fever" poses a problem in diagnosis which becomes a part of the public health program. It is now generally accepted that the milder and less easily recognized cases which lack polyarthritis may develop severe cardiac symptoms. Prophylactic measures, therefore, are indicated as much for the subclinical case as for the clini cally obvious one. It becomes a function of the public health program to spread information leading to a clearer definition of the disease.

When one considers the natural course of this disease beginning with the initial infection,

usually an upper respiratory streptococcic infection, a quiescent stage, which may be considered an incubation period and then the stage of rheumatic activity followed by rheumatic heart disease, it becomes obvious that education in this disease is desirable. The hazard of reinfection with an exacerbation of the rheumatic process occurring months and years after the initial attack further emphasizes the importance of education in the management of this disease

Education for the Lasty

The program of education designed particularly for the lasty must explain the steps involved that are of therapeutic value, namely, the care of the acute stage, the care of the subacute stage, which is often prolonged, and the follow-up care Facilities usually obtainable in a general hospital should be made available in the acute stage As the case passes into the subacute or chronic stage, where long-term care is essential, a different type of facility is required A convalescent hospital with services that take into consideration the psychologic problems that arise in the case of a chronic illness is preferable The after-care involves supervision in the home, or in foster homes, and by public welfare agencies, school authorities, and departments of health coordination of the efforts of all these agencies is the real function of a properly conceived public health program This should include not only the care of rheumatic children but of adults with rheumatic heart disease

A central register successfully utilized in the long range supervision of tuberculous patients offers a pattern for a register to be used for all individuals designated as having some type of rheumatic fever It might well become the function of the health department to maintain such a register to see that the individuals listed are at all times receiving the proper care finding would be aided and with new developments in the field of prophylaxis prompt assistance could be offered members of the rheumatic The experience of the London County families Council's Rheumatism Scheme in the establishment of a juvenile rheumatic register has proved of great value and could well be introduced in our American cities 14

There is increasing activity on the part of public health groups in combating this disease. The American Heart Association, with its standards for cardiac clinics, has provided machinery for carrying out part of the program. The American Academy of Pediatrics is directing the management of juvenile rheumatic fever in the schools and the Children's Bureau of the Federal Security Agency has set aside federal funds

for the purpose of developing state programs for children with heart disease and conditions leading to heart disease. Local health agencies both voluntary and official are beginning to attack the rheumatic fever problem along the same lines that proved so effective in the organized efforts to combat tuberculosis. Until the etiologic factor is definitely disclosed and until a specific method of treatment and prevention is known the public health approach should be strengthened and coordinated with the management of rheumatic fever that is now conducted largely by the individual physician or by the hospital

44 MARSHALL STREET

Discussion

Dr J G Fred Hiss, Syracuse—I should like to stress the point that heart involvement or carditis is a part of rheumatic fever, not a complication. There is considerable evidence to indicate that histologically the heart is involved in 100 per cent of the cases of rheumatic fever. However, if one considers the clinical signs only, the heart is involved in two thirds to three fourths of the cases. Those who have no clinical cardiac involvement probably have no great reduction of their life expectancy and need accept no restrictions of activities.

It is my impression that rheumatic fever is just as common in the rural as in the city areas I beheve that the statement that occurs quite widely in the literature to the effect that this is primarily an urban disease is incorrect. Or, possibly, we no longer have truly rural areas in our State the coming of the automobile and the hard-surfaced roads, and especially the central schools, all parts of our State are probably more accurately described as being either urban or suburban, and not rural. In a general survey of the school children, I am of the opinion that this disease occurs just as frequently among the better class families as it does among the poor families It is also my impression that food has little or nothing to do with rheumatic fever It scems to me that the military experience has fairly well destroyed the food theory as to its being a factor in the causation of rheumatic fever The multary personnel in this country received a very high calone and high vitamin diet and still the age group found in the Army had a great deal more rheumatic fever than the corresponding class in civilian life that did not have this type of food In other words, I am rather firmly convinced that in rheumatic fever we are dealing with two factors, the one in the host himself, which can be called the inherited susceptibility so well described by Dr May Wilson, and the external factor, the "infectious" factor, probably streptococcic in nature I subscribe to the theory that when the proper host and the proper infection are brought together that rheumatic fever may occur, and that probably the crowding in the military camps which brought together numerable susceptible people, as well as many strains of bacterra, was conducive to the widespread rheumatic

fever enidemics. In other words, one must have the

proper soil" and the proper seeds."

I agree very thoroughly with Dr. Kaiser that this problem presents a tremendous public health program. In this connection it has been my lot to give many talks recently to both lay and professional andiences, and I have found it very useful to compare the rheumatic fever problem with the tuber culous problem. I have stressed that in each case we have a chronic disease with a tendency to have periods of inactivity. In neither case do we have any specific medication and rest is at present the best treatment.

If one recalls the plan of attack on tuberculous, the similarity to the suggested plans of attacking rheumatic fever there is a striking similarity will be recalled that the first part of attacking the tuberculous problem consisted of extensive lay education and professional education. people had to be told about the early symptoms of the disease so that they might report to their doctor early The physician on the other hand had to be instructed about the earliest symptoms rather than to depend upon those that had been taught in physical diagnosis which usually represented advanced tuberculosis. In this way many milder or earlier cases were detected. The next step in the program was the placing of diagnostic aids at the disposal of the physician. These consisted of certain laboratory aids, such as sputum examinations, x ray plates and consultation service. The next step was to establish special hospitals for tuberculosis as these cases could not be taken care of very well in general hospitals. After this, follow-up clinics with voca tional guidance were established. It was important to follow each case of tuberculosis after its apparent recovery in order to detect the earliest signs of relapse and to give vocational guidance so that the patient would be less ant to break down because of external conditions. In spite of all these measures it was found that an active program of case finding was necessary In the case of tuberculosis, this consusts of mass x ray examination and at the present time is the only possible way of picking up the latent or subclinical active or mactive case of tuberenlosis

If one looks at rheumatic fever it will be seen that the first need is an extensive lay and professional education program so that parents especially may take their children to see the physician when only mild symptoms are present. Also the doctor must be instructed in the interpretation of the very mild and early signs and symptoms. He has no difficulty in recognizing the well-advanced cases. In order to do this, in some instances, diagnostic aids are necessary such as consultation and laboratory service. As in tuberculosis the next step consists in establishing certain special hospitals. rhoumatic fever patients are not easily treated in general hospitals because of the chronicity of the disease and the general shortage of hospital beds. Special hospitals for rheumatic fever must also have very definite educational facilities because most of the victims are children of school age. A hospital of this type must really be a school. Next, a follow up clinic for giving educational and vocational guidance is necessary Even placement in industry service should be available. After this we need a "case finding' procedure. In the case of rheumatic fever the machinery for this is already in existence namely the School Health Service. As most of the cases start in childhood, adequate school examina tions which in New York State are supposed to be done every year should detect carly and minimal signs of rheumatic fever In most parts of the State the School Health Service will have to be improved to meet this need but it certainly is much better to do this than to develop any new case finding method

In both programs, tuberculosis and rheumatic fever a certain amount of research should be carried on with an attempt to find better treatment and also complete preventive methods and procedures.

The comparison of tuberculosis and rheumatic fever programs as described shows them to be almost identical, and the entire program when described in this way can be grasped easily by the average lay person. Without this comparison, I have found that there is a great tendency to consider the special hospital as an entire rheumatic fever program. Of course nothing could be further from the truth.

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THE AMERICAN COLLEGE OF PHYSICIANS

The twenty-eighth Annual Session of the American College of Surgeons will be held in Chicago April 28-May 2, 1947

Dr David P Barr New York, is president of the College and will be in charge of the program of general esessions and lectures. Dr LeRoy H. Sloan Chicago has been appointed general chalman, and

will be in charge of the program of hospital clinics and panels as well as local arrangements, entertain-

ment, etc.
Mr Edward R. Loveland executive secretary of the College 4200 Pine Street, Philadelphia 4, will have charge of the general management of the session and the technical exhibits.

PLAN FOR STATE-WIDE DISTRIBUTION OF BLOOD AND BLOOD DERIVATIVES—ORGANIZATION

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CCIENTIFIC advances during the past decade have been demonstrating an increasing number of clinical indications for whole blood and plasma transfusions and for the use of blood derivatives, such as albumin, gamma globulin, fibrin foam, fibrin film, suspended erythrocytes, and erythrocyte paste Limited availability and considerable costs have prevented these valuable biologicals from being used to optimal advantage. In 1943 the Subcommittee on Blood and Plasma Exchange Banks of the Medical Society of the State of New York¹ reported that blood and plasma banks and transfusion facilities are lacking in a large percentage of the hospitals of New York State, and that plasma is not as widely available and is not being used as frequently as the newer knowledge of its therapeutic importance seems to indicate In a survey of the New York State hospitals in 1944,2 38 per cent of 156 hospitals reported that their blood and plasma requirements were not being adequately met Although 57 per cent claimed to have sufficient supplies readily available, only 17 per cent of the total reported the use of 80 per cent or more of what might be considered the optimal use of blood plasma This latter is estimated at four transfusions per general hospital bed per year, based on the reported experience of hospitals where unlimited supplies have been available for several years The total amount of blood and plasma used by all reporting hospitals was about 60 per cent of the optimum

During the war, the community blood collecting clinics established by the American Red Cross made the public aware of the needs of blood and plasma, and of the ease with which the ordinary person can donate a pint of blood. The willingness of the public to donate blood for the benefit of civilians in their own communities, as they did for the armed services, will vastly reduce the cost of blood products by eliminating the paid donor, and also greatly increase the supply of blood. The past few years have seen at least eight states undertake programs for the free distribution of plasma voluntarily contributed by local communities.

New York State Program

In 1945 the New York State Legislature passed

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Pathology and Clinical Pathology, May 2, 1946 an act authorizing the State Commissioner of Health to conduct a program whereby blood and blood derivatives could be made available to persons in all parts of the State The following objectives have been defined to carry out the intent of this act

1 To make whole blood and blood derivatives readily available to all parts of the State without cost to the recipient

2 To establish standards for blood banking, to recommend procedures which will promote uniform and safe technics, and to approve qualified banks to protect the public from the dangers of improper practices

3 To conduct a lay educational program emphasizing the needs for human blood so that blood and plasma administered to a patient may be replaced adequately by friends or relatives or by community organizations

4 To conduct a professional educational program emphasizing the clinical and laboratory indications for the use of whole blood and plasma, possible abuses of such, and clinical and laboratory guides during transfusion therapy

There are numerous excellent blood banks, especially in the larger cities, which are already well serving the needs of their individual com-The greatest need lies in the more rural areas of the State In order to assist existing banks to expand their facilities so that larger areas may be served by them, the State Department of Health will provide technical assistance, A, B, and Rh typing sera, and the necessary reagents Where blood banks are operated or are contemplated by city or county laboratories already receiving State financial aid, the State will reimburse the cities or counties for 50 per cent of the costs of equipment and operation of the banks

Replacement of Blood

Obviously, the successful operation of a blood bank depends upon an adequate amount of blood being deposited to cover the amount being withdrawn. Unless other provisions are made (vide infra), it must be the fundamental responsibility of the patient-recipient to arrange for the replacement of blood drawn from the bank. A two to one ratio on repayment for blood is necessary in order to provide a sufficient surplus so that any demands of unusual size or for the rarer blood groups may be met. It is also necessary to pro-

vide against such contingencies as unusable blood because of hemolysis or positive serologic test for syphilis, loss by breakage, or less than a full unit being obtained from any donor Bloods not used before their expiration date will be processed by the State Laboratory into typing sera or dried nlasma.

The average patient should have no difficulty in providing two donors to replace blood for a single transfusion of 500 ml Definite hardships would be placed upon patients requiring multiple transfusions if replacement is required for each unit of blood received It will therefore be the policy of the program that no more than two donors replacing one pint of blood each be required of any patient regardless of how many transfusions he may require, although extra donations

may be volunteered.

The responsibility of depositing blood in the bank may be lifted from the patient and assumed by a community group Such a group may recruit donors from such organizations as service clubs, industrial plants, trade unions, civic or church associations, etc., in all areas served by the bank, and arrange for periodic bleeding clinics at which large amounts of blood may be collected and sent to the bank. This community activity could supply the entire needs of the bank at all times, or be limited to replacing blood only for patients unable to supply donors, or to building up the bank reserves when heavily drawn upon at times of disaster The National Headquarters of the American Red Cross has approved the participation of its local chapters in such programs, provided that certain criteria are met, such as that no donors be paid for blood and that no charge for blood be made to any patient.

The requirements for dried plasma are being currently met through the release by the Ameri can Red Cross of a large stock which was declared surplus by the Army and Navy The supply is estimated to be sufficient for the needs of the State for two to three years For future needs

dried plasms will be processed by the State laboratory from blood collected in excess of the needs of the cooperating banks.

The dried plasma is being made available to small hospitals and physicians through the local laboratory supply station, and to larger medical centers directly from the State laboratory Replacements for dried plasma are made at the nearest blood bank, on the same basis as for whole blood While stipulating that the surplus dried plasma now being distributed must be free to the patient, the American Red Cross has permitted that the patients be asked to arrange for replacements in the usual way

Summary

By assisting local communities to develop and expand their blood bank facilities, and by providing dried plasma through the State laboratory. New York State should be able to remove the hitherto prevalent restrictions of limited avail ability and excessive costs, and so make blood and blood products freely available to all persons who can be benefited by them. An already well informed public can be further acquainted with current needs through the collaborative educational efforts of the State Department of Health and voluntary agencies Recent advances in therapy with blood and blood transfusions can be brought to the attention of all practicing physicians through a joint program of the State Medical Society and the State Department of Health. Physicians returning from active military service have already expressed the viewpoint that they hope to have blood and blood products as freely available for their civilian practice as these were during their military expenence.

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A.M.A. TO HOLD CENTENNIAL

The American Medical Association is going to celebrate its centennial in Atlantic City, June 9-13
1947 Elaborate plans are being made for this celebration.

Only Fellows and invited guests are eligible to attend. Membership in the State Society is the primary qualification for Fellowship in the A.M.A. Fellowship dues and subscription to the Journal of the American Medical Association are both invited in the Medical Association and the Medical Association and the Medical Association are both invited in the Medical Association and the Medical Association are both invited in the Medical Association are both invited in the A.M.A. Fellowship in t cluded in one annual payment of \$8.00 which is the

cost of the Journal to subscribers who are not Fellows.

If you are not a Fellow and plan to attend the Atlantic City session, which will be a milestone in medical history you can save yourself considerable time and confusion when registering, if you will write now to

The American Medical Association, 535 North Dearborn Street, Chicago 10 and ask if you are eligible to become a Fellow

PLAN FOR STATE-WIDE DISTRIBUTION OF BLOOD AND BLOOD DERIVATIVES—TECHNICAL ASPECTS

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(From the Division of Laboratories and Research, New York State Department of Health, Albany)

BLOOD as an agent for the treatment of the sick and the injured is a comparatively recent addition to the therapeutic armamentarium of the physician Its possible use has intrigued physicians from the earliest times, and the ancient medical papyri contain numerous descriptions of procedures for carrying out such operations But these are largely fanciful excursions of the imagination based on wishful thinking, including, as they do, accounts of successful transfusion from animal to man Isolated reports of therapeutic transfusions crop out in the history of the middle ages, but the subject really came to the fore in the early days of the Royal Society when attempts at transfusion were carried out in Paris and London It was during this period (1667) that Denis¹ gave his classic description of the hemolytic transfusion reaction, which has scarcely been improved upon, up to the present therapeutic results of transfusion during that period were uniformly so disastrous as to warrant the legal prohibition of the procedure

The practical use of blood as a therapeutic agent is a development of the twentieth century and is dependent upon Landsteiner's description of the isohemagglutinin for its rational basis. You will appreciate more readily the newness of the procedure when you realize that the accepted transfusion method in the first decade of the century was based on direct vessel to vessel transfer of blood from donor to recipient, either by use of cannulae, fitting tubes, or anastamotic sutures. The surgical technics were difficult and the use of the procedure was severely restricted.

Throughout the intervening years, a large civilian experience and the background of the treatment of the casualties of two major wars have simplified the technic of transfusion and broadened the scope of its usefulness. Today, the administration of blood or blood derivatives has ceased to be the final desperate gesture of the helpless physician toward a moribund patient and has become a recognized therapeutic device used in the presence of established clinical indications. The stability of plasma preparations, the separation of blood into its various fractions, and the introduction of the blood bank have multiplied the number of these indications and

increased the availability of the material Actual figures are not available, but it is obvious that the clinical use of transfusion has grown tremendously in the last ten years, and that this high rate is continuing

With the increase in the therapeutic usefulness of blood and blood derivatives, new problems have arisen Most of them come within the scope of the clinical pathologic laboratory and public health authorities Every aspect of a blood transfusion service involves the laboratory, and its success is dependent on adequate and efficient laboratory control The initial selection of donors, the processing of blood into its vanous fractions, the preservation of these fractions, the choice of the preparation to be used in the treatment of a specific case, the selection of an appropriate blood for transfusion into a specific patient, and the evaluation of the therapeutic effectiveness of a transfusion procedure are all matters amenable to laboratory methods. They lead logically to the ancillary problems that are outgrowths of a transfusion service and include the elucidation of such clinical entities as the hemolytic anemias, erythroblastosis fetalis, and the obstructive nephroses It is from this group of investigations that we may expect new developments and new technics

The adjuvants required by a transfusion service and by the newer methods of fractionation of plasma into its various constituents present a new opportunity for service to public health The technical difficulties associated authorities with the provision of the former and the cost of the installation of fractionation equipment preclude the establishment of a complete unit by individual hospitals If plasma and its deriva tives and standard laboratory reagents are to become available for general clinical use, some central organization must provide aid for the operation of the laboratories that will process It would, of course, be possible for the commercial plants of the large pharmaceutic houses to do this However, the resultant cost of blood or blood derivatives would be prohibitive since the only source of blood now avail able to them is the paid professional donor

It is right and proper that so important a public health problem should be divorced from the profit motive and that no person should be denied the advantages of these therapeutic agents

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Pathology and Clinical Pathology, May 2, 1946

solely by virtue of their cost. At the same time. it is imperative that the administration of these arenta should be as devoid of danger as is humanly possible To this end, a pilot plant at the Divi sion of Laboratories and Research is planned for the processing of blood, the preparation of serologic reagents, and other standard aids central laboratory will also be concerned with the ancillary problems already mentioned

Selection of Donors

It is impossible to overemphasize the need for care in the selection of the donor From the patient's point of view, it is imperative that the blood transfused into him should not carry agents of disease with it. Blood is a potential vector of disease At the present time, syphilis malaria, and homologous serum jaundice con stitute the principal dangers Adequate serologic tests must be carried out on every donor to ex clude the possibility of syphilis It must be realized, however, that a negative finding is not of itself conclusive, and that Treponema may be present in the blood of a person with a newly acquired luctic infection before serologic evidence becomes apparent. The presence of a primary change should be ruled out.

The return of many thousands of men from areas heavily infested with malaria presents new public health problems including one for the transfusionist The magnitude of this problem becomes more apparent when it is realized that these men constitute a significant proportion of the potential blood donors and may thus be the transmitters of malaria even though they never presented clinical symptoms of it. It was the common practice in the armed forces to ad minister suppressive doses of antimalarials to all personnel in areas where malaria was endemic The usual drug was atabrine which acts solely to prevent the multiplication of plasmodia within the body and so suppresses the appearance of the clinical disease. In choosing donors, all individuals who have lived in areas where the administration of atabrine was necessary should automatically be discarded Under no circum stances, should their blood be used for whole blood transfusion.

Another problem which our war experience has brought to the fore is that of homologous serum saundice. Its gravity can be best appreclated when it is realized that in the Army homologous serum jaundice was second only to venereal disease for hospital bed-days involved The otiologic agent has not been identified is probably a pantropic filterable virus which is transmitted from man to man by the parenteral administration of serum from an infected individual. One of the principal difficulties

associated with establishing the epidemiology of this disease is the long meubation period which may allow six months to elapse between exposure and the onset of symptoms. At the present time, no satisfactory laboratory procedure is available for the demonstration of this virus Serologic tests have not been developed and it has not been possible to produce the disease regularly in experimental animals safeguard available is the elimination of all potential donors who present a clinical history of jaundice during six months prior to the donation of blood. This period is empirical, but it will probably eliminate the greater number of carriers The virus is hardy It remains viable in all blood derivatives, including lyophilized plasma. Its virulence is not seriously affected by storage or by freezing and the disease has been transmitted by whole blood, by fresh liquid plasma, by stored frozen plasma, and by lyophilized plasma. Recently, Cohn and his coworkers' have shown that it is possible to eliminate the icterogenic agent from serum albumin So far, this is the only blood derivative, used on a large scale, that is free of the potential danger of producing infectious hepatitis.

Health hazards to the donor are small. Withdrawal of blood from an already anemic indi vidual, of course, should be avoided sional donors should not be permitted to provide blood too frequently The simplest method would be to eliminate him entirely, but occagionally practical considerations make this impossible. The blood regeneration of a normal individual on an adequate diet is excellent, but to obviate all possibilities of producing anemia, rest periods of at least three months should be insisted upon between successive donations. This point should always be borne in mind by hospitals that use their intern staffs as pro-

fessional donors.

Blood Grouping

The safe transfusion of blood from one indi vidual to another is premised on a knowledge of the isohemacclutining and on adequate meth ods for their determination Landsteiner's onginal division of the human race into persons whose cells contained either A or B antigen, both A and B antigens, or neither, formed the basis for all subsequent developments in this field In 1911 von Dungern and Hireshfelds made the first agnificant extension of this work when they described the two subgroups A1 and A5, with their possible combinations. They play an important role in transfusion because they are capable of inducing strong reactions. Later the subgroups were enlarged to include the more weakly reacting forms. A. A., and A.,

Landsteiner and Levine, in 1928, described the M and N system of human blood groups, which exist side by side, but have no connection with the ABO groups. They have little application to the problems of medicine, however, since anti-M and anti-N agglutinins occur so rarely in human sera that they may be disregarded

During the decade, 1930 to 1939, transfusion reactions were reported following the use of homologous ABO blood. Some occurred in individuals who had previously received blood from the same donor without ill effect. As early as 1917, Minot and Lee⁷ called attention to the fact that multiple transfusions involve much greater hazards than single, isolated transfusions, and cited 3 cases of severe hemolytic reactions in individuals who had previously accepted such apparently homologous blood without deleterious effect. They believed this to be the result of "the development by previous transfusion of some

unknown and unrecognized antibody to the donor's cells" It was 1940 before Landsteiner and Wiener⁸ identified and described this unknown and unrecognized antibody as the Rh factor

The development of our knowledge of the Rh factor has been of the utmost importance in the elucidation of the nature of these mysterious homologous-group transfusion reactions. This aspect of the problem, however, has been so overshadowed by the demonstration of the role played by the Rh factor in the etiology of erythroblastosis fetalis that its importance as a cause of rare transfusion reactions tends to be forgotten. It should always be remembered that severe, sometimes fatal, transfusion reactions do occur as a result of Rh incompatibility

Adequate blood grouping depends on the availability of reliable serologic reagents and competent laboratory personnel The preparation of reagents entails considerable technical difficulty and requires a large number of potential donors as sources of the more esoteric blood groups Commercial materials of animal origin have been made available but none is as satisfactory as the high titered, highly avid, human typing sera Fractionation methods have made it possible to separate the specific reagents from such sera and concentrate them further Such preparation is, however, beyond the scope of the average hospital laboratory The hospital looks to some central source of supply just as it does for its vaccines and antitoxins The reagents are the tools The workman cannot accomplish his task without them, but they are useless unless skilled helpers are available The proper training of technicians is of great importance, and the evaluation of reliable test procedures can only come from exhaustive investigation. The serious,

sometimes fatal, result of an erroneous blood typing cannot be overemphasized

Any laboratory worker who undertakes the typing of blood for transfusion purposes should constantly remember that he is primarily concerned with the type of the blood in a particular bottle rather than the blood type of the donor No value should be placed on any previous typing of the individual donor regardless of how reliable the source. It is with no sense of disparagement that I say that blood types on identification cards or Army dog tags should be disregarded. Some will be incorrect and errors of this nature must not be perpetuated. No blood should be used that has not been directly identified as to type

It is contemplated that blood transfusions will be carried out in institutions that are not equipped to perform blood typings or cross matchings. Such transfusions will of necessity constitute medical emergencies. It is planned to provide a "safe" blood for this purpose, group 0 treated with A and B substances.

Transfusion -As the elective transfusion of blood and blood derivatives has grown, the "rule-of-thumb" indications for this form of therapy have tended to disappear It is known that certain specific physiologic indications point to the use of one or another agent for transfusion All who are concerned with the transfusion of a patient in shock or in marked hypoproteinemia would like to have periodic red blood counts, hemoglobin determinations, hematocrit values, and plasma protein determinations throughout the course of the transfusion and immediately Most persons realize that although after it these determinations are eminently desirable, The laboratory they are highly impracticable staff needed to follow a single patient is rarely available at the appropriate time, or if available, is terribly overburdened

Fortunately, an extremely simple procedure has been evolved by Van Slyke, and his associates, which permits the determination of the hemoglobin, hematocrit, and plasma protein values in a matter of minutes, with only the simplest of laboratory apparatus, at the bedside or in the operating theater The principle 18 These values vary with the specific gravity of the plasma and the whole blood The specific gravity of the latter is determined by placing a drop of oxalated blood into each of a series of copper sulfate solutions of known specific gravity The specific gravity of the whole blood corresponds to that of the solution in which the drop of blood remains suspended for a period of ten seconds and does not rise or sink. The sample of oxalated blood is then centrifuged and the specific gravity of the plasma is deter

mined in the same manner When the two values are known, the hemoglobin content, the hema tocrit value, and the plasma protein value may be read directly from a previously prepared line chart.

The accuracy of the values determined in this manner is as great as that obtained by the more laborious laboratory procedures. method is simple and rapid, the only technically difficult step is the initial preparation of the standard solutions. The value of the information gathered, however, is sufficient to warrant the effort entailed in their preparation central laboratory would be performing its proper function in supplying such standards

Certain problems associated with a transfusion service have been reviewed. Some have been solved and others will be by the results of further experimental studies. New problems will arise, and it is hoped they can be dealt with when the time comes.

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NORMAL SKIN HARBORS MILLIONS OF GERMS WITH POWER TO HARM

A person's skin harbors millions of bacteria, some beneficial, others with power to produce infections at

the first lowering of skin resistance, according to Donald M. Pillsbury M. D. of Philadelphia. Writing in the November 23 issue of the Journal of the American Medical Association, Dr. Pillsbury from the Department of Dermatology and Syphilotogy University of Pennsylvania Medical School, states that the "normal human skin harbors an according to the American Medical School, states that the "normal human skin harbors and states" and states that the "normal human skin harbors and "normal human skin human skin harbors and "normal human skin h enormous number of bacteria which are ordinarily harmless, When the integrity of the human ekin is distributed, harmful bacteria readily become well established residents of the diseased area.

The Army Medical Corps placed skin infections high on its list of disabling diseases. 'During the year 1944," states the author "the number of hospital admissions because of diseases of the skin varied between 3,731 and 10,399 for each 100 000 troop strength in different theaters of operation. These figures do not include admissions to the sick list in field medical stations or dispensaries, in which the number of dermatologic patients varied between 15

and 60 per cent of the total.'
Although Dr Pillsbury feels that "certain striking advances in the treatment of cutaneous infection have been made during recent years, he points out that 'a noncensitizing and completely satisfactory

method of treatment is not yet available.

Reviewing the present treatment methods, the author suggests that 'in the management of cuta neous diseases which are characterized by inflam matory reaction, it is important to avoid the use of measures which may further irritate the skin and to recognize and treat bacterial invasion promptly It cannot be emphasized too strongly that the use of chemical irritants or of highly sensitizing compounds on infected inflamed skin will result in severe reactions, and in many instances may lead to prolonga tion of partial disability over a period of weeks or months.

"Instances of this are regularly seen. In partic ular tincture of iodine should never be used it is a cauterant and skin-sensitizer and too frequently adds to the burden under which the diseased skin is

already laboring.

Two rather widely used drugs which have proved to be highly irritating and sensitising to the skin are penicillin and the sulfonamides. Referring to peni cillin, the author states that 'the present incidence of sensitivity reactions is apparently over 15 per cent and this percentage may increase as more persons are exposed to the drug.

In speaking of the sulfonamides Dr Pillsbury states that "local application of sulfonamides to sites of superficial infection has little or no place in present day therapy While the development of sensitivity in a significant proportion of patients can be pre-vented by using sulfonamide continent only for pri mary acute superficial infections and for periods of not longer than five days, experience has shown that it is impossible to insure observation of those precautions in practice. Sulfonamides by mouth still retain a definite place in the management of certain acute and chronic infections of the skin and can ordinarily be given without severe reactions, pro-vided that reasonable procautions are exercised."

The internist is a specialist in the diagnosis and treatment of all the diseases overlooked by the rest of the specialists.

He is a general practitioner with a reputation. Photomicrographs Westchester Medical Bulletin. November 1946

PREMATURE CLOSURE OF SUTURES OF CRANIAL VAULT—A PLEAFOR EARLY RECOGNITION AND EARLY OPERATION

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PREMATURE closure of any one or more of the sutures of the cranial vault results in marked abnormality in the shape of the skull and, hence, the brain When a suture is prematurely closed, growth of the skull perpendicularly to this suture is markedly restricted, and compensatory overgrowth takes place at the open sutures to allow space for the progressively growing brain Early closure of the sagittal suture, therefore, results in a long narrow skull (Fig 1), closure of coronal sutures, in a broad, short, and occasionally high skull (Figs 2 and 3), and closure of both coronal and sagittal sutures, in a high skull Other changes in the cranium also appear when the coronal suture is closed at an early date (Fig 4) The anterior fossa is short and its floor is oblique, and the orbital roof may be depressed The orbits become shallow, widely separated, and eyes promi-If the deformity becomes sufficiently great, marked exophthalmos occurs, and luxation of the eyeball has been reported 1

The etiology of this condition is unknown Fetal syphilis, inflammatory process of the meninges and bone, disturbed function of hypophysis, and disturbance in the disposition of germinal layers in early embryonic life? have been suggested as the cause. An hereditary factor is suggested in the many reports of its appearance in members of the same family. I examined two members of a family in whom it had occurred in six persons representing three generations. Associated hereditary or congenital stigmata have frequently been reported?

The condition may be recognized at birth Suspicion should be aroused by the shape of the head. On examination a ridge is frequently palpable over the closed suture and no movement of the adjacent bones is possible. The diagnosis can be confirmed by x-rays of the skull.

So long as compensatory growth of the skull occurs at the open sutures, nothing other than a markedly abnormal shape of the skull results, but when decompensation appears the patients develop increased intracranial pressure as evidenced by headaches, vomiting, mental deterioration, failing vision, and occasionally convulsive seizures. Papilledema, optic atrophy.

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Pediatrics May 2 1946 and blindness may occur Gunther³ reported optic atrophy in 91 per cent of a large series of patients Occasionally, there is disturbance of the first and eighth cranial nerves X-rays then show the added findings of convolutional atrophy, thinning of the inner table of the skull, and depressed orbital plates

The only treatment is, of course, operative. Lannelongue' in 1890, and Lane in 1892' suggested cramotomy or linear cramectomy, but the treatment was unfortunately used in microcephaly and in incurable forms of idiocy with the result that the procedure fell into disrepute Sharpe⁶ in 1916 reported 4 cases successfully reheved by bilateral subtemporal decompression. Levine⁷ reported that in 1916 Cushing performed a unilateral subtemporal decompression which benefited the patient for twenty years but, subsequently, the decompression was enlarged, and the following year a subtemporal decompression wasperformed on the other side The patient was relieved of headache and dizziness but there remained permanent visual impairment Bauers in 1932 advised removal, in two stages, of a ribbon-shaped section of bone around the entire head Keegan performed circular cramectomy according to Bauer's technic except for the sparing of a 3 cm area in the occipital region and combined subtemporal decompression and crucial craniectomy, with reported success in both cases Towne^{10,11} in 1927 described the most logical type of operation—a preventative one, that is the removal of a 2 cm strip of bone adjacent to the prematurely closed suture in the first three months of life This allows the skull to develop normal contours and to prevent the occurrence of visual, mental, or hearing difficulties Dandy1* in 1943 described an operation which consists of enlarging the cranium by lifting the greater portion of each side of the skull and allowing it to be hinged near the midline The operation was performed in two stages

The time of operation suggested by Faber and Towne seemed logical and the earlier the better for the brain doubles its weight in the first seven months of life and triples its weight in two and a half years Eighty per cent of the entire growth of the brain is completed in the first three years of life. It also seemed logical that since the signs and symptoms resulted from closure of the suture, opening of the closed suture



Fig. 1 Showing the long anterior posterior diam eter and the narrow lateral diameter



Fig 2. The short anterior posterior diameter and the increased height is evident.

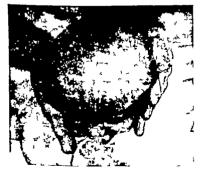


Fig. 3. The head is almost completely circular as viewed from above. The anterior posterior diameter is decreased and the lateral diameter is increased.

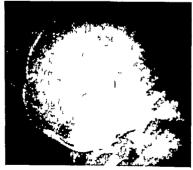


Fig 4 The coronal suture is closed The floor of the antenor fossa is short and oblique. The orbits are shallow

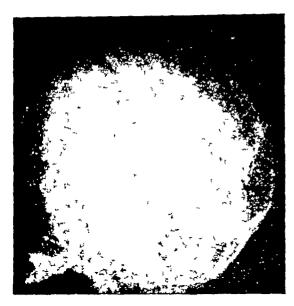


Fig. 5 X-ray picture taken a few days after operation. The coronal suture has been opened.

should be the best treatment Accordingly, a strip of bone 6 to 10 mm in diameter was removed at the suture, thus opening it in its entirety (Fig 5) No significant bleeding from the sagittal sinus was encountered. The dura separated readily from the bone beneath the closed suture. This procedure is the least extensive of any which have been described.

The following is a report of 6 cases

Case Reports

Case 1 -J H, aged seven and a half months, (Figs 2 and 3) was admitted because of deformity of the skull She was born after a normal gestation period and labor of twelve hours. Delivery was spontaneous and the child breathed spontaneously She weighed seven pounds, three ounces She took her feedings well from the beginning and moved all extremities well. The baby was constipated at first. At the age of five weeks, she suddenly stopped breathing and turned "blue and cyanotic" This lasted for what the parents believed to be a few There were no convulsive movements although there was an increase in the tone of all the muscles Her eyes were open and she stared straight ahead. There was no recurrence of this episode

Examination—General physical and neurologic examinations were negative except for the shape of the head. The anterior posterior diameter of the skull was shortened and the lateral and vertical diameters were increased.

X-ray of the skull showed complete closure of the coronal suture bilaterally, the anterior fossa was short, measuring 4.4 cm from the anterior extent of the sella turcies to the inner table at the junction with the floor of the anterior fossa in the midline. The anterior posterior diameter of the skull was



Fig 6 What appears to be a new suture with interdigitations is demonstrated X-ray was taken eighteen months after operation (Case 3)

short measuring 15 cm, the longest diameter from the inner table of the frontal bone to the inner table of the occipital bone. The vertical diameter was long, measuring 10 5 cm from the petrous pyramid to the inner table at the junction of the coronal to the sagittal sutures. The lateral diameter was 13 4 cm. The sagittal and lambdoidal sutures did not appear unusual

Psychometric Examination—On two standard test batteries, she measured at or above her chronologic age The Gesell and Kuhlmann-Binet tests were used

Operation —Under local ether anesthesia, the entire coronal suture was opened from the squamous suture on one side to that of the opposite An opening was made which measured between 6 and 8 mm. in diameter

Course—The patient withstood the operation well and was discharged from the hospital on the seventh postoperative day. A psychometric examination performed eighteen months after operation showed the child to measure in the superior range as tested by the Stanford-Binet and the Merrill-Palmer tests. General physical and neurologic examinations were normal. On x-ray of the skull, eighteen months after operation, the antenor posterior diameter was 17.4 cm., the lateral drameter was 14.5 cm., the height was 11.7 cm., and the anterior fossa was 5.4 cm.

Comment —There was improvement in the contour of the skull. The anterior fossa became relatively longer and less oblique. The skull lengthened 2.4 cm. while the width increased only 1.1 cm.

Case 2 -G P, aged five months, had an abnor

mally shaped head

The child was full term and delivery had been normal He breathed spontaneously, birth weight was seven pounds, eight ounces, and there was no cyanosis The mother had toxemia of pregnancy

Development was apparently normal except for some delay in holding up the head.

Examination.—General physical examination was nirrely normal except for the abnormally shaped tead. There was elongation of the head in the interior posterior diameter flattening in the lateral nameter and there was a ridge along the sagittal siture and no movement was possible between the we parietal bones. Neurologic examination showed to abnormalities.

V-rays of the skull showed the calvarium to be longated in the posterior anterior diameter 16 ...
m. and shortened laterally 11.5 cm. The height was 10 cm. The superior levels of the cranium were arrow. The coronal and lambdoidal sutures were pen. The sagittal suture was visible posteriorly rut unusually narrow and closed completely an criorly. The bone at the site of the anterior fonta tells bulged externally.

Psychometric Examination —The child was very ittle, if any retarded as examined by the Gesell

Operation —Under local other anesthesia, the significal acture was found to be completely closed and was responded a section of bone 8 mm. in diameter was removed.

Course.—The patient withstood the operative procedure well and was discharged on his eleventh postoperative day. Psychometric examination per formed twenty months after the operation showed the child to measure well above his chronologic age this intelligence quotient was rated at 119. He was examined by the Stanford Binet and Merrill Palmer tests. General physical and neurologic examinations revealed no abnormalities. X ray of the skull showed the anterior posterior diameter to be 20.2 cm. the width 13.1 cm. and the height 11.7 cm.

Comment.—This was the first patient operated upon. The skull continued to grow more in the anterior posterior direction than in the lateral diameter. The explanation for this is not clear

Case 5 — V L aged one year was examined because of a queer shape of head.

At birth it was noted that the child s forehead was very prominent, that the bindge of nose was sunken, and that the tip of the nose was turned up. She was the second child of healthy parents. The gosta toen period was normal. The child s head and pla cents were wedged in the cervix and labor lasted a week. Version and extraction were then per formed without forceps. The child sat up at seven months, but did not stand. She cooed, prattled and smiled

Examination—General physical and neurologic examinations were normal except for the shape of the head. The head was increased in its vortical and lateral diameters and shortened in its antenor posterior diameter. The forehead was prominent and the eyes far apart

Tays of the skull showed the greatest antenor posterior diameter was 17 2 cm. lateral 15 3 cm. height 12.5 cm., and length of the anterior fossa 4.6 cm. The forehead was unusually high and the anterior fossa was short. The coronal suture was prematurely closed while the asgutal and lambdodal sutures were open. The impression was premature closure of the coronal suture.

Psychometric examination showed some retardation. The Kuhlmann Binet and Gesell tests were used

Operation —Under local ether anesthesia, the coronal suture was reopened from the squamous suture of the right ade to the squamous suture on the left side. A section of bone 6 to 8 mm. in diameter was removed.

Course—The patient was discharged on the seventh postoperative day Psychometric examination eighteen months after operation showed the patient to be within average range. General physical and neurologic examinations were normal x-ray of the skull eighteen months after operation was interpreted as follows—"The coronal suture into which was first recognized apparently reforming at the operative site on the films taken three months ago is now clearly seen throughout the upper two-thirds of the operative area. The greatest anterior posterior diameter was 10 0 cm., the lateral diameter 10 4 cm. the height, 13 cm., and the length of the anterior fosses 5.2 cm (Fig 6)

Comment.—In spite of the fact that this patient was one year of age when she was operated upon, eighteen months after operation her head had enlarged 2 7 cm. in the antenor posterior diameter while enlarging 1 1 cm. in the lateral diameter. The antenor fossa longthened relatively more than the middle fossa and the obliquity of the floor of the antenor fossa became loss.

Case 4 —The patient A. F., aged three months (Figs. 7 and 8) had an abnormal head.

The patient was one of twins born one month prematurely after a seven-hour labor. Presentation was breech, instruments were used and mild resuscitation was necessary. He weighed 4 pounds, 4 ounces. The clongated anterior posterior diameter was noted at birth. The child took the bottle poorly at first and gavage was necessary starting on the tenth day of life. He had four to seven stools daily regurgitated frequently, lost weight, and had one cyanotic spell. The formula was changed and the patient became stronger and gained weight. He remained in the hospital from birth until after operation.

Examination.—General physical and neurologic examinations were negative except for the shape of the head.

Y-ray —The calvarium was deformed and exhibited a long anterior posterior and vertical diameters with shortening of the transverse diameters at all levels. The anterior posterior diameter was 15.2 cm. the lateral, 9.3 cm. and the height, 8.5 cm. The sagittal suture was already closed and there was thickening of the edges of the parietal bones at the vertex. The anterior fontanelle was open but the posterior fontanelle appeared to be closed. The lambdoidal suture was wide, as was the coronal. The mendosal sutures were still widely open.

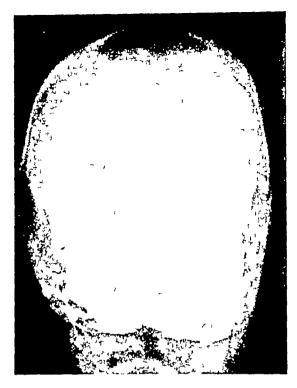


Fig 7 X-ray taken six months after opening of the sagittal suture. There has been marked spreading of the edges of the parietal bones and some regrowth of bone has partly covered this defect

Psychometric examination was not performed Operation —Under whiskey-nembutal anesthesia the sagittal suture was reopened. A section of bone 6 to 8 mm in diameter was removed

Course—The baby withstood the procedure well and was discharged on the tenth postoperative day Six months after operation, the general physical and neurologic examinations were normal. X-ray showed the anterior posterior diameter to be 16 2 cm., lateral diameter, 12 2 cm., and the height, 10 5 cm. The operative defect along the sagittal suture was wider than that shown a few days after operation. The margins of the defect were irregular and ballooned outward slightly. There was some regrowth of bone along the edge of the defect (Fig. 7)

Comment —The skull had become reshaped to a considerable degree—It had enlarged only 1 cm in the anterior posterior diameter, while enlarging 29 cm. in the lateral diameter (Fig. 8)

Case 5 —The patient, J G, aged 21/2 years, had chief complaints of abnormal development of head, convulsive seizures, and retarded development

She was born after a normal gestation period, labor was sixteen hours, and presentation was breech. There was no known cyanosis at birth but twenty-four hours after delivery, she suddenly turned blue and was placed in an oxygen tent for four days. It was believed that she had a convulsion at the time. She took her feedings poorly. She had measles at 3 months, pneumonia at 9 months, and had had almost continuous crusting of the nares.



Fig 8 Photograph six months after operation The width of the skull had increased 2 9 cm.

since birth. She did not hold her head up until 7 or 8 months, sat up at 18 months, stood at 20 months, walked at 24 months, and was able to say "dada" only, at 2½ years — An umbilical hernia was observed when the child was twenty months old. At the age of ten months, the patient began to have generalized convulsions lasting about four to five minutes and recurring two to three times per month. These convulsions ceased when the child was 1 year old

Examination —General physical examination showed an underdeveloped and undernourshed white child with an abnormally shaped skull. There was an increase in the anterior posterior diameter and a diminution in the lateral diameter. An unbilical hermia was present. There was a dimple in the midline in the lumbosacral region. Many crusts were present in the naries and the latter appeared dry. On neurologic examination, the gait was very unsteady. There was a right central facial paress Otherwise, neurologic examination was within normal limits.

X-ray of the skull showed shortening of the transverse diameters, especially in the higher levels of the calvarium, measuring 13 2 cm, increase in the anterior posterior diameters to 19 2 cm, and increase in height to 12 cm. There was complete synostosis of the sagittal suture and hyperostosis underlying the full course of this suture. The coronal and lambdoidal sutures were normally open. The convolutional markings were slightly increased

Psychometric Examination —There was retardation, but a definite grading was not possible because of the child's extreme irritability and resistance toward the examiner

Operation.—Under local ether anesthosia, the sagittal suture was reopened. A section of bone, 8 to 10 mm. in diameter, was removed. There was no significant bleeding from the superior sagittal

Course -The patient's postoperative course was not remarkable and she was discharged on the ninth postoperative day She had no more convulsions. Prychometric examination performed twenty-one months after operation showed the patient a mental status to place her in the retarded range. She was examined by the Stanford Binet and Kuhlmann Binet tests. \ rays taken twenty-one months after operation showed the anterior posterior di ameter to be 10 6 cm lateral diameter 18 9 cm. and height, 12 cm. The operative bony defect had apparently closed over On examination there was a slight depression along the sagittal auture. There was crusting in the nares The voice had a nasal quality General physical and neurologic examina tions were otherwise negative

Comment.—This child was apparently born mentally defective. Even though the operation was performed at the age of 21/s years, the skull en larged more in width than in length in the twenty one months after operation.

Case 6—R. G aged 6 months, was born with peculiar shaped head and drooping of the left eyelid (Fig. 9)

The child was prematurely born at eight months is second child of a normal mother. The gestation strod was complicated by 'kidney trouble and semia which were controlled by medical treatment he presentation was breech the labor was one and se-half hours, and instruments were used in dovery. There was no difficulty in getting the baby breathe. The birth weight was 4 pounds 4 ½ unces. He began to follow objects with his eyes to me month. The left eye which was closed at

birth opened but less widely than the right. He did not sit up alone.

Examination.—General physical examination was negative except for the abnormal shape of the head Tho bend was elongated, narrow and short in height with a large occupital bulge. A ridge was palpable along the sagittal suture and no movement was present between the two panetal bones. Neurologic examination was normal except for ptosis of the left eye sluggish reaction of the left pupil to light and limitation of superior inferior and medial gaze on the left.

Y Rays.—The skull was short in its vertical diameter elongated and narrow. The anterior fontanelle and motopie sutures were open and a short segment of the saguttal suture behind the anterior fontanelle was open. The posterior three-fourths of the saguttal suture were oblitorated. The anterior posterior diameter was 18.5 cm., lateral diameter 11.3 cm. and the height. 11.5 cm.

Psychometric examination was unsatisfactory but suggested serious retardation. Kuhlmann-Binet test was used

Operation.—Under other anesthosia, the sagittall suture was reopened. A section of bone approximately 1 cm. in diameter was removed.

Course—The patient withstood the operative procedure well and was discharged from the hospital on the fourth postoperative day. Four months after operation the patient was still mentally retarded and the left third nerve paresis remained. The x-rays showed a marked difference in the shape of the skull. The anterior posterior diameter was 19.5 cm the lateral dameter 13 7 cm and the height, 12 3 cm. This resulted in a more normal rounded appearing head. There was considerable new bane formation at the operative site (Fig 10)

Comment -In four months from the time of



Fig. 9 Child aged aix months, with premature closure of the sagittal suture.



Fig. 10 Same child shown in Fig. 9 Photographs taken four months after operation

operation, the skull assumed an almost completely normal contour There was considerable spreading of the operative opening in the parietal bones with new bone formation covering a portion of the resultant defect The skull enlarged 25 cm in its lateral diameter and only 0 8 cm in length

Discussion

Six cases were reported, four involved the sagittal suture and two the coronal The best results were obtained in the patients in whom the operation was performed earliest youngest patient operated upon was 3 months of age, and the oldest 21/2 years In the former, six months after operation the skull was essentially normal in contour, while in the latter, twenty-one months after operation the head had enlarged more perpendicularly to the prematurely closed suture than it had in the anterior posterior direction None of the patients had any signs or symptoms of increased intracranial pressure before operation, or developed any signs or symptoms of such after operation Two who were retarded mentally before operation were still retarded twenty-one months and four months, respectively, after operation One who by psychometric examination was rated "little if any retarded" had an intelligence quotient of 119, twenty-two months after operation In two of the patients, what appeared to be a new suture line with interdigitations, developed nearly as could be determined by x-ray, this appeared to be a normal suture and thus far has remained open in both cases eighteen months after operation In two others, a thin layer of bone representing only the outer table has In the last two, it is too bridged the defect early to know what will happen to the opened The passage of time will show whether or not these early favorable results will be maintained

Summary

- The diagnostic criteria for recognition of premature synostosis were outlined
- A new and more simple operative procedure was described
 - Six cases were reported
- A plea was made for early recognition and early operation in order to obtain the best results

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MARY PUTNAM JACOBI FELLOWSHIP

The Women's Medical Association offers a Mary Putnam Jacobi Fellowship for medical research for the year 1947 This fellowship of one thousand dollars (\$1,000), available October 1 is open to any woman doctor either American or foreign who is a graduate of a reputable medical school Five hundred dollars is available October 1, with the second five hundred dollars following at the end of the fourth month There is also the possibility of a third five hundred dollars being awarded if the committee judges the work done to be of special merit

Application for this fellowship must be filed with the secretary of the committee by March 1, 1947 and will be acted upon by May 1, 1947 Application must be accompanied by (1) a recent report of the applicant's health, (2) transcripts of her college and medical school records, (3) personal letters of recommendation from two or more doctors under whom she has studied, (4) a statement from the person under whom she proposes to study of his interest in her project, (5) a statement by the applicant herself of the problem she proposes to investigate (8) a statement by the shape of the problem she proposes to investigate, (6) a recent photograph All of the above data must be at hand before application is considered.

The recipient of the fellowship will be expected to give her full time to the study of her problem and to make reports to the committee at four-month intervals with a view to publication if suitable at the end of her research.

Application blanks may be obtained from the secretary of the committee, Phebe L DuBois, M.D., 150 East 73rd St, New York 21, NY

KEYSTONES IN PSYCHOLOGIC THINKING ABOUT YOUNG CHILDREN

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WHEN certain basic ideas about children are well understood by parents, many children's problems work themselves out like magic, or better still, never occur at all. Pedia tricians are principally gods to parents. They are perhaps in a more strategic position than any other professional group to get across the right ideas at the right times. I have tried to record here what seem to me some of the keystones in thinking which pediatricians should try to build into parents' concepts of children.

The Search for Causes

First of all, I would name an attitude of searching for causes, as opposed to the mere treating of symptoms. It may seem fatuous to belabor this point before a medical group. Cer tainly medicine these days is consistent in looking for causes. In the attuations in which it has not yet found the causes, it is obliged to treat symptoms but it is not usually confused between the two. For instance, the physician wastes little time applying ice packs to bring down a fever he looks for the infection. He may prescribe nose drops for relief during a cold, but he would not for an instant claim to be treating the cause of the cold. Even the lay public has grasped this point well with respect to physical ailments.

And yet how often in the psychologic problems of children do people tackle only the symptom without any effort at finding the true cause the rest of this paper could easily be given over to common examples of this error Let us take just two or three Thumbsucking, for instance. To treat the thumbsucking itself is to treat the symptom. Parents may engage in polemics as to the relative ments of mits thumb-guards, elbow splints, putting pepper or bitters on the fingers tying the hands, or shaming the child All are bad. All are treating the symptoms only (True, some of them may work Bad methods often do But they are nonetheless destructive.) much sounder is a little prophylaxis. Research notably that of Dr David M Levy, indicates that many cases of thumbsucking can be traced to insufficient sucking with the lips in early in-The pediatrician may help the parents avoid or at least decrease the severity of thumbsucking if he plans the care of the infant from the beginning in such a way as to assure opportunity

Presented by invitation at the 140th Annual Meeting of the Micdical Society of the State of New York Section on Pediatrics, May 2 1945. for sufficient sucking and perhaps makes a point of increasing sucking time when thumbsucking first begins.

Sleep problems are another example Take the youngster I have been seeing recently He is two and a balf years old He has the household in an uproar because he gets out of bed twenty or thirty times every night and he will not settle down before twelve or one o clock. His father gives him phenobarbital every night, his mother gives him periodic every morning But the solution is not going to lie in trying to stop him from getting up It will lie in attempting to change the total situation including the parents' attitudes and in providing some of the missing satisfactions which will reach the root of his behavior

Another example of a type of problem frequently handled directly instead of indirectly is the child who at two or three must take a certain blanket with him wherever he goes, can never go to sleep without it, and perhaps runs to get it a dozen times a day when things go wrong. Too often the method of handling thus is either to take the blanket away or shame him out of using it And yet the important thing is to analyze what is wrong with the child's environment which makes him want to cling to this infantile comfort.

There will be many times when a direct attack on a symptom will work as far as that symptom is concerned, but if it is a destructive method for the child himself, he is worse off than before The question "How can I stop him?" implies treating the symptom It is usually not the best approach 'Why does he do it?' suggests a search for the cause This question is at least more likely to send one off in the right direction looking for the answer

Psychologic Needs

The search for causes leads directly to an analy sus of needs. So much has been written about the needs of children in recent years that I shall touch it only lightly here. The physical needs are well understood, even if not always well supplied. The psychologic needs, too, are often listed but their implications are less well understood. I shall name a few needs, not as a comprehensive list but in order to be sure that we are all thinking about the same things love, affection, acceptance response, companions his own age, opportunity to explore to "find out," to have new experience, permission to get dirty, to make noise to express hostility, freedom from overstimula

tion and from adult anxieties, the privilege of being cared for by understanding adults and of being allowed to grow at his own pace

The reason why an understanding of psychologic needs is one of our keystones is that in most problems of children, an investigation into causes will reveal needs that are not being satisfied. The formula, then, becomes not only "Look for the cause," but "Look for the cause in unsatisfied needs." The real need is not always obvious by any means. In fact, because of the nature of the problem, the tendency may be to handle it in such a way as to intensify the original, unsatisfied need.

For example, suppose that a child is a "mamababy," dependent, infantile I recall a short scene I witnessed in a well-baby clinic not long A husky, four-year old came in, shy and scared, peeking from behind his mother's skirts The mother was pregnant with another child answering the receptionist's questions, the mother admitted, with shame in her voice, that the four-year old still had to have a bottle The receptionist then said, "That's terrible must break him right away Maybe it's a good thing you have another baby coming so you won't have so much time to give to this one be sure to tell the doctor" She continued in this vein for two or three minutes, repeating several times "Be sure to tell the doctor", and then turned to the child saying, "Aren't you ashamed, a great big fellow like you, still taking a bottle"

Now it was obvious here that she was only intensifying the guilt and anxiety of a mother already insecure and inadequate, to say nothing of what she was doing to the child If the mother attempted to carry out her recommendation about "breaking him right away," the child would be precipitated into still more traumatic experiences, along with the ones he was already facing 'Clearly what the child needed was more love and reassurance from the mother, not less, and wise, gentle handling to help him over the hurdles ahead (Incidentally, to digress for a moment, I like to cite this case as an example of the fact that it often takes just as long to give bad advice as good, and that a constructive job with a parent can frequently be done in the same number of minutes it takes for a destructive job.)

To cite briefly another type of case in which poor handling often intensifies the original need, suppose that a 5- or 6-year-old persists in being cruel to a younger brother or sister, hurts him, teases, breaks up his things. The tendency often is to sympathize with the younger sibling, especially when he is hurt, to scold and shame the older child, and remind him how big he is. Yet this type of treatment will only increase his feelings of jealousy, it will make him feel still more

displaced, that he does not belong, that no one loves him And these were the feelings which caused his bad behavior in the first place. In order to satisfy his real needs, it is necessary to give him extra love and attention, assure him that he is just as important as the baby, that he has not been pushed aside.

The Dynamics of Emotion

Any study of needs leads directly to study of emotions, and this is the most complex and most important area there is in the study of human behavior

That idea still shocks many Children hate They cannot face it in themselves, and people therefore they cannot accept the idea that chil dren feel it I recall the nurse who said, her voice trembling with consternation and disbelief, "Do you mean to say that little children hate? Why, a little child can't hate!" And I think of the horrified mother, describing with smug disapproval how a friend's child had called his teacher "You dope!" The mother added, "I don't think my boys ever even have such thoughts!" But an outsider could see many signs of smouldering resentment in her boys-boys who would not dare call the teacher "Dope"—but who had had the proprieties so impressed upon them that countless more serious problems were evident daily What this mother failed to realize is that it is far better for a child to express hostility than to push it When expressed, it will not last forever, when repressed it festers and grows until it does many kinds of damage to the developing person-

Yes, little children feel hate And it is all right for them to feel hate Furthermore, it's even all right for them to feel hate towards their own parents After all, what is the chief cause of hostility? Frustration And who is the principal frustrating agent in the child's life? The parent. The parent is also the chief source of satisfaction But the two—love and hate—can exist side by side (The same is true of parents' feelings about children) Parents must grasp this "But he loves the baby" they will say Yes, and at the same time he resents him, wishes he were out of the way, in other words, hates him The two are not mutually exclusive—in fact, it is almost better to say that they are mutually inclusive

The worst trouble of all starts when the child not only dares not show his hostility but dares not even feel it, because to do so would call down the danger of losing the most important thing in the world, the love and protection of his parents. It is in this area of children's feeling that parents particularly need help from doctors

First of all, it is necessary to help parents to understand the normalcy of hostility and the

fact that not only do all children feel it, but that it is sound, psychologically and biologically sound. Then it is necessary to help parents to accept it, without attaching moral values without taking it as a personal insult, without looking upon it as "naughty," a kind of behavior that must be curbed at all costs. Next they need belo in learning how to give the child constructive outlets for his aggression, how to channel it (One little device which the physician can suggest to the parent for use in moments of aggression or destructiveness is to say, "I know you feel like hurting Jimmy but I shall not let you do it I would not let him hurt you." or "It's all right for you to feel like breaking the dishes but you must not do it.")

Finally, parents need help in learning how to "set limits" And there is not a more difficult problem in the whole field of child care. There are no pat answers! It is a constant daily al most hourly, problem in caring for children. It is to be hoped that in these days no statement setting forth the necessity of letting the child express his aggression is going to be interpreted as an argument for "license," or "letting the child do as he pleases." Of course, he has to learn what he cannot, must not do Teaching this without creating unnecessary and destructive frustrations is as challenging a problem as any the parents will ever meet, and one on which they need constant guidance from the pediatrician

Study of emotion leads one also into study of fears and anxiety and the relation of these to hostility Let us take just a moment to remind ourselves of a few salient points. The child is dependent on the adult for his very existence He will be cared for he can survive, only if love is there Biologically loss of love can mean loss of Psychologically, fear of loss of love is the basis of anxiety which in turn is the root of all neurosis Therefore, in order to thrave the child must have love. If parents have love they will give it and many of their other mistakes will be canceled Love is an emotional not an intellectual process If they do not have it, they can not give it. To exhort them only increases their guilt and results in further confusion for the child. Some parents do not love their children at all and some love them incompletely or inconsistently That idea, too, still shocks some people. But it is one of the facts of life. It must be reck oned with.

Man is a biologic animal. That statement will not be contraverted. But man is also a creature of smotions. And it is his emotions which get him into most of his trouble. It is always regrettable when preoccupation with man, the biologic creature, leads to neglect of man, the emotional creature.

Normal Expectancies

One valuable aid to prophylaxis is knowing what to expect of the child at each age There are some highly intuitive parents who scarcely need guidance in this at all They are sensitive enough, alert enough, and sufficiently free from anxiety to accept the child as he is, to respect his individuality, to let him grow at his own pace They do not hold him back when growth is push ing him forward, they do not push him forward into changes for which he is not ready. Above all, they do not try to fit him into preconceived natterns of behavior foreign to his nature or standards beyond his level of development But few parents are quite this wise Therefore they need the physician's help in being prepared for change, and in ordinary interpretations of what children are like.

Parents rarely expect unreasonable things of children in physical achievement. They do not child the month-old baby because he cannot sit up, or punish the 6-month-old because he does not run and jump, or shame the two-year-old because he cannot play the piano. And yet, they expect things just as unreasonable as these in other behavior. They expect conformity and consistency. They expect young children to be quiet and polite, and clean and considerate and not to show their feelings, especially their hostile feelings.

It is no simple matter to explain expectancies to a mother so that she will have a clear idea of what to look for, but will not fall into the "tyranny of the norm"-to use a phrase coined by L. K. Frank. Here is where the pediatrician can be especially helpful. He will try to reassure the overanxious mother, relax the rigid mother, and impress the too casual or negligent mother He will take time to explain the wide range of nor maley and try to break down ideas of an exact moment in age when each change must occur This is sometimes harder to do than it sounds One important result will be that unless the mother is too neurotic to accept his guidance he will convey the idea of letting the child grow at his own rate.

To do this, he will need to explain not only the physical but the psychologic or behavior expectancies. The alert pediatrician can foresee and prevent crises for the mother in her handling of the child, just as the alert mother can foresee and prevent crises in the child's behavior. And many of these are extremely important prophy lactically because they will forestall later battles between mother and child. Here are a few examples.

It will, for instance, save trouble later at weaning time if the physician has advised the mother

earlier to start giving the baby a little fruit juice or milk from a cup beginning at the age of 5 months or so It is reassuring for her to know that at about the age of one year, he may begin to have less appetite and become more choosey about his food Toilet training will cause fewer anxious moments if she watches her child for the signs he gives that he is ready for the next step, instead of trying to compete with the neighbor in having him trained "young" She will be more patient if she realizes that most children become more negativistic around the ages of two to three She will not try to impose unreasonable standards if assured that no 2-vearold can be expected to share his toys and take turns, and that her child will not necessarily grow up to be a selfish boor if he refuses to share at this age She will worry less about thumbsucking if she knows how frequent it is and that most children do outgrow it without difficulty is less likely to react emotionally to masturbation if she realizes that all children—all—do a certain amount of it, that it is not a perversion, and that she should not attach social and moral values to She will be less shocked when he uses some bad language at four or five if she knows how common this is and how natural

I think of the mother I saw send her 21/2-yearold son away from the table and up to his room because he picked up a piece of raw carrot in his fingers This was bad manners, and "he knew better" And I think of the mother who expected her 2-year-old to receive an introduction properly, to get up from her chair, walk over, shake hands and say "How do you do, Mr Brown" Of course, with mothers like these, one immediately wonders what their own childhood has been like, what deprivations they have had that make appearances so important to them, what factors in their lives compel them to impose rigid standards in their children. With these mothers, the psychologically oriented physician has an opportunity to play a constructive role which will benefit the child throughout his life

Technics Destructive and Constructive

Although there are innumerable times when the wisest and most experienced person will be baffled as to how to handle a child's behavior, there are certain technics which in general are to be avoided, and others which in general are to be recommended Parents are constantly seeking advice. The doctor can help by advising along some such lines as the following.

First, he will warn the parent against destructive technics Chief among these are shame, fear, and punishment Shame may bring about a change in almost any given piece of undesirable behavior but the harm done to the child's personality may

Fear and threats, too, under be incalculable mine the child's self-confidence and security and may inflict deep psychologic injuries Especially to be avoided is the threat, "I won't love you if you do that" Punishment is harder to advise about because the doctor does not want to sav "don't punish," and yet punishment is often a destructive method of handling a situation It is very likely to teach, not what the adult intends it to teach, but chiefly that this is a hard, crief The incident may be forgotten but the effects may last a lifetime Then, too, the parent may need to have it explained that there are many kinds of psychologic punishment more cruel than physical punishment

Parents also need to be helped to recognize when they are nagging, when they are creating unnecessary issues and when they are setting their standards too high, and imposing their own personalities instead of helping the child to grow in his own way. They need to be warned against expecting consistency because it is part of being a child to resist the demands and conventions of adult life. And they will need many explanations about why a direct attack on a problem, even though it seems to get the most immediate results may not necessarily be the best, and may indeed even be the worst.

As to constructive technics, these are not always as self-evident as they seem. The doctor will need to remind parents what the basic needs are and suggest ways of satisfying them. Affection, acceptance, encouragement, patience, respect for individuality, these are a few of the recommended approaches in child care which bear frequent repetition.

Attitudes Toward Parents

Parents have come in for a painful lot of critcism since the advent of the "new psychology" "Parents to Blame for Children's Behavior," shrieks a newspaper headline "Parents, Not Children, Are Delinquent, Should Be in Jail," blazons forth another "My Mother Is An Eating Problem," more subtly insinuates the title of an article in one of the slick paper magazines

It is curious that people who care a great deal about children are often harsh with parents. It is perhaps to the point for doctors occasionally to remind themselves of the cliché, "Parents are people". And it may not even be too sentimental to suggest that they remind themselves that parents were once children. They were children with the same frustrations and deprivations and conflicts that they are now trying to help their children to overcome. Scars from their early handling are now showing up in their handling of their children. Psychologists, psychiatrists, teachers, social workers—perhaps pediatricians, too—have

A PROGRAM FOR THE CONTROL OF TROPICAL AND PARASITIC DISEASES IN NEW YORK CITY

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ROPICAL and parasitic diseases have been L generally considered rarities in most cities of the temperate zone, yet, in the past, there has been evidence of the not infrequent occurrence of tropical and parasitic diseases in New York City, largely in the population derived from the Part-time diagnostic service Carribean area was established in New York City about fifteen years ago and from time to time studies of the prevalence of tropical and parasitic diseases in the population were carried out Due, in part at least, to the relative rarity of these diseases and, therefore, to the unfamiliarity of the average physician with diagnostic methods, there has been incomplete recognition and reporting of most of the tropical and parasitic diseases It is, therefore, difficult to evaluate the reported incidence of these diseases during past years

At the outbreak of the present war, with the establishment of military operations in tropical areas and with the greatly increased interchange of personnel between these areas and the continental United States, the possibility of the introduction of tropical diseases required reconsideration It seemed guite likely that with the interchange of personnel and, particularly, with the rapid means of transportation provided by greatly improved air service, there would result a possible hazard to the public health therefore, considered necessary in New York City to expand the services for the recognition and control of tropical and parasitic diseases In 1943 an effort was made to expand the clinical, laboratory, and epidemiologic services for the recognition and control of tropical and parasitic diseases

In general, these diseases may be divided into three groups, particularly from the standpoint of prevention

Group 1—African trypanosomiasis and schistosomiasis, diseases which, because of the method of transmission, would not present a hazard from the standpoint of transmission within a modern city, but which might inadvertently be introduced and present a diagnostic problem

Group 2—Such diseases as yellow fever, filanasis, malaria, typhus, or leprosy, diseases which might be introduced but in which conditions for extensive spread would not be found in a modern city, but in which prompt recognition is of great

importance for the benefit of the patient and in order to prevent even limited spread

Group 3—Such conditions as amebiasis, bacillary dysentery, trichinosis, and pin worm infestation, diseases which are not infrequently encountered and transmission, even in urban populations, might be expected

In order to be prepared for the possible introduction of these varying types of diseases, it was felt necessary to establish a diagnostic and consultation service which would include the following major subdivisions (1) clinical division, (2) laboratory division, and (3) epidemiologic division

Clinical Division

This division is designed to provide for a thorough physical examination and consultation service, and integrate the laboratory and clinical It provides for clinical examination, findings careful history taking, and for the obtaining of the proper number and type of specimens It also provides for consultations for physicians or medical agencies both in diagnosis and treatment Competent advice on specific therapy is essential from a public health standpoint because such treatment is of a preventive nature as The Chincal Division also provides consultation service with respect to artificial immunization of persons contemplating visits to the tropics, and also gives information concerning protective measures within tropical areas

Laboratory Division

Completely adequate laboratory facilities for a tropical and parasitic disease service should include the following

1 Complete parasitology service including direct examination, cultures, and animal innoculation of blood or tissue fluids, direct examination of stools, urine, and sputum, skin tests for the detection of helminth infection, and examination of biopsy specimens

2 Bacteriologic service, including smears for acid fast bacilli and for the examination of cultures of stools and blood Provision also must be made for darkfield examination

3 Serologic examinations must be provided, including Wassermann and other complement fixation tests, where indicated

4 Laboratory facilities should be provided for virus studies providing for the recognition of yellow fever, psittacosis, and possibly other virus diseases

^{*}Presented, by invitation, at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Public Health, Hygiene, and Sanitation, May 1, 1946

 A mycology laboratory should be provided in which studies of fungous infection may be carried out.

6 Laboratory studies in entomology may from time to time be of great importance in the

prevention of spread of infection

General provision is essential for the common chinical laboratory tests, such as blood count hemoglobin determinations, etc., which are of importance in clinical diagnosis.

Epidemiologic Division

This service should provide for the investigation of the probable source and possible transmission of all recognized cases. This involves complete epidemiologic investigation of the reportable and in some instances, nonreportable conditions discovered

In the establishment of the service in New York City, a central clinic was set up in the Washington Heights Health Center and this clinic included the services of clinicians having had experience in tropical and parasitic diseases. In the development of laboratory services and the establishment of an epidemiologic service for the city, because of the great demand by the armed forces for personnel trained in tropical diseases it was necessary to select a member of the staff of the department who had had extensive laboratory experience and to provide an opportunity for specialized study in tropical diseases which was given in the Army Medical Center and, subsequently, an opportunity for field experience was provided We were fortunate in obtaining the services of an epidemiologist who had had ex tensive training in tropical diseases These members of the staff undertook the training of labora tory personnel to provide adequate laboratory service

Reasonably adequate service has been provided in parasitology and clinical diagnosis at the clinical center bacteriology and serology has been provided through the central laboratory Entomologic consultation has been provided by the Museum of Natural History No provision has been made for virus studies and only limited provision for mycology

An effort was made to inform the medical profession in New York City of the service avail able Notices were carried in the medical society bulletins informing physicians that free laboratory service to all physicians and medical agencies could be obtained at the tropleal diseases center, that unlimited consultation service to physicians would be provided both in diagnosis and treatment. A system of telephone reporting of positive findings was established. This method of reporting provided an opportunity for the physicians to obtain telephone consultation concerning therapy, and provided a closer contact between the diagnostic service and the practicing physicians. An attempt was made to stimulate routine referrals of persons known to have been exposed to tropical or parasitic diseases through residence in the tropics. A program of professional education was set up providing for lectures to physicians, talks to lay groups and nurses, publication of material relating to the various types of tropical diseases and establishment of a training course for laboratory technicans in the diagnosis of tropical diseases.

The operation of the service really got well under way early in 1944. During that year, efforts were made to inform the medical profession of the services available. Partly because of more general knowledge of the services available and partly because of the greatly increased return of personnel from the tropical areas, the first marked increased demands upon the service were noted in 1945.

As shown in Table 1, there had been no very striking change in the number of new patients admitted to the tropical diseases center until 1945, when 3,043 new patients were admitted This marked increase is, in all probability, at least partly due to the notification of the service carried in medical society journals. The increased load on the laboratory associated with this markedly increased admission rate is shown in Table 2. Ten thousand and one specimens were examined in the laboratory during 1945, as compared with 4.350 in 1944. A partial analysis of the operations of the clinic indicated that a conanderable number of cases of tropical and parasitic diseases were occuring in New York City, not limited by any means to returning military personnel. Of the slightly over 3,000 new patients admitted, a positive diagnosis of tropical or para sitic disease was made in 791 The method of referral of the cases admitted during 1945, as shown in Table 4, was quite largely from referrals by private physicians Of the 4 043 new cases. 2 192 were referred by private physicians, 501

TABLE 1 -- PATIENTS ADMITTED TO THE TROPICAL DISEASE DIAGNOSTIC SERVICE

lear	New Patients
1941	1 177
1942	1 185
1943	957
1944	1,200
1945	3,043

TABLE 2-Greciment Examined in Laboratory 1944 and 1945

	1944	1945
Stools	3 064	6 478
Blood	839	2,532
Swahe	304	747
Miscellaneous	123	249
Total	4,850	10,001

TABLE 3—Results of Clinical and Laboratory Study of Cases Admitted in 1945

OF CAUDO HUBBILLED IN 2010	
Diagnosis of Tropical or Parasitic Disease No evidence of Tropical or Parasitic Disease Incomplete Study Total	791 2 076 176 3,043
TABLE 4 —Source of Cases 1945	
Referred by Private Physicians Referred from Health Department Clinics Referred from Hospitals Total	2,192 501 350 3 043

were referred from health department climics, and 350 were referred from hospitals

As previously stated, a considerable proportion of the cases admitted to the service had had long-continued residence in the tropics. Nine hundred and three of the new admissions in 1945 gave a history of having been born in a tropical region. A large proportion of the new admissions gave a history of recent residence in the tropics. Of those 1,593 who gave a history of residence in the tropics during the past five years preceding admission, 481 had been in military service or had been directly connected with war activities, and 1,112 were not directly connected with war activities.

It is of interest to observe the characteristics of the tropical disease findings in returned military personnel. Dr. Shookoff, epidemiologist to the service, is making a detailed analysis of the epidemiologic characteristics of the tropical diseases observed in military personnel. Briefly, some of the observations made in the study of these cases show a wide and varied tropical experience.

As shown in Table 6, of 278 patients admitted to the center giving a history of military service, more than one half, or 147, gave a history of service in the Pacific area. Fifty-seven of this number had service in the North Africa-European area, 22 in the China-Burma-India area, and 16 in the Carribean area. An analysis of the findings in 272 ex-servicemen, as shown in Table 7, shows

TABLE 5 -Tropical Residence of Patients Admitted

1840	
Native of Tropics	903
Native of Temperate Regions	2,140
Tropical Residence During Past 5 Years	
War Connected	481
Not War Connected	1,112
Total	1 593

TABLE 6 —Examination of Former Military Personnel 1945

Total Admissions	272
Area of Service *	
Pacific Area	147
Africa-European Area	57
China Burma-India	57 22
Latın America-Carribean	16
United States Only	19
Other or Unknown	17
	

^{*} Six persons served in more than one tropical area

TABLE 7 - DIAGNOSIS IN 272 Ex-Servicemen

Number found infected		119
Malaria	38	***
Filamasis	38 23	
Fungous infection of skin	30	
	14	
Amebiasis	14	
Intestinal only	13	
Abcess of liver	. 1	
Intestinal worms	12	
Sprue	10 3	
Glardinais	3	
Bacillary dysentery	1	
Total positive findings	_	137

a considerable number of clinical conditions encountered. One hundred and nineteen of the 272 were found to have one or more tropical or parasitic infections, 38 were found to be suffering from malaria at the time of admission, 23 had clinical evidence of filariasis, 30 were suffering from fungous infection of the skin, 14 were suffering from ameliasis, 12 were found to have in testinal worm infestations, and 10 were suffering from sprue. Table 8 shows the wide range of intestinal parasites identified by laboratory methods in the year's experience of the clinic

TABLE 8 -PARASITES IDENTIFIED

Endamoeba histolytica Endamoeba coli Balantidium coli Endolimax nana Iodamoeba buetschlii Trichomonas hominis Chilomastix mesmii Giardia lamblia Schistosoma mansoni Wucherena banorofti Entorobius vermicularis Ascaris lumbricoides Taenia species ova Taenia species ova Taenia saginata Hookworm Strongyloides stercoralis Trichuris trichiura Diphyllobothrium latum Acanthocheilonema perstans Hymenolepsis nana	87 329 1 73 61 52 22 21 24 8 8 8 63 1 11 64 33 254 2
Acanthocheilonema perstans	_

Summary and Conclusions

Anticipating an increase in tropical and parasitic diseases as a result of the war, an effort was made to provide for chinical, laboratory, and epidemiologic consultation and service in New York City The service was established in 1943 and a marked increase in referrals to the service was observed in 1945 This increase and demand for consultation was almost certainly due partly to an increase in actual disease resulting from the return of military and other personnel from tropical and other areas that were directly war connected, and partly due to a greater knowledge of the availability of consultation service There seems to be evidence of a continuing need for this type of service in New York City and probably in other seaport or transoceanic airport cities. In all probability, the greatest number of cases of tropical or parasitic disease will be encoun tered in the next year or two, with a decline when demobilization of the armed forces has been completed, but it seems quite likely that there will be a continuing need on a somewhat reduced scale for consultation service in tropical and parasitic diseases

Discussion

Dr Hollis S Ingraham, Albany—The very excellent tropical disease control program expanded by Dr Stebbins in New York City a, obviously the result of long consideration and careful planning, and will surely prove to be an adequate solution to the problem. Dr Stebbins has covered the subject so thoroughly that there is little that I may add except to comment on the related situation with which we are confronted in Unstate New York.

The necessity of meeting the possible introduction of tropical diseases into New York State was recognized early in the war and appropriate action was taken by the various interested groups Among

the steps taken were

1 The New York State Association of Public Health Laboratories planned a series of five conferences on laboratory aids to diagnosis of tropical diseases. These were of great value since it has long been recognized that tropical medicine is laboratory medicine to a greater extent than is true of any other medical specialty.

2 The Medical Society of the State of New York and the New York State Department of Health initiated a joint program of postgraduate education, making available lectures by qualified experts to

county medical societies.

3. The Markle and Rockefeller foundations made it possible for staff mambers from each of the medical schools to attend a formal course in tropical medicine, followed by field experience in tropical America. These staff members have in turn, passed on increased and more expert instruction to medical students.

 The United States Public Health Service assumed responsibility for the control of anopheline mosquitoes in the vicinity of military establishment.

5 The State Health Department offered a short refresher course to each of its district health offers, and provided each district office with a copy of Suit's Diagnosis Prevention and Treatment of

Tropical Diseases, by Richard Strong

Unquestionably many veterans of the recent war will continue for some years to carry the incutants of disease acquired in tropical areas. The question of the public health importance of these diseases, that is the likelihood of actual epidemic spread or endemic persistence, can now be evaluated more real istically than was possible during the war years. Earlier it was quite impossible to judge accurately the gravity of your problem. We could not know the extent to which an unfavorable turn in the tide of war might lead to destruction of water purification plants, pasteurising plants, and hospitals, nor the degree to which our transportation might be impeded, or medical and nursing service curtailed.

might resort to bacterial warfare. However, we have emerged from the war with our preventive machinery quite undamaged and, indeed, strength ened in many respects. We are possessed of now weapons such as DDT and the newer animalarials and have greatly increased knowledge of control of such diseases as typhus, malaria, and plague. Many of our preventive methods such as immunization against typhus and yellow fever, have now been thoroughly tried and found to be highly effective. We have been further greatly reinforced by the return of many hundreds of physicians who have had actual experience with the various tropical diseases, and who will carry this knowledge into their private practice and extend the benefits to their collegues.

Hence it now appears that we stand on firm ground in predicting that we need fear no extensive epidemics of the known tropical diseases. There is the possibility that certain illnesses which managed to maintain a foothold in this State prior to the war may occur with somewhat greater frequency possibly because of the introduction of nower and more virulent strains. I refer particularly to amebic and bacillary dysentery, in which, however there is no cause to fear any true epidemics. There is a very real possibility of this same mechanism operating in

another nontropical disease—diphtheria. Malaria requires special consideration. malady persisted in the lower Hudson Valley until the early 20 a. During the last ten years, there have been three occasions on which two or more individuals have been infected by a single focus within The source of parasites for one New York State of these was a worker from a southern state, for another Mexican laborers, and for the third re-turned servicemen. In 1945, with 557 cases of relapsing malaria being reported among members of the armed forces and votorans, not a single instance of transmission within the State was recorded. Since Anopheles quadrimaculatus is present through out the State in some areas occurring in moderate density it is guite possible that small foci of malaria. may appear within the next two years. It is beheyed that the possibility of any extensive epidemia is so remote that we are not justified in embarking on an expensive state-wide program of anopheline destruction. Small outbreaks may be quickly sunpressed by modern methods of malaria control. Since it is believed that relapses among servicemen will have practically ceased to occur within another two years, it is believed malaria very quickly will revert to its prewar status.

It does appear then, that the tropical disease problem resolves itself largely to the prompt recognition and diagnosis of the disease in the individual, with the application of the indicated therapeutic and proventive measures. This will require an awareness of the possibility of these diseases by each practicing physician and full use by him of the available laboratory aids for diagnosis, and of public health facilities to prevent spread to others in his immediate environment.

It is apparent that the New York City tropical disease service has been established with these aims in view, and is admirably planned to provide the private physician with every aid in supplementing his offorts in controlling exotic diseases.

GIANT CELL TUMOR OF THE CERVICAL SPINE

HALFORD HALLOCK, M D, New York City

THE following case is reported because of its general interest, extensive involvement of the cervical spine, and astomshing absence of neurologic complications

Case Report

In December, 1937, the patient, S. R. P, aged 34 years, while performing in a musical comedy, slipped and fell to the floor striking the upper part of the shoulder and snapping his head and neck. He noticed sharp pain in the neck but was able to continue his performance. He continued working until February, 1938, when he was taken to the Rhode Island Hospital in Providence because of excruciating pain. Traction was applied.

X-rays upon admission, and on February 18 and 22 were reported as negative, but, on March 13 films were interpreted as showing an old injury or an anatomic variation of the second cervical vertebra

He was discharged from the Hospital on March 25, 1938, wearing a collar support

Presented at the 140th, Annual Meeting of the Medical Society of the State of New York Section on Orthopedic Surgery May 3 1946 Pain and stiffness increased and in May, 1938, he was admitted to the Neurological Institute in New York City—It was felt that x-rays at that time strongly suggested a giant cell tumor of the second cervical vertebra (Fig. 1)—A brace was applied and x-ray therapy was given

In November, 1938, it was thought that the condition might be tuberculosis and he was admitted to a sanitarium for six months. Orthopedic consultation, however, finally dispelled this conviction and he was discharged. Another course of x-ray therapy was given and support was discontinued.

His compensation case was closed in November, 1941, and he returned to work and continued at work X-rays at this time showed disappearance of the cystic bone lesion, absence of soft tissue swelling, and the development of spontaneous fusion between the first, second, and third cervicals (Fig 2)

In December, 1943, while playing in Boston, he got up quickly from a recumbent position and again felt something snap in his neck. He continued with his work until March, 1944, when he had to stop because of pain. Roentgenograms in June, 1944, revealed a disappearance of the previous mass of reparative bone and the space between the first cervical and the fourth cervical to be filled with a soft tissue mass with areas of calcification within it. Rem nants of the spinous processes of the second and



Fig 1 Cystic lesion of the second cervical with anterior soft tissue mass August 16, 1938



Fig 2 Absence of soft tissue mass and cystic lesion of bone Fusion present in first and second cervicals. October 6, 1941

third cervicals were seen posteriorly and the body of the fourth cervical had become involved (Fig. 3) A-rays, a year later, showed marked uncrease in these changes and involvement of the flith cervical. A large soft tissue mass projected anteriorly (Fig. 4)

Treatment during this period consisted of traction disthermy, and injections of vitamin B and Bromplex. From July to September 1944 he had more x ray therapy. Since 1944, he has worn a brace and has not taken it off at any time. He was warned that to do so might result in sudden dissater

He first presented himself to the writer for examnation on February 20, 1946. He was wearing a Taylor spinal brace with cervical attachment. He did not complain of any pain but only of fatigue in the neck which compelled him frequently to lie down He had some numbness in his fingertips but no sphincterio disturbances or weakness in the legs.

Examination revealed a healthy-appearing man who walked normally he was wearing a spinal brace with cervical and chin attachments. Motion of the cervical spine was not tested. No tenderness was found over the region of the cervical spine, but the patient was apprehensive and did not reliab pal pation. There seemed to be some looseness of bone in the region of the spinous processes. Bulging was not seen in the pharynx

Motor power throughout the upper extremities was good except that the grasp of the left hand was a little weaker than that of the right. No sensory changes were noted in the hands. The bicepe hu meri reflexes were both two plus, the knee and the ankle jerks were three plus.

Roentgenograms taken on March 5 1946 showed some recalcification in the involved area, particularly in the region of the third and fourth cervicals,

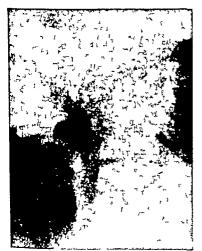


Fig 3. Recurrence of lesion with involvement of the second third and fourth cervicals. Soft tissue mass present anteriorly June 23, 1944

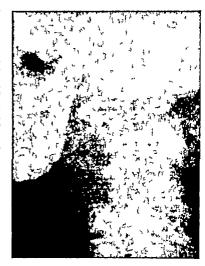


Fig. 4 Marked increase in the pathologic changes of bone and soft tissue. Involvement of the fifth cervical is now present. May 25 1945



Fig. 5 Areas of recalcification particularly in the region of the third and fourth cervicals which indicate the probable presence of reparative changes. March 5 1946

suggesting reparative changes Soft tissue swelling and apparent absence of vertebral bone structure were still present (Fig. 5)

Diagnosis —The nature of the lesion as shown by the progressive x-rays appears most likely to be a giant cell tumor, that, after apparent healing, recurred and extended into a number of the cervical vertebrae

Continuation of brace support and new x-rays in three months were advised Dr Lawson E Miller, consulting roentgenologist, did not believe that further y-ray therapy was indicated as long as reparative changes seemed to be present A biopsy was not considered advisable or necessary and would not change the type of treatment

Discussion

Giant cell tumor of bone most frequently occurs in the lower end of the femur, upper end of the tibia, and lower end of the radius It is seen, also, in the spine (Ewing) 2 In 1927 Kolodny reported that of all the cases in the Registry of Bone Sarcoma, 56 per cent were in the bones of the lower extremity, 23 per cent in those of the upper extremity and 21 per

cent in the bones of the trunk including the pelvis. shoulder girdle, and jaws. In the literature, from 1923 to 1937, Miller found 59 reported cases of giant cell tumor of the vertebrae Of these, 8 were in the cervical portion of the spine and involved in each instance only a single vertebral body This case is unique in that four contiguous cervical vertebrae eventually became involved by the process.

The lack of collapse in the face of such marked apparent dissolution of bony structure must mean that sufficient although decalcified framework still exists which in the presence of solid tumor tissue and aided by continuous brace support is enough to preserve alignment It seems certain that the brace alone is not responsible To the preservation of alignment must be ascribed the astonishing absence of neurologic complications

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- 3 Kolodny A (Supplement) (1927) Surg. Gynec, and Obst. 44 1-214

CHILDREN BORN WITH SYPHILIS RESPOND WELL TO PENICILLIN TREATMENT

In a study of 61 children, two Atlanta physicians have found that penicillin is effective in the treat-

ment of congenital syphilis

Congenital syphilis—a term usually associated with children who are born with the disease—is transmitted to an embryo while it is still in the womb

The infected mother's blood carries corkscrew-like spirochetes to the infant's body Many or all of the embryonic organs are affected

Drs Joseph Yampolsky and Albert Heyman, who are from the Departments of Pediatrics and Medi-cine of Grady Memorial Hospital and Emory Uni-versity School of Medicine in Atlanta, used penicillin to treat the 61 syphilitic children, according to the October 19 issue of the Journal of the American Medical Association

Thirty-two of the 61 children had simple infantile congenital syphilis Twenty-three of the 32 responded satisfactorily under the penicillin treat-ment "All 23 are clinically well, have normal spinal fluids, and exhibit no clinical evidence of the

disease," the authors say

While three of the patients died, the authors believe that the fatalities were in no way related to the Two of the deaths "apparently resulted treatment from an overwhelming syphilitic infection in premature and malnourished infants, while the third fatality remains unexplained "

In discussing the remaining 29 patients, the At-

lanta doctors say that seven were suffering from acquired primary and secondary syphilis, while the others were treated for late forms of congenital syphilis

In the 7 cases of acquired syphilis, the doctors say the patients were treated with doses of penicillin comparable to those used in adults "The syphilitic comparable to those used in adults lessons healed promptly in every case and the spirochetes disappeared rapidly," the Journal article says, adding "All of these children have been followed: for at least six months

"The results obtained with penicillin in the treatment of syphilis in children seem to depend on the nature and duration of the disease Although pemcilin appears to be effective in the treatment of infantile congenital syphilis and in early neurosyphilis, little or no response can be expected in the treatment of the late manifestations of this disease"

Drs Yampolsky and Heyman say that while the optimum dosage of penicillin cannot be determined in such a small series of cases, "we believe that a total dose of penicillin of 100,000 units per kilogram of body weight is effective in the treatment of the majority of these cases "

NOTICE TO RADIOLOGISTS

During the Annual Meeting of the Medical Society of the State of New York to be held at Buffalo in May, 1947, it is proposed in the Radiological Section to submit the x-ray films of interesting cases of chest pathology to a board of three experts for dis-cussion before the Section

Only cases of proved diagnosis may be submitted The films together with a brief résumé of the history and physical findings but without diagnosis are

to be made available to the experts in advance. Radiologists of the State are invited to submit such cases to the Secretary of the Section, Dr Carlton F Potter, 820 S Crouse Ave, Syracuse 10, by may or being them. 15 expended Section by mail or bring them to the Radiological Session the previous day This will make them available for study in advance Final diagnosis must not be Final diagnosis must not be mentioned on the sheet recording the resume of history and physical findings

MOBILIZATION OF THE ANKYLOSED ELBOW BY RESECTION

ROBERT J NEVILLE, M.D., Hackensack, New Jersey*

THROUGHOUT the years standard surgical textbooks have devoted a brief paragraph or two to consideration of excision of the elbow joint. This procedure has usually been reserved for a tuberculous iont or one which has been destroyed and left painful by generiheal or suppurative arthritis. The in cidence of tuberculous with its joint complications is last declining and, with the advent of chemother apy infectious arthritis has been sharply reduced in frequency

Since Hibbs showed that joint tuberculous could be cured by surgical bony fusion of the involved joint, the indication for excusion of the elbow joint in this malady has been reduced to the very small number of cases in which there is a persistent drain ing mnus in the presence of secondary infection. Here a simple excision will chiminate the disease and restore motion. Severe trauma and various forms of arthritis, leading to a stiff elbow often make it ad visable to mobilize that joint

In the lower extremity, stability of the various joints is of paramount importance. In the upper extremity while joint stability is also important, the ability of the extremity to function depends upon the control and the use of the hands and the elbows play an important role in permitting and assisting such function. However it is perfectly true that a single stiff elbow joint in the functional post tion does not constitute a severe handicap to most people

On the contrary a movable but somewhat weakened elbow joint will not serve a man doing laborious work as well as a solidly fused elbow in the optimum position. Excision of the elbow joint probably plays its greatest role in relieving the individual stricken with two stiff elbow loints regardless of the cause of such stiffness. In such a case it would be necessary to restore motion to only one of the joints, thereby leaving a strong stable painless upper extremity on the opposite aide for heavy lifting and such work.

Dr John B Murphy more than any individual, was responsible for stimulating interest in the role of arthroplasty of all joints including the elbow He did not favor excision because he felt that it resulted in a flail, weak joint. This opinion has been accepted by most surgeons and there is no doubt but that an arthroplasty of an elbow joint, when successful, will give a joint that is stronger and one which is less relaxed in all elements. However, in the presence of actual infection, an arthroplasty is specifically contraindicated whereas an excusion is the operation of choice when it is decided to mobilize the elbow It has also been observed that an arthroplasty does not always give uniformly satisfactory motion and the element of pain is not always com pletely eliminated. There is undoubtedly room for both the arthroplasty and excusion in caring for a stiff painful elbow joint and there is a definite indication for each procedure.

A review of the following case of rheumatoid ar thritis will serve to illustrate one of the indications for elbow joint resection. It is not offered as an end result study

Case Report

The patient, a 27 year-old colored woman, visuted the clinic at the New York Orthopedic Dispensary and Hospital for the first time on May 6 1943 Starting five years previously, the patient had experienced multiple joint pains involving the cervical spine, shoulders elbows, wrists, fingers, knees and right ankle. At the time of her first clinic visit, the right elbow joint was solidly ankly clear at a 90 degree flexion. Supination and pronation were limited. The laft telbow had only 20 degree metrics is ited The left elbow had only 20 degree motion, i.e., from 45 degrees to 65 degrees flexion and also limited rotation. The sedimentation rate was 90 mm in one hour

A course of gold therapy was administered, the sedimentation rate dropped to 40 mm. in one hour and the pain and swelling of the joints largely disappeared. However the stiffness of the elbow joints with its resulting incapacity remained and for this reason the patient had a resection of her right elbow joint on October 2 1944 seventeen months follow ing her first appearance at the clinic. The operation was performed nineteen months ago The incision was made posteriorly, the ulnar nerve was identified and carefully retracted and the lower end of the humerus and upper portion of the radius and ulna humerus and upper person of the radius and unas were subperiostenly exposed and delivered into the wound. A wide exision was performed using the motor saw The humerus was severed 1½ inches proximal to the medial epicondyle, and both the radius and ulna were severed at the same level, that is, at a point just proximal to the radial tuberosity The whole elbow joint was removed in one mass circular cast was applied with the elbow flexed to 90 degrees and with the forearm in midpronation. The cast was immediately bivalved to accommodate postoperative swelling and after two and one-half weeks exercises were begun

Soon the patient had full active flexion and exten sion but only fair pronation and supmation. The patient has now full painless, active flexion and extension but there is no pronation or suplnation due to a synostosis of the radius and ulna. Strength of the elbow though not normal is good and lateral instability of the joint is minimal. The patient has absolutely no pain in the elbow that was operated upon and she is using it for her ordinary duties.

References

- Murphy John B: Ann. Surg 57: 593 (May) 1913 Bussby B Franklin: Ann. Surg 101 625 (April) 1936 General References

Presented, by invitation at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Or thopwdie Surgery May 3 1946.

CENTRAL DISLOCATION OF THE RIGHT FEMORAL HEAD WITH COMMINUTED FRACTURES OF THE PELVIS

MILTON J WILSON, MD, FACS, New York City

(From the Orthopedic Department New York Medical College, Flower and Fifth Avenue Hospitals, Metropolitan Hospital Division)

THE patient, H Y, a 38-year-old man, a taxi driver, was struck by a taxi on January 10, 1942. On admission to the Metropolitan Hospital, roent-genograms showed (Fig. 1) multiple comminution of the iliac, pubic, and ischial portions of the acetabulum, the right femoral head having been dislocated into the pelvis about two inches from its normal ocation.

The ramus of the ischium and the descending ramus and body of the pubic bone were also fractured

Russell traction, 10 pounds, was applied and subsequent roentgenograms (Fig 2) taken February 20, 1942, six weeks after injury, showed satisfactory reduction

The traction had not only pulled the head out of the acetabulum but the pull on the ligaments had resulted in restoration of fairly good contour of the pelvis. There was considerable overproduction of callus which resulted in limited motion.

At the end of seven and one-half weeks, the traction was removed and two weeks later he was about on crutches

After a few weeks of weight-bearing, he was noted to have flexion contracture of the right knee and hip joints, but this gradually improved In May he

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Orthopedic Surgery May 3 1946

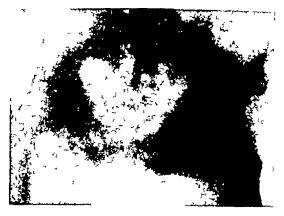


Fig 2 After six weeks of Russell traction the femoral head has been restored to satisfactory position

drove his car five miles and in July, six months after the injury, he returned to regular work as a taxi driver

Due to persistent flexion contracture he walks with the body slightly stooped but he has no pain in the hip joint or the back and can walk long distances without difficulty

Abduction and internal rotation are markedly restricted and flexion of the hip is only to 90 degrees. Figure 3 is the roentgenogram taken April 6, 1946

1000 PARK AVENUE



Fig 1 Central dislocation of right femoral head with comminution of the ilium, ischium, and pubis January 10, 1942

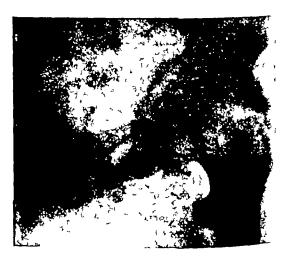


Fig 3 End results April 6, 1946

POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal. The members of the committee are Oliver W. H. Milchell, M.D., Chairman (428 Greenwood Place, Syracuse), George Bachr. M.D. and Charles D. Post, M.D.

Richmond County Lecture Series

POSTGRADUATE instruction for the Richmond County Medical Society is to be given Thursday afternoons 3 30 o clock, in the auditorium of the United States Marine Hospital Stapleton, Staten

United States Marine Hospital Staploton, Staten Island, New York.

On February 6 "Differential Diagnosis in Chronic Pulmonary Diseases" will be discussed by Dr. H. McLeod Riggins, associate in medicine at Bellevue Hospital and Medical director of the Tuberculosis service Triboro Hospital. Dr. A. Wilbur Duryce, associate clinical professor of medicine College of Physicians and Surgeons, Columbia University will speak on "Management of Peripheral Vascular Discusses on Externet 18 eases on February 13

Basic Factors in Allergy' will be the sub-ject presented on February 20 by Dr Matthew Walzer associate in medicine Cornell Univer

anty Medical College, and attending in allergy and chief of allergy clinic, Jewish Hospital, Brooklyn.

The last of the February series will be on February 27 by Dr Arthur M Rech clinical professor of obstetrics and gynecology New York University, College of Medicine. His topic will be "The Treat-

College of Medicine His topic will be "The Treatment of Obstetneal Bleeding"
Dr Samuel Kleinberg, of New York City, will discuss Back Pain on March 6 On March 13 Dr William Goldring, associate professor of medicine New York University College of Medicine, will lecture on 'Glomerulonephritis, and on March 20 'The Poptic Uleer Problem will be the topic of the lecture discussed by Dr Albert F R. Andresen professor of singlest medicine, using Listent College of fessor of clinical medicine, Long Island College of Medicine.

Blood Substitutes and Derivatives

DR. FREDERICK N MARTY will address members of the Wayne County Medical Socety on Tuesday February 11 at 6.30 r M. at the Hotel Wayne, Lyons. Dr Marty instructor in chinical medicine at the Syracuse University, College of Medi-cine, will discuss 'Use of Blood Substitutes and Derivatives.'

DIRECTORY OF CONVALESCENT HOMES

The Committee on Public Health Relations of The New York Academy of Medicine is preparing a The New York Academy of Medicane is preparing a new edition of the Directory of Conselectest Homes in the United States, to be published by the Sturgis Fund of the Winifred Masterson Burke Rehef Foundation of White Plains, New York The last issue of this Directory was published by the Sturgis Fund in 1931 under the auspices of the Committee or Convalencent Care of the American Conference on Hospital Service and has long been out of print The need of a new disease. The need of a new directory is recognised

Early in January, a questionnaire was distributed to all recognized convalescent homes maintained by municipalities, counties, or voluntary

bodies. The information sought dealt with the physical plant the staff, the requirements for admission the type of patients, therapy, and such other matters as would make the Directory a dependable guide for physicians who wish to refer their patients to institutions for convalescence The questionnaire was so devised that it could be filled out with a minimum of effort

Convalescent homes which have not received a questionnaire are urged to request one by writing to E. H. L. Corwin, Executive Secretary Committee on Public Health Relations, The New York Acad my of Medicine 2 East 103rd Street New York 29 New York

HAVE YOU ASKED YOURSELF THIS QUESTION?

Cole R. Gibson M D preadent of the Connecticut State Medical Society sake this question of the membership in the August State Journal If the Connecticut State Medical Society is not giving you the things you think it should, if it is not progressive according to your views if it is not meeting a profound need of the medical profession, what have

you done about it, or what do you intend to do beyou dome about it, or what do you intend to do be-sides paying your duest Your ideas and your entidesms for the improvement of the quality of service are needed—but they will be of little value if you remain silent. —News Letter Council on Medical Service, American Medical Association, November 25 1946

DEPARTMENT OF MEDICAL CARE INSURANCE

CONDUCTED BY GEORGE P FARRELL, DIRECTOR

Report on the Joint Meeting of the Subcommittee on Medical Expense Insurance of the Committee on Public Relations and Economics and Directors of New York State Medical Care Plans

A H AARON, M D, Buffalo, Chairman

A N INTERESTING and informative meeting of this group was held at Syracuse, New York, November 20, 1946 In addition to members of the November 20, 1946 In addition to members of the Committee and Directors of medical care plans, the Medical Society of the State of New York was represented by Dr William Hale, president, Dr Charles D Post, vice-president, Dr W P Anderton, secretary, Dr Carlton E Wertz, chairman of the Council Committee on Public Relations and Economics, Dr O W H Mitchell, chairman, Council Committee on Public Health and Education, and Dr Herbert H Bauckus, president, Veterans Medical Service Plan of New York, Inc Dr Frederick S Wetherell, president of Onondaga County Medical Society, Dr James K Quigley, president, Genesee Valley Medical Care, Inc, Dr Carlton P Kavle of the Niagara County Medical Society, Mr William C Gould, New York State Department of Insurance, and Mr George P Farrell, director, Bureau of Medical Care Insurance, also attended also attended

This Committee functions under the Council Committee on Public Relations and Economics and the Bureau of Medical Care Insurance, to aid medical care plans and to promote the coordination of physicians, and hospital and medical plans toward successful continuation of the voluntary prepaid

of the voluntary prepaid nonprofit insurance principle

Mr Farrell emphasized the importance of the standardized reporting form on financial and membership data of the plans, prepared by the Bureau of Medical Care Insurance

This form is to be filed

by each plan with the Bureau quarterly on a year to date basis, and from the information submitted trends of the plans can be noted

The Committee has been actively engaged in publicizing nonprofit medical care plans throughout the State

This work has been carried on through the medium of newspapers, county medical society bulletins, the New York State Journal of Medicals, and by informative talks The Woman's Auxiliary to the Medical Society of the State of New York has contributed extensively to the program by arranging for speakers to appear at their meetings throughout the State and at future meetings of county medical societies where no speaker has yet appeared

Attention was called to a booklet entitled "Check and Double Check on Sickness Insurance," written by J Weston Walch, instructor in economics and business law, Portland (Maine) High School and published by the Public Relations Bureau of the State Society for distribution throughout the This booklet is arranged in question and answer form and presents a comprehensive picture of the advantages of the voluntary principle over

that of compulsory health insurance

Five nonprofit prepaid voluntary medical care insurance plans are now in operation in New York State, located in New York City, Buffalo, Syracuse, Rochester, and Utica. An inhospital medical surgical plan for the Albany area has been approved by the State Insurance Department and Dr John E Heslin, chairman of the Albany County Medical Society's Committee on Economics, advised the group that enrollment of participating doctors was progressing rapidly and that contracts would be available by January, 1947

Chautauqua County Medical Society is now working on the development of a plan and has considered an inhospital medical-surgical contract.

considered an inhospital, medical-surgical contract (including obstetrics) on a service basis, and an inhospital medical-surgical plan on an indemnity basis Dr C Otto Lindbeck, chairman of the Committee on Economics of Chautauqua County Medical Society, reported that his Society hoped a definite plan would be decided upon at the meeting

of the Society in December
The New York State Department of Insurance is working in close cooperation with the nonprofit plans and Mr William C Gould, Department represents tive, reiterated the Department's desire to continue this close-working relationship and urged that efforts toward the successful operation of these plans be continued by physicians and directors of plans to prove that the voluntary nonprofit insurance system could and would succeed Mr Gould referred to a series of hearings which he had read on the Wagner Murray-Dingell Bill and recommended that these hearings be read by those present as they were "replete with valuable references" He commended the standardized financial and membership reporting form and advised the Committee that the State Insurance Department is now considering a requirement that all plans render to the Department a quarterly report, certified as to income and disbursements, assets and liabilities, changes in bank bal ances, and acquisition of securities

Mr Farrell described the background of Associated Medical Care Plans, Inc., formerly the Medical Service Plans Council of America, an or ganization of existing medical care plans throughout the United States The purpose of this new corporation is to seek mutual joint action, on a national carlo by all and all all and scale, by all voluntary prepaid medical care plans and to be closely coordinated with the activities of the Council on Medical Service of the A.M.A. Affiliation by New York State plans is being sought by this new corresponding the by this new organization, and in discussing the possibility of this affiliation the directors present expressed disfavor of membership in A.M.C.P. of plans approved by state medical societies and underwritten by commercial insurance companies.

Public reaction to voluntary medical and surgical plans and problems encountered in the administration of the control of the c tion of these plans were revealed in the paper presented by the directors of New York State plans. In order to bring this information to the profession

as a whole we are including the highlights in this

report.

Mr Carl Metzger, executive director of Western New York Medical Plan Buffalo stated that many problems were encountered in the administration of a medical-surgical plan because of dual corporate control with the hospital plan, the most difficult of solution being the public relations angle. Trouble starts when contract terms and benefits are not in keeping with local practice. He believes 'a merge of the hospital and medical plans into a single corporate structure would eliminate duplication of functions and procedures and avoid misconception of the plan's services and objectives.

He further stated that in order to assure an accurate, up-to-date financial picture of any plan subscribers must notify physicians of membership in the plan and physicians notify the plan of the existence of claims Failure on the part of subexistence of claims. Failure on the part of sub-scriber and physican to carry out these provisions causes discrepancies in records and upsets the true financial picture. To overcome this laxity many remedies have been applied. It is Mr. Mettger's belief, however that "the only solution is a serious recognition by both subscriber and physician to

overcome this problem."

The Western New York Plan has decreased the paper work required of physicians to a single claim service notice, and physicians who register com-plaints with patients relative to this phase of the plan bring about a sales resistance difficult to overcome.

Mr Metrger further believes that a broad educa tional program acquainting physicians with medical plans in general, including administrative and financial responsibility and publication of well-planned articles in medical journals throughout the state would help to accelerate doctor-plan public relations. He recommended that such a program be developed by the Public Relations and Medical Care Insurance bureaus of the State Medical

In conclusion, Mr Metager emphasized 'the importance of a thorough knowledge of medical economics on the part of physicians if the private practice of medicine is to continue rather than be revolutionized by a social uphenval.'

The importance of doctor participation in the success of a medical care plan was clearly outlined by Mr J Campbell Butler, executive director of Central New York Medical Plan Syracuse, who fit is a foregone conclusion that a medical care plan cannot hope for success without at least

85 per cent participation on the part of doctors underwriting a plan' A subscriber does not wish to be faced with the fact that his doctor is not a participating physician, nor does an employer care to investigate the matter in order to enroll a satisfied group This situation has been remedied by Central New York and public interest increased as doctor participation increased.

Mr Butler also stated that "the doctor should be familiar with and thoroughly understand the benefits to which his patient is entitled." He outlined two specific points for the doctor to follow to aid in the success of a medical care plan (1) enthusuastic representation of the plan to his patient, and (2) prompt submission of claim notices and bills for service in order that a true financial picture of the

plan is reflected.
The Genesee Valley Medical Flan, Rochester is the newest plan operating in the State Mr Sher the newest pian operating in the state Air some man Meech, managing director, informed the group that enrollment began July 15 1940, and membership had now reached 12,000 persons. Reception of the plan by employers and employees has been most favorable. This reaction is due in a large measure to the fact that doctors were signed as participating in the plan before contracts were sold assuring subscribers of the continued services of their own doctors under the plan

Mr Meech stated also that at present 85 per cent of all doctors in the five counties served by the plan are participating and in conclusion he reiterated are participating and in concurred no leavest and Mr the statements made by Mr Metzger and Mr Butler that 'the success of a plan depends upon an effective public relations policy and the whole-

hearted cooperation of participating physicians added to sound administrative practice. Reciprocity between New York State plans was cited as another means of establishing good public relations. This was the statement made by Mr H C Stephenson, managing director of Medical and Surgical Care, Utica. He expressed the opinion that this might be arranged by agreement and asked that further inquiries be made regarding such a possibility

In summary we reach the conclusion that a medical plan is only as strong as the administrative policies and the doctors make it, and we urge careful consideration of the facts presented in this report which seem to prove that the voluntary prepaid nonprofit medical and hospital insurance plans can maintain the foothold they have established and mcrease in strength to down any threat of a com pulsory program

UROLOGY AWARD

The American Urological Association offers an annual award not to exceed \$500 for an essay (or essays) on the result of some clinical or laboratory research in urology

Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recog nized hospitals.

For full particulars write the secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphia, Tennessee. Essays must be in his hands before May

1 1947 The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Hotel Statler Buffalo, New York, June 30-July 8, 1047

DEPARTMENT OF WORKMEN'S **COMPENSATION**

CONDUCTED BY DAVID | KALISKI, MD, DIRECTOR

Insurance for Domestic Workers

A CCORDING to a statement of Henry D Sayer, general manager of the Compensation Insurance Rating Board, the premium rates for workmen's compensation and employers' liability insurance for domestic workers employed in private residences, but not employed in clubs, religious, educational, charitable, or other institutions, on all policies with effective dates on or after July 1, 1946, are as fol-

	Per Capita Rate	Mınımum Premium	
Inservants	\$23 74	\$28 74	
Outservants	29 58	34 58	

(Outservants include those domestic workers whose duties are principally outside of the house, such as private chauffeurs, gardeners, groundkeepers, watchmen, stablemen, and handymen, other than those engaged on farms)

For occasional domestic workers, the rates are as

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Per Capita Rate	Minimum Premium	
Inservants Occasional Outservants	\$11 87	\$16 87	
Occasional	14 79	19 79	

The rates for domestic workers are on a per capita basis and take no account of wages paid

Premium rates for workmen's compensation insurance in New York are for a term of one year from the inception date of the policy and are revised annually on the anniversary date of the policy, except where the policy is written for a shorter term than one year Rates are revised effective on July 1 of each year for policies issued or renewed during the year following

Coverage for domestic workers effective January 1, 1947, may be written on the Standard Workmen's Compensation and Employers' Liability Policy or may be written in conjunction with the Compre-hensive Personal Liability Policy or the Comprehensive Residence Policy with approved endorsements providing such coverage attached thereto

Attention is called to the following important rules and regulations, issued by the chairman of the Workmen's Compensation Board

Chapter 311, Laws of 1946, which became effective January 1, 1947, requires employers to carry workmen's compensation insurance for their domestic workers (Section 3, subdivision 1, group 12), whenever (1) the domestic worker is employed by the same employer for forty-eight hours or more per week, and (2) the employment is in a city or village of 40,000 or more population

The Board construes the term "domestic worker"

to mean persons employed to render services usual to a household, inside or outside, including, but without limitation, cooks, laundresses, cleaning women, maids, butlers, gardeners, handymen, and other "domestic" employees, whether employed in a private home, fraternity house, orphanage, resthome, home for the aged, or similar institutions. whether nonprofit, or operated for profit

Domestic workers on farms are specifically ex

Any employer who, on and after January 1, 1947, fails to secure workmen's compensation insurance for a covered domestic worker, will be personally liable for workmen's compensation benefits. The award of the Board is enforcible as a lien or judgment against such an employer In lieu of workmen's compensation benefits the injured domestic worker of a noninsured employer, who is required to obtain insurance, may elect to sue the employer in court for damages and, as in all cases of noninsured em-ployers, the employer is deprived of the common law defenses to such action Where the employer has insurance, workmen's compensation is the exclusive remedy of the employee

Noninsured employers of domestic workers under the new law are not subject to criminal penalties as

are noninsured industrial employers

According to the 1940 census, the following cities in the State have a population of 40,000 or more Albany, Bughamton, Buffalo, Elmira, Jamestown, Mount Vernon, New Rochelle, New York City, Niagara Falls, Poughkeepsie, Rochester, Schenectady, Syracuse, Troy, Utica, White Schenectady, Syra Plains, and Yonkers

The Board construes the 1940 census as prima facie evidence of population, but recognizes that other cities or villages may have grown since 1940 to 40,000 or more population, so as to come within the provisions of Section 3, subdivision 1, group 12, as amended by Chapter 311, Laws of 1946

When a domestic worker performs service outside a city or village of 40,000 or more population, or outside the State, the employer's obligation with respect to workmen's compensation will, nevertheless, continue if the principal employment is within a city or village of 40,000 or more population within the State

Domestic workers whose regular terms of emplov ment require forty-eight hours or more of work per week are not deprived of the benefits of workmen's compensation because in the particular week in which the accident occurs employment was less than

forty-eight hours On the other hand, an employee working for an employer forty-eight hours in a week may be entitled to the benefits of workmen's compensation if the accident occurs in that week, but will not necessarily be entitled to such benefits if the accident cident occurs in another week of fewer work hours where the regular hours of employment are less than forty-eight per week.

This new workmen's compensation coverage for domestic workers does not, of course, limit the prior provisions of the law, under which employers of four or more workmen or operatives are required to provide for the payment of workmen's compensation benefits to all their employees.

Wage rate is determined under Section 14, and

should give effect to board room, and/or other advantage regularly received in the employment. The effective date is January 1 1947 Benefits are payable for periods of disability caused by

accidents occurring on and after January 1, 1947, and for occupational disease disablements caused by an injurious exposure in employment on and after that date.

Increased Medical Allowances

THE following Resolution was adopted at the 83rd Annual Convention of the New York State Federation of Labor, and a copy sent to this office.

Resolution introduced by the Special Committee appointed by President Murray to confer with the County Medical Societies on questions of treatment of injured workers

Subject Legislative Proposal increasing medical

Workmen a Compensation Law

WHERZAS, The fees allowed to licensed physicians under the Workmen's Compensation Law have not been modified since they have been originally promulgated in 1933 as the Minimum Fee Schedule, and

WHEREAR Cognizance has been taken of the in creased cost of living in all fields of endeavor but consideration in this regard has not been given to physicians who have obligated themselves under the Workmen a Compensation Law to treat injured

WHEREAS Physicians in private practice command larger fees and are not burdened with the necessary secretarial expense required for the com-pletion of necessary reports in compliance with the

statute, now therefore be it

Resolved. That the 83rd Annual Convention of
the New York State Federation of Labor go on
record endorsing a legislative proposal which would have for its purpose the upward revision of medical allowances under this law

> (Signed) THOMAS J CURTIS EPHRAIM F SHAPIRO Committee on Workmen's Compensation

Dated August 20, 1946

CORRESPONDENCE

Priorities for Doctors Autos

Dr Edward Flood 910 Grand Concours New York 55, New York Dear Doctor Flood

The resolutions dealing with automobile priorities or physicians which you presented to the House of Delegates of the American Medical Association at the 8an Francisco Session were, as you know, agreed to in principle by the House of Delegates. In addition the House referred this matter to the Committee on Postwar Medical Service

Representations have been made repeatedly to responsible agencies in Washington urging that ply sickas particularly veteran physicians, be given high prority to obtain necessary automobiles. At its recent meeting, the Committee on Postwar Medical Service discussed the question and it was developed that the automobile manufacturers have been cooperating to a considerable extent through local dealers. Members of the Committee expressed the opinion that the manufacturers themselves are dong all they possibly can. Such remediable delays as are occurring at the present time seem to be on the dealer level The Committee will continue to exert such pressures as it can. Incidentally the name of the Committee on Postwar Medical Service has been changed to Joint Committee for the Coordination of Medical Activities.

> Very sincerely yours, (Signed) ERNEST E. IRONS, M.D., Chairman, Joint Committee for the Coordination of Medical Activities

Fees for Life Extension Examinations

To the Editor

At the November 1946, meeting of the Lockport Academy of Medicine it was decided that no member of the Academy should do Lafe Extension Examina tions for a fee of \$2.50.

This fee was considered lower than the fee charged for similar examinations in the community

Very truly yours J Lirson, M.D., Secretary

Lockport City Hospital Lockport, New York December 10, 1946

MEDICAL NEWS

Cancer Committee Grants Funds to Educate Doctors and Nurses

OPENING a new phase in the attack on cancer, the New York City Committee of the American Cancer Society on January 6 made its first large grant for better cancer training of medical students,

doctors, and nurses by giving \$253,100 to Memorial Hospital, New York City
Gen. John Reed Kilpatrick, chairman of the Committee's board of managers, in presenting a check for that amount to Mr Regnald G Coombe, president of the hospital, stressed the need for more widespread medical education in the field of cancer

One of the purposes of the grant is to enable Memorial Hospital to work out with Cornell University Medical College and New York University, College of Medicine, as thorough a program of cancer training for medical students as can be found anywhere in the world Under this grant, Memorial Hospital will be able to expand greatly the use of its

extensive facilities for teaching cancer technics.
The New York City Committee grant also provides \$24,000 for ten fellowships at the Strang Cancer Prevention Clinic of the Memorial Hospital to interest qualified young physicians in cancer detec-tion as a specialty, with an additional \$5,000 for training physicians to work in cancer detection and prevention clinics

For clinical investigation, research, and expansion of cancer facilities at Memorial, the Committee

also made the following grants

For clinical investigation of gastric cancer \$10,000 for investigation of the Papanicolaou smear \$5,000 for steroid hormone research \$10,000, for chemical compound testing \$10,000, for compound or anti-biotic testing \$1,100, for expansion of clinical facil-ties \$20,000, and for support of the hospital's sta tistical department \$15,000

Grants Available for Diabetes Research

THE New York Diabetes Association has funds The New 10rk Diagons lands with which to aid to be issued on an annual basis with which to aid research in clinical and experimental diabetes

An invitation to apply is extended to medical graduates as well as to workers in allied fields

An application for a grant should contain a description of the project and the name of the laboratory or individual under whose guidance the work will be done, and should have the approval of the head of the department in which the work is to be done

Applications should be filed on or before Febru ary 15, 1947, with Dr Edward Tolstoi, chairman Committee on Research, New York Diabetes Asso ciation, Inc., 2 East 103rd Street, New York 29

V D Specialists Lecture in New Seminars

THE 1947 winter-spring series of lectures for practicing physicians on diagnosis and treatment of venereal diseases started at the New York City Department of Health on January 11 Meetings are HE 1947 winter-spring series of lectures for pracheld at the Health Department building, 125 Worth Street, Manhattan, every Saturday morning at 10 30 a m. through April 26 Experts in fields of venereal disease control are participating in the seminar

No registration or fee for the course is required Sessions are informal, with question periods following each lecture Physicians who attend may be reached by their offices at Worth 2-6900, extension

The schedule for the remaining lectures is as follows

Practical Management of Gonor-February 1 rhea Health Department Experiences Dr Adolph Jacoby, medical supervisor of clinic, City Department of Health, associate professor of gyne-cology, Post-Graduate Medical School of Columbia University

February 8 Minor Venereal Diseases Dr Borns Kornblith, associate surgeon, Gouverneur Hospital, physician-in-charge, Lymphogranuloma Venereum Clinic, Department of Health

February 15 Syphilis in Pregnancy Dr Mortimer Speiser, assistant professor of obstetrics and gynecology, New York University

March 1 Congenital Syphilis Dr Dabney Moon-Adams, assistant professor of dermatology and syphilology, College of Physicians and Surgeons, Columbia University, assistant dermatologist anderbilt Clinic

Syphilis of the Bones Dr Joseph March 15 Buchman, assistant professor of orthopedic sur-gery, New York University, College of Medicine, as sociate attending orthopedic surgeon, Hospital fo Joint Diseases

March 22 Cardiovascular Syphilis Dr Samue S Paley, cardiologist, Bronx and Harlem hospitals March 29 Reactions Occurring in the Therapy o Venereal Diseases. Dr Nathan Sobel, assistant pro fessor of dermatology and syphilology, New Yorl University, College of Medicine, attending derma tologist, Bellevue Hospital

April 5 Differential Diagnosis of Early Syphilis Dr Frank C Combes, professor of dermatology and syphilology, New York University, College of Medi

cine, attending dermatologist, Bellevue Hospital.
April 12 Nonvenereal Diseases of the Gentalis Dr Martin V Boardman, associate dermatologis and syphilologist, Lincoln Hospital, assistant dermatologist, Capaci Unit matologist and syphilologist, Skin and Cancer Unit Post-Graduate Hospital

April 19 Importance of Serology in Veneres Disease, Dr Charles Rein, special consultant I serology to War Department, in charge of Sero-logic Laboratory, Start and Consultant Rest Gradu logic Laboratory, Skin and Cancer Unit, Post-Gradu ate Hospital

April 26 Penicillin Therapy of Venereal Disease Dr William Leifer, assistant professor of dermatol ogy and syphilology, New York University, Colleg of Medicine, special consultant to War Departmen on venereal disease

Health Council of Greater New York

REATION of the Health Council of Greater CREATION of the International Community of 29 of New York with an initial membership of 29 of ficial and voluntary health agencies of the City was announced on January 6 by Dr L Ogden Woodruff president of the Council.

At the same time Dr Woodruff announced that

the Health Commissioner Dr Israel Weinstein Dr Edward M Bernecker Commissioner of Hospi tals and Edwin A. Salmon, Chairman of the Hospital Council, had become members of the Board of Directors. All have assured the Health Council of their personal cooperation Dr Woodruff said.

Conference on Medical Service

THE 20th annual meeting of the National Conference on Medical Service will be held Sunday February 9, 1947, at the Palmer House Chicago

The program is as follows

llincia. The program is as 10100vs 9 30—Call to order and address of the president, Dr Cleon A. Nafe, of Indanapolis 9.50—The Eighteth Congress, Dr Joseph S Lawrence, Washington, D C 10 10—The Operation of Public Law 725 The National Hospital Construction Act Herman E. Hilleboo, United States Public Health Service, Washington D C 10 40—Discussion

period, 11 00—Veterans Care Where Do We Go From Hero? Paul B Magnuson, Veterans Adminis-tration, Washington, D.C., 11 30—Medical Co-operatives, L. B. Kleinschmidt, Chicago, and 11 50—Developments in the Council on Medical Service Thomas A. Hendricks, Chicago, After lunchoon there will be an open forum on modern in-fluences in medical practice, undergradusts available. fluences in medical practice undergraduate medical education, trends toward specialization, general practitioners in hospitals and hospital staff organi ration.

Personalities

The following physicians from New York State were elected to fellowship in the American College of were elected to tellowship in the American College of Surgeons at the last convocation held in Cleveland December 20, 1946 Gaspar M Adamo, Astoria L. Farrow R. Allen New York, William D Andrus, New York John A. Cetner Albany, Robert R. Chace, New York, John A. Cetner Albany, Robert R. Chace, New York, Chester W Chinn, New York J Gordon Cole New York Frank D Conole Binghamton John F Daly New York, Michael R. Deddush, New York John C Detro Rochester Arthurt H. Diedlick, Port Chester E. Holmes Douglass, Jr., Newburgh John H. Eckel, New York Harry E. Ehrlich, New York, Leon H. Ehrlich, New York Herman L. Enselberg, Long Island City Kenneth T. Fairfax, Genava Raymond A. Flynn, New York, Jesse M. Frankel, Brooklyn, Walter P. Gage New York Thomas Q. Garvey Jr., New York, Stuart A. Good Buffalo, Jules D. Gordon New York, Julius C. Gray New Rochelle, Walter Hipp New York Alfred F. Hocker, New York, Elliott S. Hurwitt, New York Theodore T. Jacobs, Buffalo Robert S. Jenks Batavia David B. Johnson, Batavia W. Yerby Jones, Buffalo Alexander A. Katts Brooklyn, Wester New York, July Report M. Ketrien New York Vest Vest Status Brooklyn Herbert M. Ketrien New York Vest Metal Kasin Brooklyn Herbert M. Ketrien New York Vork Lett Brooklyn Brook. Surgeons at the last convocation held in Cleveland 8. Jenks Batavia David B Johnson, Batavia W Yerby Jones, Buffalo Alexander A. Kata Brooklyn Herbert M. Katxin, New York, Abel Kenin Brook lyn Abraham L. Kornxweig, New York Joseph G Krystaf, Buffalo, Harold F LaRoe, Brooklyn John W Latcher Oneonta Jere W Lord, Jr New York Frank C Lutinan, Rochester Joseph E. Macmanus, Buffalo, Leonard V Marrone, Utica Aubre de Lambert Maynard, New York Sherman W Mellwayd Troy, James B Nealon New York Aubre de Lambert Maynard, New York Sherman W McIlmoyl, Troy, James R. Nealon, New York M. Russell Nelson, New York Anthony J. Pisan New York, Ronald E. Prindle, Norwich Milton J. Padar Brooklyn James A. Robertson, Brooklyn Joseph Roeenberg, Buffalo, John J. Sauer New York Raymond F. Smith, Hempstead Eugene R. Snyder New York Paul Steinweg New York Paul Topkins, Brooklyn Jerome A. Urban, Brook Jra. Microton Vesell, New York Allison J. Vosseler Brooklyn Robert F. Warren, Brooklyn Arthur Weinberz, Far Rockaway, Eyerett H. Weep Buf Weinberg, Far Rockaway, Everett H. Wesp Buf

falo James C Whitaker New York, Stanley W Widger, Rochester LeRoy A. Wirthlin, Flushing and Ralph H. Young New York.

Dr Irving S. Wright, of the New York Hospital.

is the recipient of a research grant recently made by Sharp & Dohme, Inc., Philadelphia. The grant to Dr Wnght will partially support an extensive research program he has initiated in his study of pempheral vascular diseases. Dr Wright will give special emphasis to those problems dealing directly with thrombosis in all its manifestations which will include the development of new anticoagulants.

Dr Louis F Bishop Jr., of New York City has been named one of the New York City honorary police surgeons by Mayor William O'Dwyer

Morns Brooks, M.D., who was released from the U.S. Navy, with the rank of captain, Medical Corps, after six years of service, has been recalled to active duty He is now the medical representative to the Commandant (District Director of Naval Reserve) at third Naval District Headquarters, 90 Church Street, New York City

Dr Abraham Vinograd, of Brooklyn, recently re-turned from service with the U.S. Army Medical Corps overseas, has opened an office for general practice in the previous location of Dr. John T. Jenkin on Lake Boulevard

Dr. Vinograd is a graduate of the University of Basle Switzerland, Medical School. Between the years 1939 to 1944 be trained in hospitals in New John Company of the Co

York City as well as in the states of Texas and Ten

While in Chattanooga he was head resident physician in pediatrics at the Children's Hospital.*

Dr George T Pack, attending surgeon to the Memorial Hospital for Cancer and Allied Diseases, addressed the Fort Steuben Academy of Medicine at Steubenville, Ohio, on December 10, 1946, on the subject of "The Management of Tumors of the Lower Extremity"

Edward C Reifenstein, Jr, MD, formerly Harvard Medical School research fellow at the Massachusetts General Hospital, Boston, has been appointed research consultant to the Sloan-Kettering Institute for Cancer Research at the Memorial Hospital Cancer Center, New York City He has also been named as clinical research consultant to Ayerst, McKenna & Harrison, Ltd, New York City At Boston, Dr Reifenstein assisted Dr Fuller Albright in investigations on endocrine and metabolic disorders, at the Sloan-Kettering Institute, he will carry on chinical research on the relation of glandular disturbances to a second of the second of th lar disturbances to cancer He will continue as secretary and editor of the Transactions of the Conferences on the Metabolic Aspects of Convalescence, which are being held two or three times a year under the auspices of the Josiah Macy, Jr, Foundation.

Dr Roger C Bliss, of Albany, who has completed a residency in obstetrics at Memorial Hospital, Syracuse, has resumed private practice in Hudson Dr Bliss served three years with the armed forces, including eleven months in the Pacific with the Airborne Division.*

Dr Ralph Dwork and Dr Sidney H. Dressler, of Brooklyn, have been appointed resident physicans at the National Jewish Hospital in Denver, Colorado

The two doctors will train physicians in veterans' hospitals throughout the southwest territory in advanced technics of tuberculosis treatment

Dr Harry Levitt, of Brooklyn, has resumed his practice of dermatology and allergy at his office following his honorable-discharge from the Army Medical Corps as a major after forty four months' serv-Dr Levitt has been elected a member of the American Academy of Allergy *

Dr Francis L Cooper, of East Hampton, was a major in the U.S. Army during the war and served in the southwest Pacific area for two years Following his release from active service in March, 1946, he served as resident physician for a short time at the Southampton Hospital.

Dr Cooper has established his practice in East Hampton in association with Drs Paul F Nugent and Edwin H. Heller, as a member of the East Hampton Medical Group *

Dr Joseph Thompson, of Gloversville, who re-

ceived his discharge from the US Army with the

rank of captain, last April, has resumed his practice.
Dr Thompson has been taking a postgraduate course at Cornell since his release from service. He served three and one-half years, most of the time in the ETO *

Dr Samuel L Pettit, formerly of New York City and more recently of Albany, will henceforth be associated with Dr Sidney Mitchell in the practice of medicine in Plattsburg

Dr Pettit, a graduate of Albany Medical College. has for the past three and one-half years been specializing in diseases of infants and children *

Dr Hugh McGee, of Jeffersonville, has been awarded a \$500 Lions Club scholarship for advanced study of eye diseases at New York University, Col lege of Medicine

Dr McGee, who holds his AB degree from Columbia University and his MD from Long Island College of Medicine, joined the Army Medical Corps in 1942 and was commissioned a captain. He served overseas in England and on the continent with the 312th Combat Engineers receiving the Bronze Star for heroic action in combat.

Dr William E MacDuffie, of Olean, returned from the armed forces, has opened offices in 114

North First Street for practice of general medicine.
Dr MacDuffie is a graduate of the medical school
of the University of Buffalo, 1942 He served two years in the Buffalo City Hospital and then entered the Army Medical Corps He served as a captain in the European Theater two years.*

Alton A. Germain, M D, of Depew, has opened an office for the practice of general medicine in Attics.*

Dr William Magenheimer, of New York City, has opened his office in Waterloo

Dr Magenheimer is a graduate of the University of Buffalo, School of Medicine, and interned in the Polyclinic Hospital at Harrisburg, Pennsylvania. He served with the Navy during the war, being attached to the Medical Corps with the Marines in the Pageific area. the Pacific area. Since his release from the service he has taken postgraduate work in the Polyclinic Hospital in New York City *

Dr Louis Diana resumed his practice of medicine on December 5 He was recently discharged from the United States Army after three years in the service, part of which time was spent in the Pacific theater of operations. He attended the University of New York and is a graduate of the New York Medical School.*

Dr E Prince Danforth, of Bainbridge, has been awarded a \$500 Lions Club scholarship for advanced study of eye disease at New York University, College of Medicine Dr Danforth served four years in

^{*} Asterik indicates that the item is from a local newspaper

the U.S. Army Medical Corps, having the rank of major when he received his discharge.

Dr Mary C Jaquette, of Schenectady, recently completed a postgraduate course in motor anomalies of the eye at Mt. Sinai Hospital, New York City

Dr H. Benjamin, of Andes who has practiced medicine in Andes for soveral months, has accepted a position in a hospital in Michigan. Dr Benjamin s departure will leave Andes without a resident physiclan.*

Major H. Robert Blank, of White Plains, who plans to practice adult and child psychiatry in White Plains, has begun his terminal leave from the Army Modical Corps after more than three years service most of which was spent at Mason General Hospital, Brentwood the Army's only hospital devoted exclusively to the care and treatment of neuropsychiatric casualties.*

Dr John A. Degen, Jr., of Albany, a veteran of more than four years overseas service in World War Two, has been named to succeed Dr Harry L. Chant as State health officer for the Orange-Rock-

Chant as State nearth officer for the Configuration and Sullivan district, it was announced recently
In August, 1942 Dr Degen was commissioned
as a captain in the U.S Army Medical Corps and
was assigned to the Gongral Medical Laboratory at Salisbury He was finally attached to the British Second Army with which he landed on the Normandy Beachhead on D plus Four, June 10 1944.

During 1944 and part of 1945, Dr. Degen worked with the British forces in France, Belgium, and Hol land on public health assignments and was eventually transferred to the American Military Government project as a medical officer in 1945 He served as public health officer for three-month periods in Bremen and Munich and was redeployed in November of 1945 *

Dr Edward λ. Mikel, of Delmar reentgenologist. has received a War Department certificate of appreciation for patriotic service.*

County News

Albany County

Cerebral palsy is as common as polic, but not so widely publicized, declared Dr Meyer Perlstein, of Chicago, on December 16 when he spoke at the twoday clinic at Albany Hospital, sponsored by the National Society for Crippled Children and Adults, and the Cerebral Palsy association of the Albany

More than two thirds of children stricken with cerebral palsy can be re-educated, and are normal mentally Dr Perlstein declared. He said that estimates place the incidence of the ailment at 7 cases per 100 000 population.

Dr Homer L. Nelms has been named president of In comer L. Neims has been named president of the Albany County Medical Society Dr John J Clemmar is vice-president. Dr Albert Vander Veer II is secretary, Dr Frances E. Vosburg treasurer and Dr Emerson C Kelly, historian. Dr John C McClintoch heads the public relations committee.

Bronx County

The December meeting of the Bronx Dermatological Society was devoted to a symposium on the action of antihistamine drugs. The symposium contion of antihistamine drugs. The symposium side of the following lectures: "Pharmacology and Chemistry of Benadry," by Dr G Rievesch, Jr, "Experimental Studies of Pyribensamine as an Antialterjae Aid, by Dr Rudolph L. Mayer Pharmacologic and Clinical Experience with Benadry," by Dr Thomas H. McGarack Antihistamine Drugs in Allergic Conditions, by Dr Benadtyl," by Dr Indinas II. Marianine Drugs in Allergo Conditiona, by Dr Philip M. Schulman and "Benadtyl and Pyribenza by Dr Rudolf L. mine in Pruritie Dermatoses, by Dr Rudolf L. Baer

The discussants were Drs. Marion B Sulsberger, Samuel M. Peck, and Paul Gross.

Broome County

Dr J C. Zillhardt was elected president of the

Broome County Medical Society at the society's annual meeting December 12
Others elected were Drs. L. Flanagan, vice-president M. A. Carvalho secretary, R. S. Mc-Keeby, assistant secretary, Worden Kane, treasurer, J. E. Ryan, assistant treasurer in ware selected committee chairman. ing were elected committee chairmen Mark Williams, economics E. R. Dickson legislative, S. B. Blakely library F. D. Conole, membership, R. M. Vincent, public health, and W. H. Boldt, public

The speaker, Dr A. E. Sevringhaus, associate dean of the College of Physicians and Surgeons, Columbia University, discussed trends in medical education.*

Chautaugua County

The Chautauqua County Medical Society held its annual meeting at the White Inn December 18

and elected officers for 1947

Dr Frank P Goodwin, of Jamestown, was elected president, succeeding Dr Robert E Storms, of Westfield, and Dr Everett O Black, of Fredonia, and Dr William L King, of Jamestown, were chosen first and second vice-preddents, respectively Re-elected were Dr Edgar Bieber of Dunkirk, secre-tary, and Dr Clive E. Hallenbeck, of Dunkirk, tressurer *

Chenango County

Dr John H. Hollis was elected president of the Chenango County Medical Society at the annual meeting of members held December 10. succeeds Dr. William Mayhew of Oxford. Dr Hollis

Other officers named at the business session include Dr Newton Brachin, of Greene, vice-president and Dr John H. Stewart, secretary treasurer Dr A. H. Evans, of Guillord, was elected to the board of censors for a three-year term and Dr J Mott Crumb, of South Otselic, was elected as dele-

gate to the State association.

Members of the medical society were guests of the Rotary Club at their luncheon meeting recently, and at the Society's meeting later were addressed by Dr Marjorie Murray, of Cooperstown.*

Delaware County

Dr Elhott Danforth, of Sidney, was elected president of Delaware County Medical Society at a din-

ner meeting of the group on December 10
Other officers for 1947 include Dr Jerome Kogan, Hobart, vice-president, and Dr F R. Bates, Walton, elected secretary-treasurer for the fourth year A new office was created, that of historian, to which Dr Orin Q Flint, Delhi, was named.*

Dutchess County

Members of the Dutchess County Medical society held their December meeting at the pavilion of the Hudson River State Hospital on December 12

Drs Clay Ray Murray, Sawnie Gaston, and Barbara Stimson, of Columbia Presbyterian Medi-cal Center, discussed "Fracture Problems"*

Erie County

Dr Arthur F Glaeser and Dr E Dean Babbage were elected president and vice-president, respec-

others elected president and vice-president, respectively, at the annual election meeting of the Society Others elected were Dr Roy L Scott, second vice-president, Dr Helen G Walker, secretary, and Dr Everett A. Woodworth, treasurer Committee chairmen are Dr Werner J Rose, legislation, Dr Elmer T McGroder, public health, Dr John C Brady, economics, Dr John Burke, membership, and Dr Joseph C O'Gorman, workmen's compensation. tıon

The newly elected president, Dr Glaeser, presented a silver tray to Dr Louise W Beamis who retired as secretary after eighteen years of continu-

ous service in that position

The following were also elected

Board of censors, Dr Eugene M Sullivan, Dr Charles W Bethune, Dr Frank J Montrose, Dr Arthur D Hennessy, Dr Walter D Westinghouse Delegates to State Society, Dr Porter A Steele, Dr John D Naples, Dr J Frederick Panton, Dr Lohn T Donoven, alternate delegates Dr Harbert

John T Donovan, alternate delegates, Dr Herbert E Wells, Dr Brady, Dr Leon J Leahy, Dr Norman C Bender

Nominating committee, Dr Harvey P Hoffman, Dr John A. Post, Dr Henry N Kenwell, Dr Alfred H Noehren, Dr Edmund A Mackey, Dr Thomas J O'Brien, Dr Earl L Eaton.*

Fulton County

Dr Francis S Hyland, of Gloversville, was elected president of the Fulton County Medical Society at the annual meeting held on December 18

Other officers elected were Dr M McMartin, Johnstown, vice-president, Dr Robert Lenz, Gloversville, secretary, Dr William Raymond, Johnstown, treasurer, Dr A. Goodwin, Dr J S Clemans and Dr Frederick Crump, Gloversville, board of censors, Dr S C Clemans, Gloversville, delegate, and Dr J F Sarno, Johnstown, alternate delegate *

Directors of the Fulton County Tuberculosis and Public Health Society met December 12 in the

Gloversville Library and accepted the resignation of Dr J Edward Grant, of Northville, who has served for nearly twenty-seven years Dr Grant has been for nearly twenty-seven years Dr Grant has been made honorary life president of the organization It was explained that Dr Grant yielded his duties because he felt that a younger member of the society should take over the task. No successor has been named

Jefferson County

Dr Merton C Hatch, associate professor of clinical obstetrics, Syracuse University, College of Medicine, spoke to the Jefferson County Medical Society on "Prenatal and Postpartum Care," on January 9

Kings County

The Medical Society of the County of Kings and Academy of Medicine of Brooklyn will be one hundred and twenty-five years old during the year 1947

The Society was organized in 1822 at a meeting in the home and office of Dr Adrian Vanderveer, in It met later at a tavern kept by William Stephenson, on Fulton Street, called "Auld Lang Syne," and for five years the quarterly meetings were held in alternation at that place and at the Van Buren Inn kept by Simon Voris on what is now Flatbush Avenue

For more than seventy years it developed with the city, increasing its membership, increasing its library until in 1894, under the leadership of Dr George MacNaughton, a movement to raise funds for a new building was initiated and through the efforts of many members of the Society, funds were obtained and a suitable site was found at 1313 Bedford Avenue, Brooklyn

The total cost of the site and the building was The dedication of the completed building

took place in 1900

The Medical Society of the County of Kings is the oldest scientific organization in Brooklyn, having celebrated its centenary in 1922

The Library was established in 1844 It was proposed by Dr Bradlev Parker and planned by Dr Thorne It is the only public medical library on Long Island

Only two cities of the country (Philadelphia and Baltimore) have older public medical libraries

It had and has the first fire-proof (steel) stacks of any medical library in this country, if not in the It was the needs of the Library that forced and secured the construction of the present medical building on Bedford Avenue In size it ranks as the fourth in the country after that of the Surgeon General's office

The Society began the celebration of its one hundred and twenty-fifth anniversary at a dinner given in honor of Dr Thurman B Givan, president during the year 1946 The dinner was held in the Grand Ballroom of the Hotel St George, Brooklyn, N Y, on January 29 At this dinner Dr Givan was presented with a medal and scroll which is given to all

retiring presidents of the Medical Society
Dr Morris Fishbein, editor of the Journal of the American Medical Association spoke at the dinner as well as other prominent medical and civic leaders

County air may help but the best treatment for tuberculosis is rest, flat in bed, according to Dr William Dock, of Brooklyn.

Dr Dock on December 7 told the annual meeting of the Radiological Society of North America that "absolute recumbency ' not in a propped-up or sitting position, was the most important factor in con trolling the disease

Monroe County

In commemoration of the one-hundredth anniversary of the discovery of chloroform, the Obstetn cal Section of the Rochester Academy of Medicine held a meeting on January 22. The address was given by Dr Benjamin P Watson of New York City, on "The Life and Works of Sir James 1 Simpson."

Montgomery County

The annual meeting of the Medical Society of the County of Montgomery was held on December 10 with officers for the coming year elected and two resolutions adopted one condemning the Board of Supervisors for abandoning the Montgomery Sana torium without consultation with the Society the other to increase the fees of physicians in the City and County The increase will be duly advertised.

County The increase will be duly advertised.
Dr R. H. Juchli was elected president for 1947 to
succed Dr M. T Geruse who has served during the
present year Others elected were Dr Raymond
M. Wytrwal, St. Johnsville vice-president Dr
David D Childs, secretary and Dr Leonard M.

McGuigan, treasurer
Those chosen to serve on the Board of Censors were Dr Geruso Dr E A Bogdan, and Dr D H

Staffenhagen, Canajoharie.
Dr P J Fitzgibbons and Dr A J Townley.
Fonda, were elected as delegates to the State Medical
Society and Dr William R. Rathbun Canajohane delegate to the Fourth District Branch

The resolution concerning the sanatorium follows "Be it resolved that the Medical Society of the County of Montgomery go on record as condemning the action of the Board of Supervisors in closing the Montgomery Sanatorium without prior and proper consultation with the County Medical Society

New York County

At the Stated Meeting of the New York Academy of Medicine held December 5, Dr George Bachr who has served as president of the Academy since January 8 1946 was re-elected president for a term

January 3 1946 was re-elected president for a term of two years.

In addition, the following officers were elected vice-president, Dr Waldo B Farnum, trustees, Dr Bradley L. Coley and Dr Seth M Milliken mem bers of the Committee on Liorary Dr Arnold Knapp Dr Robert L. Levy and Dr Morris K. Smith Members of the Committee on Admission, Dr Ralph Colp Dr Dabney Moon Adams, Dr Ralph L. Barrett, Dr Frederick C Hunt, and Dr Charles G Wilhamson, one member of the Committee on Admission to fill the unexpired term of Dr Arthur C DeGraff Arthur C DeGraff

The Board of Directors of the Eye-Bank for Sight Restoration, Inc. following its most recent meeting, announced the following scholarship and fellowship

awards and appointments
Dr Herbert M. Katzın, of New York, has been
put in charge of the Laboratory for ophthalmic research of the Eyo-Bank for Sight Restoration, Inc. Dr Frank Constantine has been granted a fellow ship to pursue studies in relation to corneal vasculari zation Dr Arnold Forest, of the Army Institute of

Pathology Washington, D C has been granted a fellowship for training in ophthalmic pathology with special emphasis on corneal pathology, and Dr Milo H. Fritz, of New York, has been granted a fellowship to continue studies in vitreous replacement and vitreous transplants.

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Niagara County

Dr John C Kinzly North Tonawanda, elected president of the Niagara County Medical Society for 1947 at the recent annual meeting

Other officers elected were Dr William W Other officers clotted were Dr William W Pierce Lockport, president-elect for 1948 Dr Joseph D Erneo, Niagara Falls, vice-president, Dr Charles M Dake, Niagara Falls, secretary, and Dr Dudley B Fitz-Gerald, Lockport, treasuror Dr William A. Peart, Sanborn and Dr Guy S Philbrick, Niagara Falls, were named delegates to the State Medical Society and the following chair-

men of committees were elected

men of communes were enough to the first of the Dr Fitz-Gerald, board of censors Dr E. M G Ruegor Niagara Falls legislative commuttee, Dr Josoph C Elia, Niagara Falls public health and medical education, Dr Wilfred M Anna, Lockport, economics and public relations Dr Forrest W Barry Lockport, workmen s compensation and Dr Julius T Markowits, North Tonawanda, member ship committee

Dr Charles M Brent is the retiring president and he has served the Society for the last four and a half years, including three and a half years as secretary *

Onondaga County

Dr J Ernest Delmonico was elected president of the Syracuse Academy of Medicine at the annual meeting held December 17 in the University Club

Other new officers for the coming year are Dr A C Silverman, vice-president Dr Ferdinand J Schoeneck, secretary Dr William E. Pelow, treasurer

Council members are Dr Merton C Hatch Dr Max Newer, and Dr W Walter Street. Dr James G Derr was appointed a trustee for a three-year term.

During the scientific session which proceded the business meeting an address on "Protruded Inter-vertebral Disks" was given by Dr. Arthur D. Ecker followed by an address by Dr. O. D. Chapman on Immunization for Influenza."

Ontario County

Dr B C Hurlbutt, of Rushville, past-president of Ontario County Medical Society has been appointed director of Ontario County's School Hygiene District.

Dr Huributt succeeds Dr James F Maltman of Canandalgua, recently reagned who was ap-pointed director in August, 1939 *

Orange County

The largest annual meeting of the Orange County Medical Society in recent years was held December 10 when 84 members convened at the Palatine Hotel

Elected president, replacing Dr Ralph Waldo Thompson, was Dr W J Hicks, of Middletown. Dr E. B Reed, of Newburgh and Dr E. C Water bury also of Newburgh, were elected vice-prosident and secretary treasurer respectively

Dr E. J Burke, director of surgery at the Jersey

City Medical Center, described new advances in gallbladder surgery

It was announced at the 140th annual meeting that 74 members had served in either World War I

Dr Charles McWilliams, of Newburgh, Dr Alec Preston, of Middletown, Dr E R. Van Amberg, of Pine Bush, and Nathaniel Keyes, of Goshen, were named to the Board of Censors

Dr T R. Proper, of Newburgh, was chosen delegate to the State Society Delegates elected to the First District Branch were Drs Cameron May, of

Cornwall, and Harry Hoffman, of Monroe

Dr Harry L Chant, of Middletown, recently was appointed associate professor in the Department of Public Health Administration of the Johns Hopkins University School of Hygiene and Public Health *

Richmond County

or II

Dr Dean A. Clark, medical director of the Health Insurance Plan of Greater New York, discussed the need for the adoption of the Health Insurance Plan on December 5 at an open meeting sponsored by the Staten Island Council of Social Agencies in the Staten Island Day School. St George

Staten Island Council of Social Agencies in the Staten Island Day School, St George
Dr Milton S Lloyd, chairman of the health insurance plan of the Richmond County Medical Society, "speaking as an individual," analyzed the difficulties to be faced in trying to set up a group insurance plan. Approximately 175 persons at-

tended the session

Rockland County

Dr Leon Goldensen, psychiatrist at the war trials at Nurenberg, Germany, was the principal speaker at the annual meeting of the Rockland County Medical Society held December 5 at the Villa Lafayette in Spring Valley, at which time election of new officers and the admittance of a number of doctors to the medical society also took place

A brief address was made by Dr Frank J Schwartz, of Spring Valley, retiring president of the Society A report of the new work of the commission was then given by the secretary, Dr Robert L

Yeager

The election of officers of the society for 1947 was then held and Dr E Hall Kline, of Nyack, was named president, Dr George Stone, of Suffern, vice-president, Dr Marjone R Hopper, of Nyack, treasurer, and Dr Robert L Yeager, of the Summit Park Sanatorium, Pomona, was elected secretary

Six doctors were assigned to committees of the Society They were Dr Harold Heller to the legislative committee, Dr Abraham Schechner, of Nyack, to the membership committee, Dr Frederick Schroeder, of Pearl River, to the public health committee, Dr Alfred Moscarella, of Spring Valley, to the medical economics committee, Dr Royal Sengstacken, of Suffern, to the workmen's compensation committee, and Dr Emanuel Freund, of Haverstraw, as one member of the committee of censors

Dr Armand E Scala, of Suffern, was named as delegate to the State Medical Society with Dr John C Petrone, also of Suffern, to act as alternate *

Rensselaer County

Dr Francis J Fagan, of Troy, was elected president of the Society December 10 at the business portion of the annual meeting at the Troy Club He succeeds Dr Ranald E Mussey

Dr Clement J Handron was elected to the office of vice-president, Dr Henry F Albrecht, Jr, became secretary and Dr Henry Epstein, treasurer Drs Crawford R. Green and Leo S Weinstein are members of the board of censors, and delegates to the annual meeting of the State Medical Society are Drs Stephen H Curtis and Richard P Doody Alternates selected were Dr Handron and Dr Robert E DeFriest *

St Lawrence County

Dr George E Anderson, clinical professor of medicine at the Long Island College of Medicine, Brooklyn, addressed the St Lawrence County Medical Society at a meeting held at the Potsdam Club, Potsdam, on December 12 Dr Anderson's subject was on diabetes mellitus—its modern interpretation and treatment

This postgraduate instruction was presented as a joint endeavor by the Medical Society of the State of New York and the New York State Department

of Health

Schenectady County

Dr Harry E Reynolds was elected president of the Schenectady County Medical Society at the annual meeting on December 5 He succeeds Dr William E Gazeley

Others elected to offices for the coming year are Dr Nelson Rust, vice-president, Dr Harry Miller, treasurer, and Dr R E Isabella, secretary

Dr Reynolds has been vice-president of the Society for the past year, and Dr Rust has been secretary

Four local doctors who are celebrating their fiftieth year of medical practice were honored at the affair They are Drs Walter M Clark, Jesse M W Scott, Walter D Spoor, and Edward J Wiencke *

Tioga County

Dr J Sutton Regan, assistant professor of surgery at the University of Buffalo, School of Medicine, addressed the Troga County Medical Society at a meeting held on December 10 Dr Regan's subject was "Criteria for the Surgical Treatment of Essential Hypertension"

This postgruaduate instruction was arranged by the Medical Society of the State of New York with the cooperation of the New York State Department

of Health.

Wyoming County

The following officers were installed at a meeting of the County Society on January 8 president, Dr W J Chapin, of Perry, vice-president, Dr O T Ghent, of Warsaw, secretary-treasurer, Dr P A. Burgeson, of Warsaw, delegate, Dr G S Baker, of Castile, and alternate, Dr H. S Martin, of Warsaw

Members of the board of censors are Drs. M T Greene, of Castile, L H Humphrey, of Silver Springs, and G A. McQuilkin, of Varysburg The legislative committee consists of Drs. Ghent, Baker,

and G W Naırn, of Warsaw

Following a custom established almost sixty years ago the winter meeting, at which time these officers took office, was held at the Castile Sanitamin at the invitation of Dr. Mary T. Greene

After the business meeting the Society was addressed by Dr L L Klostermyer, of Warsaw, whose subject was "The Role of X-Ray in the Diagnosis of Acute Abdominal Emergencies"

Improper lipoid metabolism,
hypercholesterolemia and impaired intestinal
absorption are considered contributing
factors in the development of disease in
the aged, especially that of arteriosclerosis





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Indications

Hypercholesterolemia

Impaired intestinal absorption

Xanthomatosis

Sprue and steatorrhea

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Address.

NECROLOGY

Irving C Allen, M.D., of Brooklyn, died on December 3. He was 74 years old. In 1895 he was graduated from New York University, College of Medicine For a number of years he was associated with his father, the late Dr Cyrus Springs Dr Allen was a member of the Kings County Medical Society, the American Medical Association, and the Medical Society of the State of New York.

George E Beatty, M.D., 58, of Brooklyn, died on December 16 He received his medical degree in 1912 from the Long Island College of Medicine Dr Beatty had long been on the staff of the Norwegian, Caledonian, and Prospect Heights hospitals He was also a former instructor in pediatrics at the

Post-Graduate Hospital, Manhattan

Leon J Barber, M D, 58, of Patchogue, Long Island, died on December 23 He was a member of the staff of the Mather Memorial Hospital, Port Jefferson, Long Island, and the State and County medical societies In 1913 he was graduated from the University of Vermont Medical School Dr Barber was also a member of the Associated Physicians of Patchogue and the American Medical Association.

Sherman M Burns, M D, 53, of Oswego, died on December 15 He received his medical degree in 1920 from Syracuse University, College of Medicine, and was a member of the American College of Surgeons, Syracuse Academy of Medicine, the State and County medical societies, American Medical Association, and the Academy of Medicine Dr Burns was president of the Fifth District Branch of the State Medical Society

George Andrew Chapman, M D, 75, of Glens Falls, died on December 16 For forty years he had been health officer of the town of Queensbury For twenty-five years he was attending physician at Glens Falls Hospital, later serving on its con-

sulting staff

Dr Chapman was a former president of the Warren County Medical Society, a member of the American Medical Association, and the State and County medical societies In 1897 he received his medical degree from the Baltimore Medical College Dr Chapman was also a member of the American Public Health Association, American Association for the Advancement of Science, American Congress of Internal Medicine, New York State Society of Internal Medicine, Sanitary Officers' Association of the State of New York, and the

American Therapeutic Society
S Walton Day, M D, 71, of Auburn, died on
December 14 He was graduated from Syracuse
University, College of Medicine, in 1905 Dr Day was a member of the Cayuga Medical Society, on the staff of the Mercy Hospital, Auburn, and maintained a private hospital at his home in Auburn

Beaman Douglass, M D, 80, of New York City, died on December 6 He was the inventor of the Douglass tonsillitome and other medical instruments

used for nose, throat, and ear surgery
Dr Douglass was a member of the American
Medical Association the Laryngological, Rhinological and Otological Society, and the State and County medical societies He was graduated from Columbia University, College of Physicians and Surgeons, in 1886

Dr Douglass was a former member of the New York Academy of Medicine and a former consulting surgeon at Post-Graduate Hospital in New York City

Ambrose W Gallagher, M D, of Hamlet, North Carolina and formerly of Scarsdale, died on December 24 at the age of 51 He was graduated from Fordham Medical College in 1920 Dr Gallagher was a member of the American Medical Association. and the State and County medical societies

Robert Gewanter, M.D., of Long Island City, died on November 3. He was a member of the American Medical Association, the State and County medical societies, and the American Academy of Ophthalmology He was assistant surgeon emy of Ophthalmology in otolaryngology at the Greenpoint Hospital in Brooklyn and otolaryngologist at the New York University Clinic

Dr Gewanter was graduated from the University and Bellevue Hospital Medical School in 1926 He

was 44 years old

Cologero Giovinco, M D, 77, of Brooklyn, died on January 1 He received his medical degree in 1900 from the Long Island College of Medicine. Dr Giovinco was a member of the American Medical Association, the State and County societies, and was assistant physician at the Bush-

wick Hospital in Brooklyn
George G Lewis, M D, 80, of the Bronx, died
on December 7 He received his medical degree
from Albany Medical College in 1890 He was a member of the American Medical Association, the State and County medical societies, and the Ameri-

can College of Surgeons
Jeremiah N Martin, M D, 74, of Marmaroneck died on January 2 He was a member of the staff and a consultant in cardiology at United Hospital, Port Chester, and was also consulting cardiologist at the Grasslands Hospital at Eastview, New York He was graduated from the Columbia University, College of Physicians and Surgeons, in 1895 Dr. Martin was a member of the American Medical Association, and the State and County medical societies

Edwin A Mason, MD, of Rayermertown, died on December 12 at the age of 69 He was a member of the American Medical Association, the State and County medical societies, and served on the staff of the Leonard Hospital in Troy Dr Mason was

graduated from Albany Medical College in 1902

Daniel V O'Leary, M D, 68, of Albany, died on
December 23 In 1904 he received his medical
degree from Albany Medical College Dr O'Leary became health commissioner and chief of the Municipal Health Commission in 1933 He was a member of the Albany County Medical Society, the American Public Health Association, the Medical Society of the State of New York, and the American Medical Association

John Albertson Sampson, M D, died on December 23 at the age of 75 He was known particularly for his research in endometriosis, and had contributed many articles to medical journals He had been senior gynecologist at Albany Hospital, Albany, since 1937, and formerly was professor of gynecology at the Albany Medical College

Dr Sampson received a doctor of medicine degree in 1899 from Johns Hopkins University, School of

[Continued on page 308]



[Continued from page 304]

Medicine He was a member of the American College of Surgeons and a past-president of the American Gynecological Society He was a member of the American Medical Association, and the State and County medical societies Willes C Sarle, M.D., of Bovina Center, died on November 19 at the age of 88 He was graduated from the New York University, College of Medicine, in 1886 Dr Sarle was a retired physician, having practiced medicine in Unadillu, N. Y., for many years.

ETHER, A CENTURY AGO

One hundred years ago, in 1846, Morton adminstered ether for extraction of a tooth on September 30, and for removal of a tumor of the face on October 16 The September-October issue of Anesthesia and Analgesia commemorates the centenary of so momentous a step in the conquest of pain, which has since marched forward through unflagging researches up to our own day

Prior to Morton, the acute need for palliation of pain was evidenced throughout history by trial and error to overcome the agony of unavoidable emergency surgery

Old medical prints depict forcible restraint of the victim, old literature preserves the tale of spongia sommifera, or drugs known to antiquity, to dull sensibility But when ether brought surer and safer control of an unconscious patient, the doors were opened for hitherto impossible surgical procedures, with increased speed, greater safety and broader scope

Between 1844 and 1847, three inhalation anesthetic agents were given to the world. The agent used by Morton was called letheon, a preparation of ether at first protected by patent, a regrettable mistake very promptly corrected.

take very promptly corrected.

For contemporary reaction to Morton's discovery let us look at accounts of those closest to the immediate events, Dr George Hayward and Dr Henry J Bigelow, visiting surgeons to Massachusett General Hospital. Bigelow expressed disapproval of the patent, considering it "an error of judgment as well as a violation of custom"

Hayward's action was more forceful. On taking over the surgical service on November 1, 1846, he entered into an agreement with Dr J C Warren not to allow patients to inhale Morton's preparation unless all the surgeons were informed of its exact content

Dr Morton was informed of this decision by letter on November 6, he accepted the condition on November 7, and he administered the anesthetic to a patient of Dr Hayward on the following day (the second operation under ether anesthesia) Although pamphlets in support of the patent were issued by Morton's legal agent as late as July of the following year, the validity of the patent ceased, after only five weeks, with the written acceptance of Hayward's demand on November 7, 1846

Like all discoveries ether anesthesia was hailed with an attitude of incredulity which was soon followed by hostility "The last special wonder has already arrived at the natural term of its existence. It has descended to the bottom of that great abyss which has already engulphed so many of its predecessor novelties, but which continues, alas, to gape until a humbug yet more prime shall be thrown into it" So states a New York medical publication. A

similar Philadelphia journal says, "We should not consider it entitled to the least notice, but that we perceive, by a Boston journal, that prominent members of the profession have been caught in its meshes." This journal was "fully persuaded that the surgeons of Philadelphia would not be seduced from the high professional path of duty, into the quagmire of quackery, by this Will o' the wisp." However, Liston and other surgeons of England acknowledged and accepted the discovery at once Again a prophet found himself not without honor

It is astonishing how widely the phenomenon was studied shortly after it had been introduced. Within six months after the first "ether day," Hayward states that several thousand anesthesias had been induced Hemorrhage from the lungs, mania, hysteria, and epilepsy were considered to be contraindications and it was given to children only with great caution Hayward's comment is illuminating "The dangers seem to arise principally from two sources First, from allowing the inhalation to be too long continued, and secondly, from not adopting suitable means by which the lungs can be well supplied with atmospheric air while the inhalation is going on. In respect to the second source of danger, it is very apparent that if the lungs be not well supplied with atmospheric air, the blood cannot be perfectly arternalized, and, of course, a greater or less degree of asphyxia will be the consequence" He recognized anoxemia which could be guarded against "by having the inhaling apparatus so arranged that the patient shall at each inspiration obtain an abundant supply of atmospheric air, while means are at the same time adopted to have this air well charged with the vapor of ether In this way a state of narcotism is, in most cases, readily induced, while that of asphyxia is entirely avoided."

Hayward evidently grasped a basic conception of the underlying principles of anesthesia. After the manner of a conservative scientist he laid the groundwork for the development of anesthesiology when he said, "A great degree of caution is required in its administration, and it therefore can only be regarded safe in the hands of scientific and skillful

persons "

In the mechanical age of today with the fields of chemistry and physics so highly developed, it is not easy to appreciate the value of observation and deduction in the hands of physicians one hundred years ago. Medicine has every reason to be proud of its achievements in recent years, but honor is especially due those of a century ago who introduced anesthesia, a discovery which has been of such inestimable value to the world and yet was accomplished with a then limited knowledge of the related basic sciences—Howard Dittrick, M.D. Editorial, Current Researches in Anesthesia and Analgesia, September—October, 1946

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HOSPITAL NEWS

Cancer Committee Funds to Open 14 New Centers

FOURTEEN new centers for the detection of cancer danger signals will be opened in New York with \$187,835, first of a series of grants provided by the New York City Committee of the American Cancer Society, it was announced recently by General John Reed Kilpatrick, chairman of the Board of Managers, and Dr John C A Gerster, chairman of the Medical Committee Arrangements have been completed for immediate opening of the first ten centers and negotiations are in progress for the re-

maining four

"These fourteen centers," said General Kilpatrick, "are the result of demands made on present cancer detection facilities Their purpose is to provide a place where anyone apparently well and without symptoms may go to make sure that he is free from the threat of cancer This service will be provided If abnormalities are found, the at a moderate fee patient will be referred to his physician for treat-If the applicant has no personal physician he will be asked to select a physician from a list approved by the County Medical Society or will be referred to an appropriate clinic if he cannot afford

a private physician
"Because it is estimated that 30 per cent of all cancer victims can be saved if they seek an examination in time, we hope that these new centers will play a large part in saving the lives of many New Yorkers In addition to cases requiring cancer In addition to cases requiring cancer diagnosis, the examinations often will detect early signs of other ailments requiring special diagnosis and treatment The value of the centers in providing relief from worry also will be great, since the examinations will lift a great burden from those found

to be in good health

Seven of the ten centers already arranged for are located in voluntary institutions which will receive appropriations totaling \$57,995 Lenox Hill Hoppital \$10,650, Hospital for Joint Disease \$10,000 New York University School of Medicine \$9,995. Beekman-Downtown Hospital \$8,800, Beth David Hospital \$8,500, and St Vincent's Hospital in Staten Island \$5,000

Three centers will be opened in connection with city hospitals and a welfare center, their appropriation totaling \$21,640 Harlem Hospital \$5,700 with an additional grant of \$1,440 for the establishment of a fellowship of radio-therapy, Welfare Island Hospital \$7,000, and the Kips Bay-Yorkville Health Center \$7,500.

Center \$7,500

For the four centers to be opened when negotiations are completed, the Committee has approved an appropriation of \$46,600

The Committee also has made three special grants for extension of current cancer facilities Memorial Hospital is receiving \$20,000 for additional personnel to increase the capacity of its can-cer diagnostic and treatment clinic, Post-Graduate Hospital \$9,400 to permit operation of a night session as well as a day session of its cancer diagnostic clinic, and to carry out an intensive followup of all patients who visit the clinic, Roosevelt Hospital \$3,000 to provide additional personnel for its cancer chine

Bellevue to Refit Disabled Civilians

BELLEVUE Hospital is embarking upon the most ambitious medical rehabilitation program for disabled civilians yet undertaken in this country, it

was announced recently

Two wards devoted to the new project, patterned after those developed by the Army and Navy during the war, opened on January 1, it was disclosed by Dr Howard A Rusk, head of the Department of Rehabilitation and Physical Medicine at the New York University, College of Medicine

Patients in the new rehabilitation wards at Bellevue, with which the New York University, College of Medicine is affiliated, will be drawn from other divisions of the city hospital, he explained

As a start, the project will have at its disposal 100 beds on the fifth floor of Bellevue's main building, First Avenue and Twenty-Sixth Street, which is now being redecorated to provide a cheerful, friendly atmosphere

The men and women selected for participation in the program will include paralytics and sufferers

from chronic illnesses

Preliminary research and trained staff have been made available by the New York University physical medicinal unit, set up by the Baruch Committee on Physical Medicine two years ago with a grant of \$250,000 This unit, too, plans to expand when Bellevue's new buildings have been completed

Cancer Patients to Get Hospital Care at Home

A NEW plan to provide cancer patients with hospital care in their own homes was launched January 1 by Montefiore Hospital with a grant of \$30,000 from the New York City Cancer Committee The plan is to be a "pilot project," designed to work out a system which may be extended to other hospitals and to provide a practical working test of bringing hospital care into the home for persons suffering with long-term diseases

Among the features the new plan provides are several visits a week by doctors from the hospital staff, daily nursing care by a visiting nurse, transportation to and from the dispensary, medication, and help with the housework when necessary Patients needing hospital care at any time will be transferred to the hospital on short notice

Toward a Better World



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CHICAGO 10

[Continued from page 308]

Spastic Rehabilitation Hospital Planned

A REHABILITATION hospital for spastic children which would serve as a pilot plant for investigation and treatment of cerebral palsy for the State and Nation will be established by the University of Rochester School of Medicine and Dentistry in cooperation with the New York State Health Department and the National Foundation for Infantile Paralysis

Governor Thomas E Dewey has included in his 1947 budget message to the New York State Legislature an appropriation of \$150,000 for the annual

operating cost of the proposed clinic
Mr and Mrs Ernest L Woodward of LeRoy,
New York, have offered the University a \$500,000 estate of more than 50 acres in LeRoy, including a spacious residence that can readily be adapted to use as a hospital facility, for the project. Plans call for a thorough-going, long-term program of diagnosis. research, treatment, and after care to be directed by the University of Rochester, School of Medicine and Dentistry, and its Strong Memorial Hospital

The project to aid cerebral palsy patients at the LeRoy unit is planned as a model for other institutions throughout the State and Nation, and as a center of training for the various types of personnel concerned with the treatment and care of these Opportunity will be provided for training in any or all of the three major divisions of the enterprise-research at the University of Rochester,

School of Medicine and Dentistry, hospital care at the LeRoy unit, and physiotherapy and occupational therapy

The Foundation-sponsored research program is under the direction of Dr R. Plato Schwartz, associate professor of orthopedic surgery in the

Rochester medical school.

It is expected that the LeRoy unit, proposed to be established by the University of Rochester medical school and its Strong Memorial Hospital can be placed in operation by next summer The large residence will accommodate about 40 patients, from two years of age and up, and a staff of 40 to 45 full and part-time personnel. Ideally suited to the purpose, the spacious home is a modern, three-story brick structure of colonial design. It has a large heated indoor swimming pool which can be used for physiotherapy, spacious rooms, a large sundeck, and an unusually ample kitchen with complete refrigeration equipment. Among other buildings on the estate are a cottage and a large heated garage.

The LeRoy project will be operated as an integral part of the University's Strong Memorial Hospital and School of Medicine, under the proposed plan Patients would be treated at the new institution for a period of several months Both physiotherapy and occupational therapy would be met by providing continuity in the application of the best available

personnel and corrective measures.

Newsy Notes

The board of directors of South Nassau Communities hospital has announced adoption of an over-all plan designed to take care of hospital and housing needs for the next decade, while at the same time allowing the hospital complete facilities for ex-

At the December meeting of the board the building committee was authorized to submit architects plans and specifications covering details for a new maternity hospital of not less than 65 beds completed it will provide housing accommodations for the entire administrative staff on the ground floor *

Members of the Hospital Aid Society have donated \$800 to purchase badly needed equipment for the nursery and children's ward of the Cortland County Hospital. The money, raised during the past few years by the organization, has been kept on hand pending such a need *

A completely equipped department of physical medicine, supplied with approved appliances for this relatively new method of treatment, will be installed in the new building of the North Country Com-munity Hospital in Glen Cove through a gift of \$30,-000 from Henry U Harris of Brookville

This was announced recently by H. Irving Pratt. chairman of the memorial gifts committee of the hospital's \$1,750,000 building fund, through which the community is being given the oportunity to cooperate in creating for the North Shore area a hospital of double the present capacity '

* Asterisk indicates that item is from a local newspaper

The Long Island College Hospital, Brookyn's first major voluntary teaching hospital, cared for 19,000 patients in 1945, according to an annual report made public by Tracy S Voorhees, president of the Board of Regents.

The hospital hopes to raise the number of beds and basenets to 500 to make it the second largest voluntary hospital in the borough, Mr Voorhees said In 1945 the plant handled 8,864 persons and 1,537 newborn babies In addition, 8,731 persons were treated in the twenty-five clinics operated by the hospital *

For Memorial Hospital in Oneonta and Mary Imogene Bassett Hospitals in Cooperstown will be equipped with hot pack machines for treating police patients, it was decided in December at the regular monthly meeting of the Otsego County Chapter of the National Foundation for Infantile Paralysis.

The machines will be the gift of the Foundation. It was announced that Fox Hospital is now accredited to treat infantile paralysis patients sett Hospital was previously accredited.*

Mrs Harold I Pratt has given \$144,900 to the building fund of the North Country Community Hospital in Glen Cove, Long Island, as a memoral to her late husband, who was first president of the hospital. The gift will be used to build a twenty-

[Continued on page 312]



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DIGITALINE NATIVELLE

THE ORIGINAL DIGITOXIN

[Continued from page 310]

three-room section in a proposed new building for the hospital, which will double its capacity *

The new 400-bed former US Public Health Service Hospital on December 6 opened in Sheepshead Bay as the first veterans hospital in Brooklyn It will handle convalescent patients who are being rehabilitated

Chief Medical Officer Dr James E Boyd heads a staff of 150 physicians, nurses, and technicians tentative table of organization calls for a staff of That figure includes thirty specialists in surgery and medicine *

At the Helm

Dr Courtenay L Bennett, supervising psychiatrist at the Hudson River State Hospital has been appointed medical director of Craig House, Beacon, and he assumed his new position January I, Dr Wirt C Groom, acting director of the Hudson River State Hospital, announced Dr Bennett has been affiliated with the State Hos-

pital here since January 2, 1937, with the exception of the time he served in the armed forces when he

was on military leave of absence
Making known that Dr Bennett had resigned
from the State Hospital staff, Dr Groom said that "Dr Bennett has given the hospital outstanding professional service and we regret having him leave us"

A native of Schenectady, Dr Bennett was graduated from Colgate University and the Columbia University, College of Physicians and Surgeons interned at French Hospital, New York, after which he entered state service here as a medical interne

On March 4, 1938, he was appointed assistant physician and on May 16, 1941, he was designated semor assistant physician. Prior to entering the armed forces, he was placed in charge of tubercular service at the State Hospital, an activity he resumed when he returned to the hospital April 19, 1946

Dr Alfred P Upshur, who has been commanding officer of War Department hospitals in two world wars, assumed his first supervisory civilian "job" January 1 when Halloran General Hospital became Halloran VA Hospital

Long familiar with hospital procedures, Dr Up-shur organized and commanded U.S. Army General Hospital Number 3 in Colonia, New Jersey, during World War I The hospital had a bed capacity of 1,650, 150 more than the VA bed capacity of 1,500

at Halloran after January 1
From July 23, 1943 until December 15, 1945, he
was commanding officer of Lagarde General Hospital New Orleans' counterpart of Halloran September 6, he was commanding officer of the Army and Navy Hospital, Hot Springs, Arkansas He was separated from the service last October 30 and "went to work" for the VA five days later *

William G Illinger, White Plains Hospital Administrator, has been elected president of the Westchester County Hospital Association at its annual meeting in the Roger Smith Hotel The association has 31 member hospitals

Victor Smith, of Catskill, has been re-appointed a member of the Board of Managers of Memorial Hospital of Greene County for a term of five years, beginning January 1, by the Green County Board of Supervisors *

Dr Ralph L Cudlipp has received official notice that he has been elected by the physician's staff of Potsdam Hospital to join its staff

The William Henry Welch Lectures are to be delivered by Dr David Rittenberg, assistant professor in biochemistry, College of Physicians and Surgeons, Columbia University on "The Application of the Isotope Technic to Problems of Biology and Medicine" The lectures will be in the Blumenthal Auditorium of the Mount Sinai Hospital, 1 E 99th Street, New York City, on Wednesday, February 5 at 8 30 P.M. and Friday, February 7, at 8 30 P.M.

Dr Bernard T Brown, superintendent of the Onondaga County Sanatorium, is the new president of the New York State Association of Superintendents and Managers of Tuberculosis Sanatona

He was named to his new office at the recent annual meeting of the association in the Ulster County Tuberculosis Hospital, Kingston. All tuberculosis hospitals of the State, and about 30 county institutions, were represented at the conference

A native of Onondaga County and a graduate of Syracuse University, Dr Brown has been a member of the staff of the Onondaga Sanatorium since 1942 He was named superintendent on March 1, 1944

Dr Brown at one time practiced medicine in Albuquerque, New Mexico, later moving to Cazenovia. He became interested in treatment of tuberculosis after he was stricken with the disease in 1998. He since has devoted his entire time to the study of the disease

For his outstanding community service in this field, he was awarded a citizenship medal recently by Henry Makyes Post 1101, American Legion, of Onondaga Hill. He was commended for his outstanding ability and treatment of veterans of World War II, who are confined to the sanatorium.

Dr Roscoe D Roadruck has been appointed manager of the Veterans Administration Hospital at Saratoga Springs, succeeding Dr Adrian C Gould, who recently was named manager of the adminis tration's hospital at Sampson

Dr Roadruck, a native of Nebraska, served with

[Continued on page 314]



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[Continued from page 312]

the Army Services Forces from March, 1942, to September, 1946, when he was released with the rank of major. He recently was chief of medical service at Batavia Veterans Hospital. He is a specialist in neuropsychiatry and a member of the American Psychiatric Association

Dr Harry A. Steckel, of Syracuse, director of Syracuse Psychopathic Hospital since July, 1930, retired from the hospital post February 1 to enter private psychiatry practice in Syracuse and to work with the Veterans Administration

Dr Steckel also has been professor of pscychatry at the College of Medicine, Syracuse University, since coming here in 1930 Previously, he was superintendent of Newark State School and clinical

director of Binghamton State Hospital.

A colonel in the medical reserve Dr Steckel served in World War I as a first heutenant in the Army Medical Corps in France. During the last war he was a member of the psychiatric advisory committee of the selective service system.

He is a member of the neuropsychiatric committee of the National Research Council, of the American Medical Association, of the American Medical

Editors and Authors' Association, of the Medical Society of the State of New York, the Syracuse Academy of Medicine, the American Psychiatric Association, the National Committee for Mental Hygiene, and the New York State Committee on Mental Hygiene

A native of Catasauqua, Pennsylvania, Dr Steckel was graduated with a doctor of medicine degree from the University of Pennsylvania.*

E J Van Deusen was elected president of the Alice Hyde Hospital in Malone by the board at the annual meeting, succeeding D N Callander, who has headed the organization for the past two years Dr Joseph Wilson was chosen vice-president, succeeding Mr Van Deusen in that office William J

Herron was re-elected secretary and Claude Clark was re-elected treasurer *

Dr Louis E Marshall, of Brooklyn, former army pathologist at Pine Camp, has been appointed fulltime pathologist of the House of the Good Samantan in Watertown, to fill the vacancy created by the resignation of Dr Francis W Porro *

Improvements

Rocklyn Lodge of B'Naı B'Rıth presented the maternity wing of Mercy Hospital with a resuscitator and an anesthesia machine on December 19

The formal presentation was made to Sister Marie De Chantel, Hospital superintendent, by Irving Goldsmith, chairman of the lodge's community service committee *

Four hospitals in Brooklyn have been presented

with iron lungs and a fifth has been given a resuscitator The equipment, the gift of the Brooklyn Association for Masonic Charities was presented in ceremonies at the Brooklyn Masonic, Temple.

The hospitals receiving the respirators were Long Island College Hospital, Izrael Zion, the Norwegian Lutheran and St Mary's hospitals The resuscitator will be given to the Bushwick Hospital

MEDICAL NEEDS OF THE PHILIPPINE ISLANDS

The medical centers of the Philippine Islands have been largely wrecked by the war's combats There is little left in the way of buildings and equipment and the medical personnel is working bravely under enormous difficulties Immediate aid is essential to maintain these worthy institutions in the form of donations of books, instruments, and medical magazines—they need these as much as they need

money The Filipinos gave signal help and sacrificed much to aid our victory They ment our aid

and support

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Size of Articles.—It is earnestly desired that scientific articles shall not exceed 6 Journal pages at the outside Longer articles tend to lower reader interest An average of five or six seems to be the most desirable from this point of view Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, eg, twelve manuscript pages will make five Journal pages

Manuscripts - Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin. This is imperative for rapid and accurate composition by the printers

Titles.—The title should be brief and typed in capital letters. The subtitle can be longer and should be typed in caps and lower case letters Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated.

Subheadings -Subheadings should be inserted by the author at appropriate intervals

References.—It is the unfailing practice of the New York State Journal of Medicine to use There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference. A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text) The arrangement should be as follows and should include all items

a. Books—author's surname followed by initials title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed, Philadelphia, Lea & Febiger, 1927, vol 5, p 57 Periodicals—author's surname followed by initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J. New York State J. Med 40 347 (March 1) 1940

The JOURNAL does not include titles of Note articles

Case Reports.—Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences. All unimportant details should be deleted with such general negative statements as fit the case

Tables —While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations.—These should be kept to the minimum necessary to make clear the points to be registered by the author In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space

and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper Do not use typewriter for lettering The smallest lettering on 8 × 10 inch copy should be no less than ½ inch high Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch. If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions In the case of finely ruled paper, only blue-lined paper can be accepted Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold Photographs should be very distinct and show clear black and white contrats They must be on glossy white paper Avoid round and oval photographs Whenver possible "crop" photographs, i.e., mark portion that can be excluded when reproduced the company of the compa

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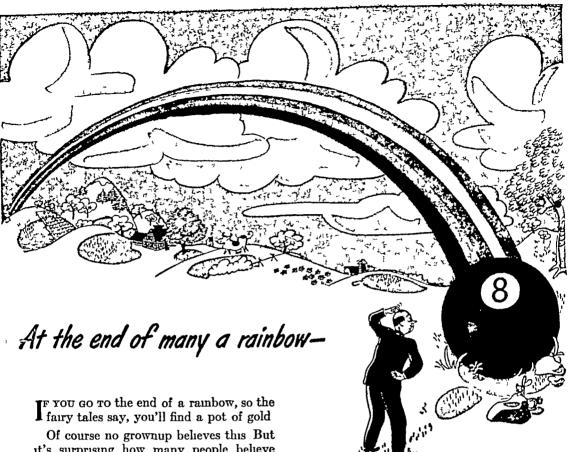
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NEW YORK STATE JOURNAL OF MEDICINE

VOLUME 47

FEBRUARY 15, 1947

NUMBER 4

Published twice a month by the Medical Society of the State of New York Publication Office 20th and Northampton Sts, Easton, Pa Editorial and Circulation Office 292 Madison Ave, New York 17, N Y Change of Address Notice Should State Whether or Not Change is Permanent and Should Include the Old Address Twenty-five cents per copy—\$2 00 per year Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912

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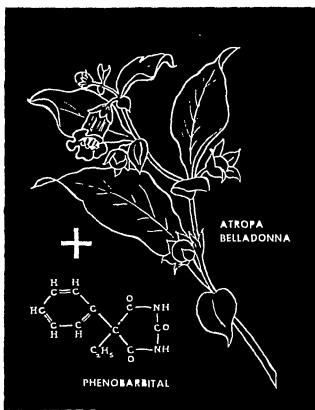
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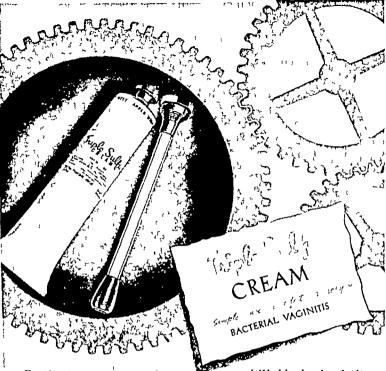
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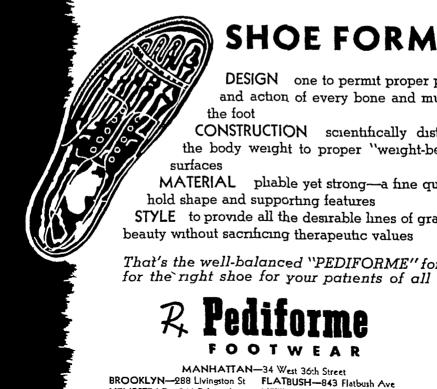
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2. Doltort, R. E.; Jones, K. K., and Brown, C. F. G.; Arch. Int, Med. 62:618 (Oct.) 1938.

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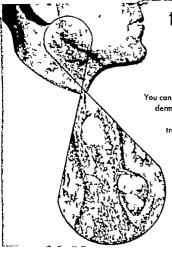
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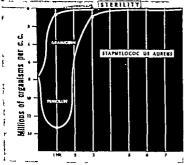
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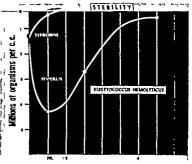


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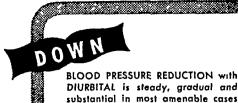
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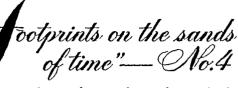
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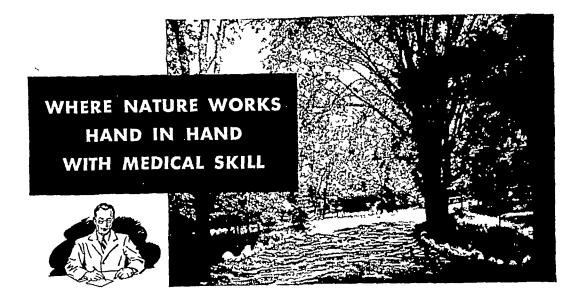
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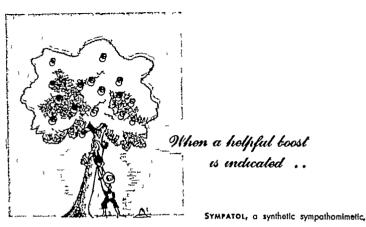
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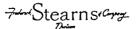
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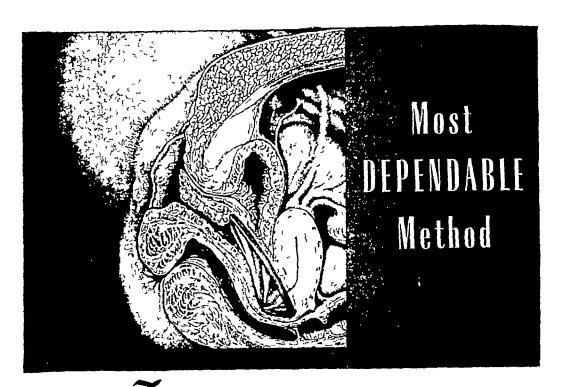


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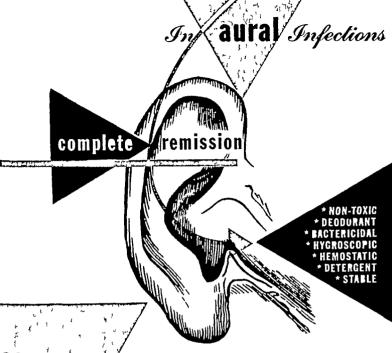
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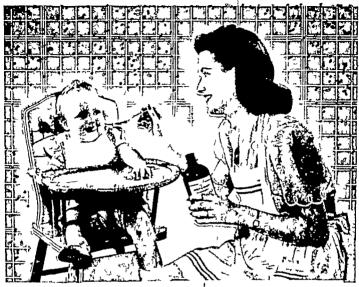
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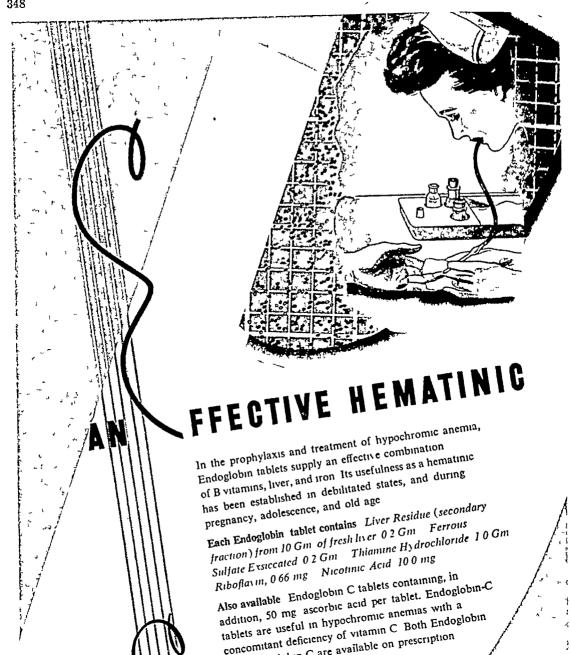
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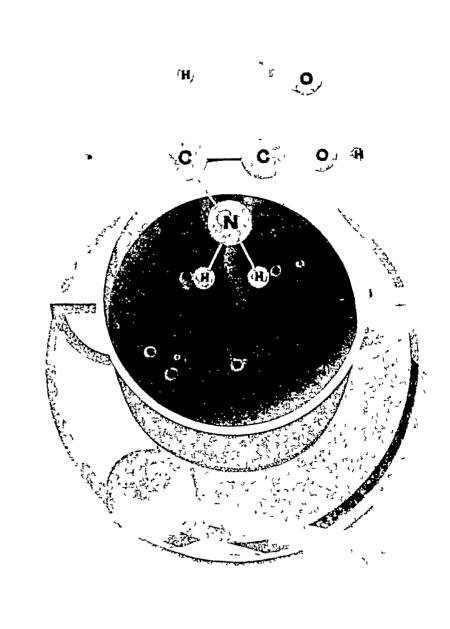


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¹Siegler S L. Amer J Obstet, & Gyn 52. 1 (July) 1946

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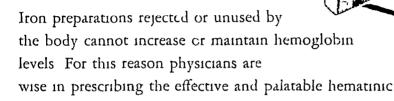
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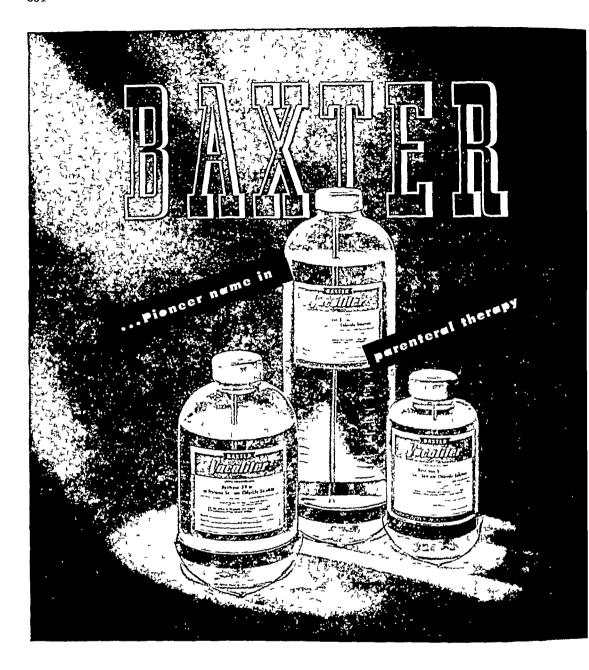
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Lehr D : Proc.Soc.Exper.Blol.& Med. 58:11 (Jan.) 1945



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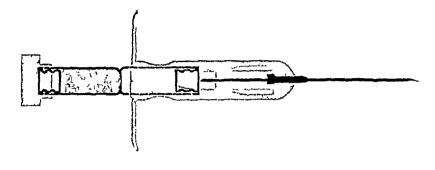
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- 1 Kirby W M M; Leifer W; Martin S P; Rammelkamp C H, and Kintman J M: JAMA 129:940 (Dec 1) 1945
- 2 Nichols D R and Haunz E A: Proc Staff Meet Mayo Clinic 20:403 (Oct 31) 1945
- 3 Romansky M J and Rittman G E , New England J Med 233:577 (Nov 15) 1945





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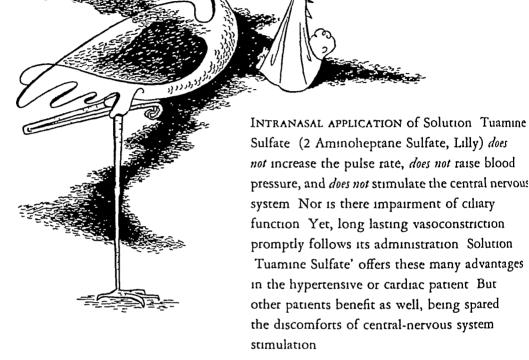
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VOLUME 47

FEBRUARY 15 1947

NUMBER 4

Editorial

Current Trends in Medicine

Writing of the next ten years in medicine ¹ and remarking on current trends in medical care, Dr Willard C Rappeleye, Dean of the College of Physicians and Surgeons, Columbia University, accents the fact that "medicine today is in a stage of rapid evolution"

He points to the phenomenal growth of medical knowledge during recent years and growing public concern over the health of the population as a whole, and views the hospital as the natural center for all forms of professional education for doctors, nurses dentists, technical aids of every kind attendants, administrators, and the local general public

At present, he says, in this country there is one doctor to about 750 persons, a ratio two to five times that found in any country in the world previous to the war. He believes that the creation and proper main temance of hospital centers is the solution to a better distribution of existing doctors and future graduates, wherever the local health needs justify such centers.

Significant is the fact that

Young medical graduates, nurses, and other trained professional workers will not go into

1 New York Medicine, Vol. II No. 15 Aug. 5, 1945

practice in small communities or rural districts unless modern facilities for practice are available Until such opportunities exist or are created financial subsidies or other inducements alone will not suffice. It is in such institutions, also that the younger graduates can be more effectively utilized than they are today. Perhaps the greatest waste of medical manpower in our present scheme of medical services occurs in that period of from five to ten years after completion of hospital training when younger physicians are only partly occupied in the early stages of practice

On this subject Dr Rappeleye should be particularly well informed. His contention is quite logical, but in our opinion regretably so. The tendency to provide better facilities for rural areas and small communities can well lend to overhospitalization and to an intensification of what is even now too frequently seen among young physicians, a nelgect of the patient.

While it is freely granted that laboratory and consultation facilities make possible the opportunity for more scientific medical investigation, the fact of their availability tends to cause the young medical man to rely more on technology and ancillary services and less on his own clinical observation and ingenuity. This seems to result in

the mechanization of practice aided, perhaps, by too great confidence in the efficacy of the newer synthetic pharmaceuticals Maybe this is inevitable Quite possibly our older concepts of the importance of the patient as an individual have been wrong, maybe clinical observation, the tactus eruditus. the listening ear, have little place in modern practice. It could well be that they served a purpose only as long as the alleged wonders of modern technology did not exist, that with the advent of purely scientific medicine we must agree with Burton¹ that "diseases crucify the soul of man, attenuate our bodies, dry them, wither them, shrivel them up like old apples, make them so many anatomies"

¹ Anatomy of Melancholy (Ca. 1621)

Under such a concept, sickness becomenable to highly mechanized, exclusing scientific management. The young more practitioner is often a bibliophile, a quenter of laboratories, a student of diserather than of the people who have the Rarely an Osler or a Holmes comes forward to restore the patients to their deservation prominent place in the practice of medical Dragged from obscurity, these "old applasso designated by Burton, seem deservation more than merely scientific investigation treatment."

That should be the minimum corded them in our view But then, we probably old fashioned and crotchety boot

The Physician-Veteran and the Hospital

Says the Journal of the Medical Society of New Jersey² of the younger physician-veteran

Except in a very few specialties, a doctor cannot practice medicine today without access to a This puts some of the younger physician-veterans in the difficult position of losing all major patients to their older colleagues, or to those "essential" younger doctors who stayed home during the war and established hospital connections Especially hard hit is the small but important group of physicians who entered service directly from internship or residency They are not helped by the rank-freezing order which protected the staff appointments of doctors who already had hospital connections institutions will give these young veterans a place on the courtesy staff As a result, the doctor in such a position has no place to take a maternity case and is obliged to give up other patients who need hospitalization, or he is forced to try to treat such patients at home No one seems to be doing anything about the plights of these hospital orphans

It is well to face the fact that some hardship in the matter of the physician-veteran and the hospital is inescapable. What conditions are found in New Jersey probably would be the same generally for the country. The issue should be faced now, and conditions rectified locally as may seem most practicable. The Journal is quite right in saying local medical societies cannot initiate structive plans, they may suggest, for ample, at the county level, the necessity action, but local hospitals are autonomand make their own rules

The Journal makes the constructive gestion that

The only practical solution is a deliberate cooperative arrangement among the hospita New Jersey whereby each institution will: tranly accept two or three such veterans tributed in this way, the entire continge aggregating perhaps 150 or 200 physiciansbe absorbed without seriously disturbing staff If a hospital with 100 doctors on its li already overstaffed, the increase of the numb 103 will not make much difference Under an arrangement, the veteran will not always l the hospital of his choice Indeed, assignr will probably have to be made on a geogra basis However, it will give him at least one stitution where he can practice major medi and remove one justifiable sore spot in our ! tions with demobilized doctors

The hospital associations might well esider the advisability of action along lines suggested. The matter is within the province. Such relief as the hospitals give will depend on the willingness of local medical profession to cooperate whospital authorities. Of this there can be question in our opinion.

² Vol 3, No 11, Nov 1946, p 447

Nazı Physicians

As this is being written at least 23 doctors of medicine and numerous German scientists, medical administrators, and others are being brought to trial for "atrocities" against prisoners, the indictments being under four counts conspiracy, war orimes, crimes against humanity, and membership in the criminal organization of the Elite Guard which practiced a macabre science of killing 1

At the request of the Federal government, the Board of Trustees of the American Medical Association delegated Dr A. C Ivy, vice-president of the University of Illmois, "To represent the Association in an investigation of these acts of inhumanıty

The trials will develop the testimony and show the degree of participation and guilt of these physicians in such acts of in-To us, the abandonment of all professional restraint, departure from ngid codes of ethical conduct based on the welfare of the individual patient seems inconceivable The foundation of the confidence in any physician by his patient is based upon the belief that the doctor, with all available knowledge and means, will fight to the last ditch to alleviate suffering and to cure if possible This is the doctorpatient relationship, the sine qua non of the art of medicine It permits of no compromise, no discrimination, no relaxation of vimlance

The sorry and degrading thing to which some Naza doctors allegedly descended merely serves to illustrate, in our opinion, the dangerous impact of political ideology on professional standards In this instance it was the lunatic doctrines of Hitler's debased philosophy But what occurred as a result, exemplified by these tragic in stances, should be thoughtfully considered by those who would promote "state medicine"

Control over medical education, medical practice, and medical science by the state can, in extreme cases such as these, produce extreme moral degradation. But these instances are merely the outstanding ex-What of civil practice under amples statism?

In an era of rapid scientific discovery not only in medicine, but also in theoretic mathematics, physics, chemistry, and allied fields the capture of the medical profession by the system of state socialism initiated by Bismarck in Germany did not hinder but actually assisted the growth and progress of medical science by throwing behind the universities the resources of the state. One remembers the initial progress made with admiration

But if the financial resources of the state were of benefit initially to medical science. these benefits could not be divorced from the political system which produced them Medicine was thus integrated into the system of state socialism with the result that it became dependent utterly upon the system The result we have seen

As the state deteriorated to national socialism under inhuman and perverted leadership, medicine and medical men deteriorated likewise. It is well to remember from this object lesson that what the state can do for you is often not so important as what the state can do to you It is something to think about.

Can Spring Be Far Behind?

During the recent war we deplored editorially in these pages the necessity for omission in the public prints of those small items which in happier days seemed to herald the approach of Spring Small things, perhaps,

New York Times, Dec. 10, 1946. J.A.M.A 132: 714 (Nov 23) 1946

but significant, bearing a message of hope during the dark, cold days and nights of the winters of our discontent that better things were ahead

Many of these items in days of yore emanated from the vicinity of Winsted Connecticut, for some reason, though Loch Ness, Scotland, was often in the news about this time of year with its recurrent sea serpent tales, complete with eye witnesses Recently, since we are now on a global basis, the gazelle boys of Asia Minor have come into their own, somewhat out of season it is true, but doing their bit to distract the mind of man from the more serious political, economic, and diplomatic crises which, like the poor, are always with us

Imagine our delight, therefore, as we prepared between shivers to write a brief note on the forthcoming Annual Meeting of the Medical Society of the State of New York to be held in Buffalo in May of this year, to find in the public prints the usual crisis, this time the outlaw strike of 16,000 workers, truckmen, and sympathizers in London, England, apparently unmindful of the blessings of their socialist government. Then, if these old eyes could be trusted, from Atlanta, news of a two-headed State! Not from Winsted, mind you, but from Atlanta, Georgia. And, further, under dateline of Chicago, Illinois, there is note of a 4-year-old boy with a complete set of false teeth! Will wonders ever cease? Annual Meeting, a state with two governors, 4-year-old boy with full dentures the size of a half-dollar, can Spring be far behind? Connecticut papers please copy

Current Editorial Comment

Public Relations The Houses of Delegates of both the AMA and the State Society are keenly interested in the problem of public relations and its effect on the medical profession as a whole and the individual doctor in particular

After reviewing some of the recent bills affecting the profession that have been brought before the Federal and State legislators, both Houses passed resolutions urging greater participation by both local societies and the individual doctors in the important field of public relations, and urged as one means of achieving it the establishment of speakers' bureaus in every society

As a step in this direction, the Public Relations Bureau of the State Society has employed Mr Thomas E Walsh, to conduct a survey to determine how best this work can be facilitated

At present Mr Walsh is engaged in visiting the local societies to determine whether or not they already have or desire to establish a speakers' bureau. He is also attempting to determine what kind of help the individual doctors feel the State Society can furnish them in this vital work.

We therefore urge that county officers, and, especially, chairmen of Speakers' Bureaus and Public Relations Committees, be on the lookout for Mr Walsh Better still, if you have any questions regarding a speakers' bureau, write to the Public

Relations Bureau, Medical Society of the State of New York, 292 Madison Ave, New York 17, New York

The Centennial. Two months ago the American Medical Association announced to the readers of its *Journal* that its Centennial Session would be held at Atlantic City, June 9 to 13

For the benefit of our readers, we made an earnest attempt to summarize the program We might as well have tried to summarize the Encyclopedia. There will be distinguished foreign guests. There will be presented the latest thing in every field, such as the use of radio-active products in medicine, advances in psychosomatic medicine, the use of antihistamine preparations, and many others

Atlantic City will be crowded and it may be hot but, aside from vulgar personal considerations, we should say that the Centennial Session would be something that no one would care to miss

We feel a modest pride in seconding the invitation, for it was in New York, one hundred years ago, that a group met for the purpose of forming the American Medical Association. True, local jealousies prevented them from doing so that year, but they did achieve organization the following year in the less troubled atmosphere of Philadelphia. The Medical Society of the State of New York is proud of its lusty child and wishes it all success as it starts its second century.

¹ New York Times, Jan 16, 1947 p 1

Pyribenzamine and Benadryl in Allergic Since Dale and Laidlow in Conditions 1911 expressed the theory that anaphylac tic shock is due to the sudden release of histamine, much evidence has been presented to incriminate histamine or a histamine-like substance as the immediate cause of the urticarial wheal, hay fever, and other manifestations of allergy cflort to relieve or cure those conditions. experiments were undertaken to discover a drug that will neutralize or block the effects of histamine Hopeful results were obtained by Bovet and Straub in Paris in 1937 and 1939, but the products were too Since then the chemicals with which they worked have been investigated and tested by scientists working in American pharmaceutic laboratories, with the result that today we have benadryl and pyribenzamine

In a review of the ments of antihistaminic drugs, Epstein1 considers those two drugs together because their physiologic and antiallergic action is similar are highly specific against histamine, but in addition, they are mildly effective against acetylcholine, they produce sleepiness, dizziness and, occasionally, dryness of the mouth, nausea or diarrhea Of each the dose by mouth is 50 mg, three times a day In animals, those drugs are twelve to fifty times more toxic when given intravenously Given by mouth, they are of low toxicity If toxic signs (vertigo, sleepiness, nausea) appear, it is usually safe to continue their use in smaller doses

Both pyribenzamine and benadryl are found useful in the symptomatic treatment of urticaria and hay fever, and somewhat less useful in perennial rhinitis, asthma, atopic dermatitis (allergic eczema), and other diseases due to allergic reactions The efficacy of the drugs are about equal, and approximately the following percentages of rehef may be expected from their acute urticaria-95 per cent, chronic urticaria-80 per cent hay fever-80 per cent, extrinsic allergic rhinitis-80 per cent, pruntis of atopic dermatitis-about 60 to 90 per cent, and in bronchial asthmaabout 40 to 50 per cent The relief obtained by the use of benadryl or pyribenzamine is symptomatic, the symptoms in chronic allergies returning when the drug is withdrawn

At Least, Not Yet. We think it was de la Roucheloucauld who said "There is always something in the misfortunes of our friends that does not quite displease us"

This morning, after we had brought ourself abreast of the latest developments in the labor situation, after we had mastered our nausea over the statistics of lowered production, decreased exports, etc that would result we turned to foreign news in the hope of finding something cheerful In no time at all we came upon this gem

London November 30 (UP)—Sixty four doctors and nurses—the entire medical staffs of two London hospitals—have received dismissal notices for refusing to obey an order of the Willesden Borough Council to join a trade union it was disclosed today. The Council's action leaves only one doctor, the medical superintendent, to care for 100 pa tients at Willesden Maternity Hospital

Socialized Medicinel The closed shop applied to doctors. We are a little vague as to what the Borough Council of Willesden is, but somehow we feel a little safer with our mothers and babies in the hands of medical men selected by Boards of Trustees. We are glad we don't have to join a union if we don't want to

Oh, and by the way, what happens to the mothers and the babies? The Council bent on asserting its authority seems as indifferent to their fate as Mr Lewis was to the general suffering he was causing

Penicillin. The topical use of penicillin ointment is becoming a standard form of therapy in industrial clinics. All clinical thera peutic trials of the past several years have demonstrated the effectiveness of this new antibiotic agent when incorporated in a suitable cintment base and used locally in the treatment of impetigo contagiosa, sycosis barbae, infectious eczematoid dermatitis, ecthyma, furunculosis, car buncles, chronic ulcers of the extremities, and other susceptible infections of the akin treatment of staphylococcic and streptococcic local infections of the skin has produced the most dramatic results. It has proved to be of value in the treatment of secondarily infected lexions which are superimposed on dermatophytosis, acne vulgaris, and contact dermatitis

Penicillin is not a cure-all for skin infections. It will not replace accurate diagnosis and other specific therapy, nor will it replace surgery and debridement. But when used locally, penicillin is an ideal antiseptic.¹

¹ Epstein, Stephan: Wisconsin M J 45: 489 (May) 1946.

¹ Industrial Medicine Vol. 15, No. 10 Oct., 1946 p. 576.



IN MEMORIAM

William Hale, M.D

President of the Medical Society of the State of New York

A great loss has been sustained by the Society in the sudden and unexpected death of Dr William Hale, of Utica, who died there on January 16, 1947 He took office in New York in May, 1946, at the last Annual Meeting of the Society Dr Hale endeared himself by his character and attainments to a large circle of friends and colleagues both in Utica, where he was regarded as one of its eminent practitioners, and throughout the State, many parts of which he had visited officially during his brief term of service as President He was a quiet, but forceful and impressive speaker, devoted to his tasks and duties, and the memory of his presence will long remain among his associates.

Dr Hale was born in Gananoque, Ontario, sixty years ago He attended Amherst College and was graduated from the Queen's University Medical School in Kingston, Ontario, in 1910, and began to practice medicine in Utica in 1914 He then served overseas in World War I, commissioned in the hospital reinforcement group of the British Army, and was awarded the Military Cross. On his return to Utica, he re-entered practice, and served as secretary to the Oneida County Medical Society for fourteen years and as president for four

The Hale was always an enthusiastic advocate of organized medicine and gave much time and thought to the development of voluntary health insurance plans and the recently inaugurated procedures for the home and local care of veterans of the last war as developed by the Veteran's Bureau He was consulting surgeon at the Utica State Hospital, a former president of the staff of Faxton Hospital, and, for many years surgeon to several railroad companies in this State

Dr Hale long was an active participant in various welfare organizations in Utica. He was a Fellow of the American College of Surgeons, a charter member of the Utica Academy of Medicine, and prominent in the civic life of his community. His comparatively short period of service as Preadent of the State Society disclosed him to be a leader, progressive in thought and action, and it is most unfortunate that his career should have been cut short at such an early age. He was an outstanding person in our ranks, a modest, sincere, friendly, and honorable man. We can only repeat that he will be greatly missed by his colleagues and friends.

A RADIOLOGIST IN THE NAVY

E FORREST MERRILL, MD, New York City

THE writer was commissioned in the United States Naval Reserve in November, 1934, and was ordered to report for active duty on January 5, 1942

This paper may be a rather rambling one as its object is to reveal the various types of duty a naval medical officer may be asked to perform

Many medical officers of the United States Naval Reserve did not have the good fortune of being able to limit themselves to the practice of their specialty, although the Bureau of Medicine and Surgery did make every effort to accomplish that end The writer was extremely fortunate in being able to practice his specialty throughout practically all of his tour of active duty—a little over four years

His date of induction into active service was January 12, 1942, and his first station was in the dispensary at the Navy Yard, New York Up to that time, he had had no previous experience as a naval medical officer and, naturally, a period of indoctrination was necessary Duty at a navy yard dispensary at that time consisted of emergency room work which was not unlike the emergency work in a large mill or factory, (2) medical officer of the day, (3) examination of civilian applicants for employment, (4) routine physical examinations of naval personnel, and (5) occasional ambulance calls within the yard Naturally there was little opportunity for specializing in such a setup, but that duty-station was not to last long, as at the end of three weeks orders for a change of station took this officer to the US Naval Hospital at Newport, Rhode There was much naval activity in that locality as the hospital was only one of many naval institutions, including a large and growing naval training station

The bed capacity of the hospital had been amplified so that most of the physical facilities of the hospital were overtaxed and it was necessary to begin planning for an enlarged x-ray department in order to fulfill the need adequately Changes and additions to the equipment had been recommended before, but no radiologist had remained on duty at the hospital long enough to carry out his specific recommendations. As it was necessary to plan almost a year ahead of actual installation of new equipment, the peacetime apparatus was sorely taxed before the department could be revamped and new equipment.

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Radiology, May 3, 1946

actually installed. It was not hard to demonstrate the need for enlargement of the x-ray department, including additional darkroom facilities, because, in addition to doing the various types of radiography required in a large general hospital, a large and active outpatient department also sent its quota of ambulatory patients

Additional naval activities which added their share of outpatients for radiographic examination as well as roentgentherapy were the naval operating base, training station, war college, ships at anchor in Narraganset Bay, the torpedo station, the PT base, the Quonset naval air station, construction battalion training, and the distribution center—Dependents of officer and enlisted personnel were also accommodated

In the outpatient department an active and enlarging prenatal clinic soon resulted in an innovation consisting of an arrangement between the medical officers in charge of the outpatient department and the x-ray department whereby the chests of all prospective mothers in the prenatal clinic were studied fluoroscopically and radiographically during the early months of pregnancy, with the result that the expected 1 per cent of unsuspected pulmonary tuberculosis was revealed

Organized radiologic conferences were instituted at weekly intervals, to which all medical officers of the hospital staff and surrounding activities were invited. These were continued as long as space in the x-ray department was adequate to accommodate those desiring to attend, and, then, when the department became crowded with patients at all hours of the day, the conference was incorporated in the weekly meetings of the medical and surgical departments of the hospital, where a larger number of medical officers were reached

The exigencies of the war demanded that certain corpsmen be trained as specialists and the US Naval Hospital at Newport was designated as one of several schools for training corpsmen as specialists, including x-ray technicians. This arrangement meant that we continually had twelve selected corpsmen in training as x-ray technicians, presumably for a period of six months. Most of the corpsmen selected had had no acquaintance with radiography and so their training started with the physical basis of roentgenology, the fundamentals of darkroom technic, then radiographic technic, with actual practice in all branches of technic. The permanent staff of the x-ray department, including one

junior medical officer, aided in this schooling and supervised the practical training Unfortunately, urgent need for men sometimes shortened the training period and at times, practically all of our men, both those in training and those assigned to duty would be removed and sent elsewhere for

This situation always left the x ray department undermanned and meant strenuous days of intensive training of a new group of x ray tech nicians. Under ordinary conditions, a certain complement of hospital corpomen were assigned to regular duty in every department of the hospital but the demands for trained men at new naval stations as well as on ships meant that men could be drafted both by the naval district office and by the Bureau of Personnel in Washington

In order to conserve space in a department which could not be physically enlarged a mobile roentgentherapy unit was installed and by that method one of the rooms was used for diagnostic radiography as well as therapy All roentgentherapy was of the low or moderate voltage variety as this particular naval hospital was not one of those designated by the Burcau of Medicine and Surgery to carry out high voltage roentgentherapy

In August, 1044 orders for change of station were once more received. This time the assignment was to the staff of Special Augmented Hospital Number Three—then beginning to organise at U.S Naval and Distribution Center Shoemaker, California. On arrival at the new duty station, the tentative plan of the proposed hospital was gradually revealed Several hospitals of 200- and 400-bed capacity were being developed and the one to which the writer was to be attached was of 400-bed capacity with enlisted personnel of two hundred and fifty mately one hundred and eighty of these men were to be hospital corpsmen of various ratings and the remainder were to be artificers cooks bakers, mess attendants, and such.

The officer complement was seventeen medical officers, two dental officers, and four officers of the Hospital Corps. Of the seventeen medical officers one (the senior officer) would be the medical officer in command and the next officer in rank would be executive officer The remain ing fifteen would represent various specialties, together with several junior officers to assist in surgery and medicine. The four officers of the Hospital Corps would be administrative officer, supply and accounting officer, maintenance officer, and commissary officer

During our period in the Training and Distribution Center, there was much to be done, because even though the war was then in its third

year, many of the hospital corpsmen assigned to Special Augmented Hospital Number Three for duty had had little or no training in hospital practices. Classes for the teaching of corpsmen were organized and taught by our hospital and medical corps officers. A group of promising corpamen was organized and taken to the US. Naval Hospital at Shoemaker, California, for furtherance of their practical surgical training Sanitation teams were organized and trained by the prospective sanitation officer in the problems of hospital and camp sanitation while other corpsmen were sent on temporary duty to nearby hospitals for psychiatric nursing training

Our training program, however, was hampered in many ways, because our actual supplies were not available for observation and it became evident that we would not see our supplies and equipment until we had reached our destination, presumably on some, then unknown, island tenting was not available—although we finally did avail ourselves of a few tents of various sizes so that we could become proficient in their erection Often our officers and men were assigned to temporary duty at various other stations on account of the need for men but still, by taking advantage of the men and time available, much needed training was accomplished through the planning and cooperation of our medical, dental and hospital corps officers.

The date of departure of the unit for overseas duty was unknown to us, so that the actual length of time that we had for training our personnel was also unknown, but every possible advantage was taken for the benefit of the unit. Most of the medical officers had the opportunity of taking courses in tropical medicine and some were asagned to a practical course in fire-fighting

The writer had been assigned as the roentgen ologist of the hospital, and as time went on it became evident that he would also be the Executive Officer when the unit embarked for duty outside the continental limits—so that his time was spent to a large extent in organizational activities. It happened that the dispensary of the Training and Distribution Center was without a regularly assigned roentgenologist during much of the time that the hospital unit was in training, so that he kept occupied on a volunteer basis along radiologic lines. During this interval, a photofluorographic unit was installed in the medical processing unit of the center and the experience of helping to set up this unit and get it into operation was most instructive and valuable. Every officer and man processed before being sent overseas was photofluorographed and the report was inserted in his health record Suggestive or suspicious findings at the time of the photofluorographic examination were followed by further examinations on 14 by 17 films

On March 10, 1945, the hospital was commissioned with Commander Calvin C Caldwell, (MC)USNR as Medical Officer in Command, and about five weeks later, the enlisted personnel with five officers embarked for overseas duty—the other officers having preceded the major part of the unit by a few days on a second ship. The supplies and equipment were carried on a third ship. Our destination, at the time of embarkation, was secret, but when it became known that the destination was Okinawa, the news put new life into every man, as he felt that at last he was going to be able to do the job he had been preparing for

Our cruise to Okinawa was not fast as several stops were made on the convoy route. No training or class instruction was possible aboard ship due to the crowded conditions and the fact that personnel from many other organizations was aboard. Naturally we travelled under blackout conditions and this made the number of lighted spaces exceedingly limited.

On the first day of June we approached Okinawa and we turned in that night with a feeling of safety, as we had seen five of our carriers—two large and three small—on the horizon at sunset. We knew that our convoy was in their care and that we would be ashore in a short space of time. Two days later, on June 3, we sighted our destination and about 5 30 Pm on that rainy Sunday afternoon over the side we went, combat equipped, to see what the beach had to offer

One hospital was already partly erected at the same site on which Special Augmented Hospital Number Three was to be erected and our first problem was to find that location in the rain and mud

We had reached the beach late in the afternoon and were overjoyed to see some of our officers, who were guarding our stock pile, where our hospital equipment was being dumped. Our next problem was to get our men, who were carrying their gear, out to the camp site. This was finally accomplished by afternoon of the following day, though many of the truck drivers had no idea where our hospital site was located. The recital of the experience of the various truckloads could well be the subject of another narrative.

Transportation of our hospital supplies and equipment was accomplished by the personnel of one of the Construction Battalions, who trucked our materials from our guarded dump on the beach. We located more of our supplies at other beaches and eventually got most of the various pieces of equipment to our dump at the hospital site.

Every man of our organization was more than willing to do whatever he could to help in the planning and erection of the hospital, and there were many problems, which, under the guidance and foresight of a commanding officer who worked with and for his men, were solved. The island was not yet secure and this meant that the hospital compound had to be guarded without any aid from the regular armed forces. The twenty-four hour guard cut down our available manpower, but those men who were left worked all the harder, aiding the Seabees in erection of the tent decks and frames

Mud and roads which were impassable at times hindered the completion of our stock pile, but shortly after July 1 the hospital received its first patients, coming from naval and manne activities in all parts of the island and from ships in the waters around the island

The x-ray department occupied about three fifths of the space in a Quonset hut twenty feet wide and forty-eight feet long, so that we had an area twenty by thirty feet which was divided into a utility room, workroom, office, and darkroom In the workroom were two pieces of diagnostic apparatus, a Picker Army Field Unit incorporated in a table designed for foreign body localization, and a mobile shockproof "tube in head" unit The field unit and table were made serviceable for our purpose by the addition of a plywood This unit was primarily designed for fluoroscopic localization of foreign bodies, but we had practically no need for utilizing it for that procedure, as the island was pronounced secure before the hospital was in operation fluoroscopy than that mentioned above was impracticable with the unit and, as a matter of fact, all the fluoroscopy done was necessarily done after dark because of a scarcity of materials and lack of proper apparatus, such is a lightproof fluoroscopic head hood, which was not sent to us Shortages of essential pieces of apparatus also limited the work of our medical officers in other departments of the hospital

With the aid of the Seabees we were able to connect running water to the tanks containing the insert tanks for the developer and fixing bath, but as we had no refrigerating units to cool the water in these tanks, they were serviceable only during the early part of the day, as our water reached a temperature of 100 F by eleven o'clock in the morning The ice machine helped us out after it was in operation

The humidity did not put our shockproof apparatus out of commission as it did in the South Pacific After properly asembling the field unit and protecting the connections of the shockproof cables with petrolatum, we had no breakdowns

Communications from radiologists in the South Pacific indicate that in order to prevent breaking down of the connections, each unit had to be dissembled at the end of the day. This good fortune was appreciated by us as it was necessary to have the unit in operation during the twenty four hours of each day.

Because of the lack of a fluoroscopic room, practically no gastrointestinal work was attempted, and, as a matter of fact, there were few times when sufficient film was available to under take an adequate study of the gastrointestinal tract. Every patient requiring such a study was evacuated to Guam.

The electric power source for the hospital was a 75-kilowatt Diesel generator and under ordinary conditions the power supply for the x-ray department was drawn from this source. Our emergency source of power was a 15-kilowatt generator located between the Quonset hut housing the surgical operating rooms and the x-ray department. This was called into action on the occasion of failure of the main source of supply, as for in stance, during the typhoons of September 15 and October 7, 1945

Water during the early days of the hospital was hauled from water holes, sometimes five miled distant, in 300-gallon trailers and a 1,300-gallon tank mounted on a truck. Usually it was necessary to haul water night and day, though sometimes at night the sinpers made it too hot for ut to continue. Once the water arrived at camp we ran it through our own purification tanks before storing it in cypress tanks. Later on, the Seabees completed a pipeline from a large water purification plant about a mile away.

As summer progressed, it was evident that some

preparation would have to be made for the protection of our patients in the event that a typhoon hit the island—and here again the foreight of our commanding officer paid good dividends, as he pressed the matter of constructing a typhoon shelter. All of our structures with the exception of three Quonset huts and a galley of similar construction were framed tents with wooden deaks, and we know that they would never stand

up in a storm of typhoon intensity

A survey of available sites for a typhoon shelter
resulted in selecting an enclosure about sixty feet
square that formerly contained a group of build
ings occupied by a native family. The wall of
this enclosure was a combination of coral wall,
dense shrubbery, and an earthen embankment.
Inside this enclosure was erected a timber structure about six feet high, and this was covered
with tarpaulins held in place by bags of earth

Whenever storm warnings indicated that the wind might bring destruction to our tents all bed patients were carried into this shelter. In the typhoon of October 7 and 8, only six of our thirty ward tents remaind standing when the storm was over, yet no patients received any in jury and all necessary treatment was carried out by the medical officers and corpsmen in the typhoon shelter.

Originally, Special Augmented Hospital Number Three should have been taken over by a larger 2,000-bed Fleet Hospital, but the rapid changes during the summer of 1945 resulted in cancellation of that plan, and on October 25 Special Augmented Hospital Number 3 was decommissioned and its patients and personnel were absorbed by Special Augmented Hospital Number Six, and thus ended the story of a good outfit

PUBLIC HEALTH SERVICE APPOINTMENTS AVAILABLE

A competitive examination for appointment in the Regular Corps of the U.S. Public Health Service in the grades of Avsistant Surgeon (1st Lieutenant) and Sculor Assistant Surgeon (Captain) will be held in New York on March 6 at 15 Pine Street, U.S. P.H.S. District No. 1

Regular Corps appointments are permanent in nature and provide opportunities to qualified doctors for a life career in one or more of a large number of fields including research general hospitals, special hospitals foreign duty and federal state, and local public health programs assignments are made with all possible consideration of the officer's demon strated abilities and experience. There is ample opportunity for professional growth and development.

All applicants must be at least 21 years of age, must be citizens of the United States must present

a diploma of graduation from a recognized medical school, and must satisfactorily pass a physical examination performed by Public Health Service officers when directed upon successful completion of the oral and written examination

Applicants for the grade of Assistant Surgeon must have had at least seven years of educational and professional training or experience exclusive of high school.

Applicants for the grade of Sanior Assistant Sur geon must have had at least eleven years of educa tional and professional training or experience, exclusive of high school.

Application forms may be obtained by writing to the Surgeon General, US Public Health Service, Washington 25 D C. These should be retained and presented to the Board at the time the applicant appears for the oral examination.

ACUTE PERFORATION OF PEPTIC ULCER, EARLY AND LATE RESULTS

HENRY A KINGSBURY, M D, New York City, and John A Schilling, M D, Rochester, New York

IN 1930 White and Patterson's reported from the Roosevelt Hospital the late results of 53 cases of perforated peptic ulcers treated by simple suture, and 26 treated by simple suture plus immediate gastroenterostomy. The mortalities were 19 and 26 per cent, respectively. As a result of these studies, simple suture was adopted as the procedure of choice on the combined surgical services of the Hospital. This is a report of our experiences at the Hospital with 224 consecutive cases of perforation occurring in the twelve-year period following the adoption of this method of treatment.

Incidence — Table 1 shows the age distribution of these 224 cases of perforated peptic ulcer Sixteen (7 per cent) of the patients were females This is twice the accepted incidence of fifteen years ago Ten of the perforations occurred between January, 1939, and October, 1943, the years of spreading world conflict It is interesting to note that during the last half of the Nineteenth Century the incidence of peptic ulcer perforations in women was about 50 per cent reached an all-time high of 73 6 per cent in a report from Germany covering the years 1900 to 1910 2 Subsequently, it declined rapidly so that in the several large series recently reported it is generally less than 10 per cent No adequate explanation is offered for the reversal in incidence, and one cannot help but wonder if reports ten years hence will not show a generally higher incidence of this condition in women.

Pathology —In this series there were 207 cases of proved duodenal ulcers, 12 of gastric ulcers, and 3 of marginal ulcers. The anterior superior surface of the duodenum was the most common site of perforation of the duodenal ulcers, and the region of the lesser curvature of the stomach for the gastric ulcers. Multiple perforation was not recognized in any case at operation, but multiple ulceration was found in the duodenum in 4 cases at autopsy

TABLE 1 -AGE INCIDENCE

Age	Number
10-19	5
20-29	36
30-39	56
40-49	36 56 69 35 16
50-59	35
60-69	16
70-79	7
Total	224
10081	224

Presented at the 140th Annual Meeting of the Medical Somety of the State of New York, Section on Surgery, May 3,

Diagnosis —In the great majority of cases perforation of a peptic ulcer is relatively easily recognized. The classic, sudden, agonizing abdominal pain and the rigid, board-like abdomen are highly suggestive. The history of indigestion or gastric distress is supporting evidence. One hundred and ninety-four (86.4 per cent.) of this series have such a history, 26 (11.6 per cent.) denied previous gastric complaint, and in 4 cases it was not stated.

The presence of free air under the diaphragm in the upright x-ray or between the liver and ribs in the left lateral recumbent position establishes the diagnosis of a perforated viscus. In this series, 199 patients (88 per cent) were x-rayed and in 103 (52 per cent) there was free air in the pertoneal cavity.

An erroneous diagnosis of appendicitis was made in 7 (3 1 per cent) instances. The McBurney incision was immediately closed and the perforation sutured through a separate incision.

In 2 patients with a preoperative diagnosis of acute cholecystitis, operation revealed a perforation which was sealed off In 3 instances an error in diagnosis was responsible for the death of the patient In 1 patient the presence of a strangulated scrotal hernia obscured the primary pathology, which was not discovered at the opera-The second patient was thought to have an acute pancreatitis Autopsy revealed a perforation on the posterior surface of the second portion of the duodenum and a large retropentoneal abscess The third error was made in a patient with signs, symptoms, and x-ray findings suggesting pyloric obstruction Autopsy revealed a huge dilated stomach, a perforated duodenal ulcer adherent to the gallbladder, and peritonitis confined to the upper half of the abdomen by adhesion of the transverse colon to the anterior abdominal wall

Treatment

Preparation —In all cases in which the diagnosis was made operation was carried out promptly. The preoperative preparation consisted of restoration of fluid balance by the use of plasma, glucose, and saline infusions as indicated in shocked or dehydrated patients. The introduction of the indwelling stomach tube with continuous suction has become a routine procedure. We have not found that the preoperative preparation requires more than one to two hours and have not deliberately delayed operation for longer periods as advocated by Graham. Morphine and atropine are used routinely preoperatively.

Can

Operation was performed under gas-oxygenether anesthesia, with avertin or pentothal occa somally for induction. Spinal anesthesia was not employed.

Incaron.—In 1937 Amendola advocated a subcostal approach for the suture of perforated peptic ulcers. It is our feeling that this subcostal incision offers adequate exposure for simple suture of the perforation, reduces visceral trauma and wound pain and also reduces the likelihood of postoperative hermation, since the deep surface of the wound is shielded against rupture by the presence of the liver. It is a simple matter to prolong this incision into a right rectus incision if additional exposure is required.

One hundred and nine patients in this series were operated upon through a subcostal incision 107 through a right or left rectus, and 3 through

the midline.

Suture—In 206 of the perforations, closure was by means of linen sutures of either the Lembert or purse-string type. In the remainder, catgut was used Follow up studies have falled to reveal any correlation between the type of suture employed or the method of application, and the persistence of syntptoms.

If the induration and friability of the tissues surrounding the perforation were of such degree as to prevent inversion of the perforation a pedical or free omental graft was used to seal the opening as advocated by Roscoe Graham. When closure was possible by inversion alone the suture line was runfored with a small tab of omentum.

In 41 patients, sulfanilamide crystals were placed in the abdominal cavity at operation. Of this group 2 died. One had perforated more than fifteen hours before operation and a drain had been placed down to the ulcer site. Death occurred eighteen hours after operation and autopsy revealed a generalised peritonitis. The second patient had perforated eight hours before operation and following simple suture a drain had been placed in the abdominal wall only. At autopsy ten days later, a chronic perforated duodemal ulcer and generalised peritonitis were found. One of the sutures used to close the perforation had not held

No general rule can be offered concerning the use of sulfanilamide intriperitoneally. The distinction between pentoneal irritation by acid gastric content and an established bacterial pertonitis is often difficult. No conclusions can be drawn from this group of 41 cases since the initial cathusnasm centering around sulfanilamide in the treatment of pentonitis resulted in its being used in some cases which had been perforated for less than two hours and in which the drug probably had not influenced the outcome. However, it may be justifiable to say that the longer the interval

from perforation to operation, the greater the indication for the use of sulfanilamide.

Simple suture was performed in 206 instances. In 1 patient a gastroenterestomy was performed in addition to suture because of narrowing of the lumen of the duodenum. One patient with a perforation of a marginal ulcer was given entero-enterostomy for the same reason. There are 2 partial gastrectomies 1 for perforated carcinoma of the stomach, in the other an un suspected acute perforation of a posterior wall duodenal ulcer was found during gastrectomy for intractable duodenal ulcer

Dramage —Drains were employed in 70 patents, fifty of the drains were placed superficially down to the anterior sheath or through the muscle to the personeum. In 20 instances, the drain was introduced into the personeal cavity because of marked personeal contamination or uncertain closure of the perforation. Two of the latter died as a result of continued leakage with generalized personitis. Although drainage was established in all cases of localized peritonitis with abscess, its efficacy in the presence of a diffuse peritonitis is open to question. None of the patients in whom the personeal cavity was drained developed incisional hernias, although 5 developed wound infections (Table 2)

TABLE 2

Abdominal Cavity Drainage
Perforated best than 12 hours
Saverity of peritoneal reaction
Deaths
Unsattafactory Closure
Deaths (peritonitis)
Perforated more than 12 hours
Sasied perforations and focal peritonitis
Open perforations and diffuse peritonitis
Deaths (peritonitis)

Closure—All wounds were closed with 0 chromic catgut, for all layers, except the skin which was closed with silk or Michel clips. Heavy silk or stainless steel wire relation software were used if a rectus or midline incision had been made. When a McBurney or low rectus incision had been made for drainage of the perts, the peritoneum was closed about the drainage tube and the remainder of the wound packed open with vaseline gause.

Complications — Over one half (112) of the patients operated upon had one or more postoperative complications. As indicated in Table 3, forty-seven were respiratory

The relationship of the type of incision to pulmonary complications is of interest. Amendola felt that patients with a subcostal incision had less wound pain, less inhibition of cough and hence fewer pulmonary complications.

The statistics of this group bear out this complication in the cases complication.

TABLE 8

Complications	145 in 112 patients
Pulmonary	47
Wound infections	38
Gastrointestinal hemorrhage	8
Delinum tremens	G
Subphrenic abscess	6
Wound disruption	ų.
Gastrio retention	4
Duodenal fistula	28
Miscellaneous	28

ated upon through a subcostal incision and 30 through a right rectus incision

Thirty-eight patients developed mild to severe wound infections. In 26 of these cases no drain had been placed in the abdominal wall. Since the great majority of wound infections occurred in the undrained cases, the routine use of a drain down to the peritoneum is recommended. If left in place for at least forty-eight hours, the incidence of this complication should be reduced.

There were 6 cases of wound disruption in this series of wound infections, with 3 patients eviscerating. One of these died of generalized peritonitis. Drainage of the peritoneal cavity had been carried out at the time of suture of the perforation. The other 2 patients with evisceration survived under conservative therapy. One had had drainage of the abdominal wall, and the other had not. Of the 3 cases of wound disruption without evisceration, 2 were subcostal incisions and 1 was a right rectus incision. None of these cases had drainage.

Gastrointestinal hemorrhage occurred in 8 patients postoperatively. One patient died, the remainder surviving with palliative therapy Autopsy revealed the fatal hemorrhage was due to an eroded vessel at the base of the ulcer.

Six of the series developed subphrenic abscesses subsequent to suture of the perforation. Five had been operated upon within twelve hours of the time of perforation, and in only I had drainage of the peritoneal cavity been instituted at the time of operation. In each case the abscess was drained as soon as the diagnosis was made. Four died, either of this complication or of subsequent complications such as perforation of the abscess through the diaphragm with empyema, multiple liver abscesses, and streptococcic septicemia. In none of the fatal cases of subphrenic abscess had there been drainage of the abdominal cavity at the primary operation.

Careful aspiration of escaped gastric or duodenal content from under the diaphragm and both lumbar gutters should aid in reducing the incidence of secondary abscess. If sulfanilamide is used in the abdominal cavity, an attempt should be made to distribute some of it over the superior surface of the liver

Four patients developed postoperative pyloric obstruction while in the Hospital

There were 2 cases of duodenal fistula following operation. One patient died of peritonitis, and autopsy eight days later revealed that a leak had developed at the site of suture. The second fistula occurred in a patient subjected to primary partial gastric resection for perforated carcinoma of the stomach.

There were 4 cases of secondary pelvic abscess One patient died as a result of a pelvic abscess associated with subhepatic and subphrenic abscesses. Two abscesses subsided spontaneously and one required drainage.

The remaining complications are best classified as "miscellaneous" In this group I have placed such complications as auricular fibrillation, cardiac failure, thrombophlebitis, uremia, delenum tremens, mild unexplained temperature rises, and hematomas of the wound

Repeated Perforation—Fourteen patients of the series gave a history of previous perforation Nine were admitted with a second perforation and 2 with a third—In these 11 patients simple suture had been done for the previous perforations—Two had perforation of a marginal ulcer which followed a partial gastrectomy

A review of the literature reveals an increasing incidence of repeated perforation (Cohn, Ross, Estes and Bennett, and Parker) We have had no experience with partial gastrectomy for uncomplicated acute perforation of a peptic ulcer (Judin, and Strauss¹¹) Finsterer believes a partial gastrectomy is indicated three months following closure of a perforation of an ulcer whether or not the patient is symptom free We feel this attitude is too radical However, we do believe that repeated perforation is one of the indications for partial gastrectomy

Mortality—In this series of 224 perforated peptic ulcers, there were thirty deaths, a mortality of 134 per cent. Since two of the fatalities were in patients who refused operation, our operative mortality is 126 per cent. Peritonitis was the chief cause of death in 19 (633 per cent), pneumonia in 3 (10 per cent), subphrenic abscess and cardiac failure, respectively, in 2 (6 per cent), and fatal pulmonary embolus, hemorrhage, multiple intraperitoneal abscesses and liver abscesses, and retroperitoneal abscess in 1 case each (3 per cent). Three of the twelve misdiagnoses terminated fatally (25 per cent) (Table 4)

TABLE 4

	Number of Cases	Per centage
Mortality Total deaths Refused operation Operative mortality	30 2	13 4 1 0 12 6
Cause of Death Peritonitis Pneumonia Miscellaneous	19 3 8	63 3 10 0 26 7

TABLE &-MORTALITY AND DURATION OF PERFORATION

Hours Perforated to Operation	Number of Cases	Deaths	Per centage
0-6	154	8	5 1
6-12 12-18	33	7	21 2 28 5
18-85	12	5	500
26 plus	15	5	38 Q

Approximately 70 per cent of the patients in this series were operated upon within six hours of the onset of symptoms. Of these 154 patients, 8 died, a mortality of 51 per cent for those operated upon during this early period Fifteen or over 50 per cent of the deaths occurred in those operated upon in the twelve-hour period following the onset of symptoms (Table 5)

Autopsy was performed on 6 patients who died even though operated upon within six hours of the onset of symptoms. Two had gastric per foration, one succumbing to a generalized perfonitis and the other to a massive gastric hemorrhage on the fifth postoperative day. Two patients died as a result of inadequate closure of the ulcer. One died as a result of duodenal leakage. The remaining death occurred four months after primary suture, and autopsy revealed a right subphrenic abscess, right purulent pleurisy right interlobar empyema, and a healed duodenal ulcer

Follow-up -- Before beginning a discussion of the follow-up of this series, I would like to em phasize several things First, a follow up which does not cover at least 90 per cent of the survivors of a given procedure does not permit or justify dogmatic conclusions Most reports indicate that a high percentage of patients are not followed for a sufficient time. This report is no exception in that respect. Second, we are slowly accepting the concept that "once an ulcer always an ulcer" An increasing number of patients regarded as cured for periods ranging from five to ten years or more, are returning with evidence of chronic gastroduodenal ulceration. As a corollary to this it would not be out of order to define a cure following a perforation as freedom from clinical or laboratory evidence of peptic ulcaration during a lifetime follow-up. It is extremely doubtful if this ideal will ever be attained Par ker has suggested that these patients be classified as "well" or "unwell." Those whom he classifies as "well" are patients who "consider themselves well free from stomach trouble, able to carry on their usual work with freedom from pain and vomiting, and having to exercise little or no care regarding their diet" With this classification Parker has reviewed the literature and found that approximately 50 per cent would not remain well Fifteen years previously, White and Patterson¹ had believed that 60 to 65 per cent would remain well, and four years after Parker's review, Estes and Bennett' report only 6 per cent well

The follow-up of the 104 survivers of reflections in this series has been instanced. Eighty seven (44.8 per cent) failed to the first tile. Recall Clinic even once. The remains the followed for less than a year and the reflection for more than a year. The reasons for working those followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be followed for less than a year is to be formation of the followed for less than a year is to be followed for less than a year i

Thirty-ex patients were followed for a perso of less than a year. Of these, 21 (58.3 per cent stated that they had no symptoms and were not following a bland, convalescent ulcer det a put scribed on discharge from the Hospital. The remaining 42 per cent had symptoms of rayin degree. Three (8.8 per cent) had symptoms controlled by diet. Seven (19 4 per cent) had symptoms to me in spite of diet, and 5 (13 9 per cent) has severe enough symptoms to require hospitaliza

tion and further surgery

Seventy-one patients (36 6 per cent) were lob lowed for over a year Twenty three (32.4 per cent) state that they are completely free of symptoms and ar not following a diet. These can be classed as "well" The remaining 48 (68 per crat) must be classified as "unwell." Seven (9.8 per cent) have their symptoms controlled by die Eight (11.2 per cent) have symptoms in space or diet but not severe enough to prevent them to Thirty three (47 per cent) have her working such severe symptoms that readmission to Hospital has been necessary Twelve (1")cent) have responded to medical treatone or more occasions. Twenty-one (29 1 have required further surgery when there medical treatment failed (Table 6)

Summary

1 The early and late results in a recutive patients with perforated pept arms reported



During the last few years there has been a notable increase in the incidence of this condition in females

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- 3 The diagnosis should be based on the classic symptoms and physical signs Pneumoperitoneum is present in only slightly more than one half of the patients Over 85 per cent give a history suggestive of ulcer
- In approximately 3 per cent an erroneous diagnosis of acute appendicitis or acute cholecystitis was made
- Simple closure of the perforation is the treatment of choice
- Routine drainage of the abdominal wall is Drainage of the peritoneal cavity in the presence of an established diffuse peritonitis us of questionable value
- There is a high incidence of postoperative pulmonary complications and wound infections
- Six and two-tenths per cent of the patients gave a history of one or more previous perforations

- There were thirty deaths in this series, a mortality of 13 4 per cent, with an operative mortality of 12 6 per cent There was a mortality of only 51 per cent in the group operated upor within six hours of onset of symptoms tonitis was the chief cause of death (63 3 per cent)
- The incidence of persistent gastroduodenal ulceration following perforation increases with the length of follow-up

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GENERAL CONSIDERATIONS CANCER OF THE PROSTATE

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ANCER of the prostate gland affects one out of every five men who live fifty years or more, and the high incidence of this malignancy constitutes a matter of grave concern for all physicians who are charged with the responsibility of caring for middle aged or old men We do not know why this neoplasm develops, but its occurrence is thought to depend upon testicular activity—for eunuchs have not been known to develop this disease

Some investigators believe that prostatic develops conjunction with carcinoma ın benign hypertrophy and conclude that the two conditions have a common etiologic back-But the investigations of Moore tend to contradict this viewpoint, for he found that the incidence of prostatic malignancy is as great among men with otherwise normal glands as it is among those afflicted with benign hypertrophy, and Ravisch has shown that Jews display a remarkable immunity to prostatic carcinoma although benign enlargements occur commonly among them

Cancer can arise in any part of the prostate and on rare occasions the entire glandular structure appears to have undergone simultaneous malignant transformation Occasionally, the pathologist recognizes focal areas of epithelial metaplasia that are deeply situated within adenomatous masses that have been enucleated surgically, and he often considers these areas to No one has adequately deterbe malignant mined whether infiltrative growth ever develops from these focal areas, a fact that prompted Eberbach to call them "academic cancers" In the vast majority of the cases prostatic carcinoma begins as a small nodule, situated in the posterior lobe of the gland just beneath the capsule, a fortuitous location that renders the lesion susceptible of early detection by the examining finger The speed with which the neoin the rectum plasm grows and extends into the remainder of the prostate and surrounding structures varies greatly In some instances its local spread occurs with surprising rapidity while in others the tumor Occasionally the develops at a very slow rate malignant process may involve the posterior lobe extensively without spreading into the rest of the gland, McLellan, while serving his residency in

^{*} Presented by invitation at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Urology, in a Symposium on Cancer of the Prostate, May 2, 1946

the University of Michigan Hospital Ann Arbor. enucleated a large adenomatous gland by suprapublic operation. The patient died a few days postoperatively and autopsy disclosed the fact that all of the remaining prostatic tissues were neoplastic, yet subserial sections of the gland that had been removed at operation revealed no microscopic evidence of cancer

Distant metastasis occurs by way of the lympliatics and the blood stream. The commonest sites of early metastases are the lumbosacral vertebrae and the pelvic bones It was formerly believed that the tumor spread to these structures by way of the lymph channels, but Batson in 1940 pointed out that the lymphatic drainage of the prostate gland was not in the direction of these areas. He demonstrated that the venous return of blood from the pelvic organs, particu larly the prostate, often travels in a retrograde direction along the richly communicating palvic and vertebral veins, thus permitting widespread deposition of metastatic cells in the bony structures of this area. The size of the primary neoplasm often bears no relationship to the occurrence or extent of metastases Widespread and extensive metastases are often found in conjunction with a tiny primary cancer, while enormous primary neoplasms may be unaccompanied by any clinical evidences of distant metastases.

The clinical approach to the problem of prostatic cancer is concerned with three essential enterprises prevention of the disease, its cure, and palliative or suppressive treatment when it has fully developed

Prevention of the Disease

In general the prevention of prostatic cancer is not practically feasible, for nothing short of total prostatectomy can today be regarded as an absolute prophylaxis against the disease ever total prostatectomy is recommended for the treatment of many nonmalignant conditions today, and those urologists who routinely perform perineal prostatectomy in the treatment of benign enlargements might logically advocate total prostatectomy whenever the permeal approach is indicated thus adding the benefit of cancer prevention to the other advantages inherent in the permeal operation But, total prostatectomy is invaliably followed by complete sexual impotence and many individuals who suffer from prostatism would be unwilling to exchange their remaining rexual powers for the prevention of cancer if they knew that four out of five persons do not develop the discuse anyway

Cure of the Disease

The cure of prostatic cancer can be accom

plished only by radical perineal prostatectomy that is performed while the primary lesion is sharply localized and every patient found to have an area of induration in the prostate gland should be afforded the benefit of permeal exposure of the prostate so that frozen section biopsy can be performed and early radical removal of the gland carried out if malignancy is present, for only in this way can cure of prostatic cancer be offected Most women today have been edu cated to the importance of periodic examinations of the breasts, but the male population in general is totally ignorant about the dangers of prostatic cancer or of the need for periodic rectal examinations. Most early prostatic cancers are discovered not by urologists, but by the careful examinations made by conscientious practi tioners. The present writer during the year 1945 performed radical permeal operations for cancer upon three men who are employed by a corporation that requires annual examinations of its permanent staff. Let us hope that the day will come when all men are afforded the benefits of this far-seeing corporation in the matter of periodic physical examinations Radical perineal prostatectomy is not a difficult operation to perform and it is also a safe operation. A recent review of the data relating to the patients who have been treated for cancer of the prostate in the University of Michigan Hospital since 1925 reveals the interesting fact that all of the patients who had radical permeal prostatectomy survived operation, all enjoy urinary continence, and all are alive today

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Palliative Treatment

The palliative or suppressive endocrine treatment of prostatic cancers which cannot be removed by radical surgery commenced in 1941 following the epoch-making discoveries of Charles Huggins who in that year demonstrated a functional relationship between this disease and certain hormones. Since that time physicians have treated patients suffering from carcinoma of the prostate by the administration of estrogenic hormones by irradiation of the testes, and by surgical castration and the series of cases that are being reported currently from many clinics will doubtless provide a means for final evaluation of the methods that are being employed. Spectacular regression of the primary neoplasm has been observed in many of the patients, and in some instances, complete disappearance of metastases has occurred but some of the patients have shown improvement of short dura tion only, and a few have apparently derived no benefit whatever from the endocrine modifications that have been employed Some observers have suggested that carcinogenic activity

in some cases might even be accelerated by the altered hormonal status that is being effected

Evaluation of Endocrine Therapy

It appears evident that a critical evaluation of endocrine therapy must take into consideration not only the spectacular remissions but also the failures, and must demonstrate as well whether the change in hormonal status produces any instances of adverse response. Such a critical evaluation must have control series of cases not treated by the newer methods to serve as a baseline for comparative study. There are few such series reported in the literature and those that are available are lacking in many of the statistical details essential to critical comparative analysis.

My associates and I have recently made a follow-up study on 795 cases of prostatic carcinoma that were diagnosed and treated in the University of Michigan Hospital between the years 1925 and 1940, inclusive

A detailed enumeration of the data on series is being published elsewhere. but some of the data that have a bearing on the present discussion will be presented at this time All but 12 of the 795 patients have been followed by our survey, thus 981/2 per cent of the entire series of cases have provided data that are available to us for statistical enumeration Seven hundred and thirtyseven of the patients have been reported dead 605 died of prostatic cancer, while 60 died following operations and 67 died of other causes—29 of cardiovascular disease Five of the patients died of unknown causes

The average survival of the entire group was twenty-one and two-tenths months, with the extremes less than one month and one hundred and eighty months. The influence of metastases at the time of diagnosis on the periods of survival is of interest. Four hundred and seventy-five of the patients had no evidence of metastases at the time of diagnosis, and the average survival was nearly two years, the extremes being less than one month and one hundred and eighty months (fifteen years)

There were 260 patients who had metastases at the time of diagnosis, the average survival of these patients was seventeen months, the extremes being one month and one hundred and seventy-six months. The patient who had this long survival period had metastases in the spine and pelvis at the time of diagnosis yet he survived nearly fifteen years. It is well to consider these survival data when appraising the longevity following endocrine therapy and, also, when considering the most appropriate time for instituting endocrine therapy.

At the University of Michigan Hospital we

have been following two closed series of cases that are being treated by endocrine therapy and are being followed until the last survivor is gone. One series of 75 patients had surgical castration while the other is composed of 50 patients treated by the oral administration of diethylstilbestrol. The survival data on these groups have been tabulated and compared with data on our control series which are given in Tables 1, 2, and 3

TABLE 1 -- ENTIRE SERIES

Cont	rol78	1 Cases				ilbestrol— 50 Cases	
Month	Cases Dead	Per- centage of Deaths		Per- centage of Deaths	Cases Dead	Per centage of Deaths	
6 12 18 24 30 36 42 48	261 381 483 542 568 610 637 648	33 4 48 8 61 9 69 4 75 0 78 1 81 5 82 9	6 14 22 28 32 41 46 50	8 0 18 6 29 3 37 3 42 6 54 4 61 3 66 6	1 3 10 12	2 0 6 0 20 0 24 0	

TABLE 2 -CANCER OF PROSTATE WITHOUT METASTASES

Cont	rol—38			Orchectomy— 45 Cases		Stilbestrol— 33 Cases	
Month	Cases Dead	Per- centage of Deaths		Per- centage of Deaths	Cases Dead	Per centage of Deaths	
6 12 18 24 30 36 42 48	106 168 211 233 255 269 288 292	27 3 43 3 54 3 60 0 65 7 69 2 72 6 75 2	2 6 8 14 15 20 23 26	4 4 18 3 17 7 31 1 33 3 44 4 51 1 57 7	0 2 4 5	0 6 0 12 1 15 1	

TABLE 3 - CANCER OF PROSTATE WITH METASTASES

Cont	rol—26	0 Cases	Orchectomy 30 Cases		hectomy— Stilbestrol— 30 Cases 17 Cases		Cases
Month	Cases Dead	Per- centage of Deaths	Cases Dead	Pe cent of De	978	Cases Dead	Per- centage of Deaths
6 12 18 24 30 36 42 48	97 149 189 214 227 234 239 240	37 57 73 82 87 90 91	4 8 12 14 17 22	13 26 39 46 56 73	9 5 5 1	0 0 6 10	0 0 85 3 58 8

Conclusions

These comparative data indicate that survival rates in cancer of the prostate have been significantly prolonged by endocrine modifications in the series studied

Only a comparison of final data on a closed series of cases will finally disclose how the lon gevity of the greatest survivors in each series will compare, and will settle the question regarding a possible acceleration of neoplastic activity in isolated cases by the modification of hormonal status

THE INTERPRETATION OF PHOSPHATASE FINDINGS IN CARCINOMA OF THE PROSTATE

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Since the effectiveness of endocrine treatment of caronoma of the prostate has been demon strated, phosphatase determinations have been used more and more as an aid in diagnosing metastasing prostatic cancer and in evaluating the effects of treatment. As numerous methods are used in measuring phosphatase activity, and as the results are expressed in arbitrary units, the results are likely to be confusing. This confusion may be clarified by a brief review of the proporties of phosphatases, and of the laboratory methods used in measuring them.

Phosphatases are ensymes which split organic phosphates to give free phosphate ion. They occur in many tissues, and differ in properties with the tissue of origin. They fall into two groups according to the pH at which they are most active. The acid phosphatases usually have a broad maximum of activity between pH 4.0 and 5.5, the alkaline phosphatases usually are most active in a narrow range between pH 9.0 and 9.5. The exact proporties depend on the tissue of origin and on the substrate used

Many phosphate esters have been employed in measuring phosphatase activity, but only a few are in common use. Bodansky,1 using sodium beta glycerophosphate as a substrate, developed a method for alkaline phosphatase modified by Woodard's for determinations in the acid range. Results are given in miligrams of phosphorus liberated under standard conditions. The method of King and Armstrong' employs phenyl phosphate as substrate, and results are expressed in milligrams of phenol liberated. The method was originally developed for alkaline phosphatase, and was modified by the Gutmans for acid phosphatase. Recently Huggins reported a method using phenolphthalein phosphate as substrate, results being expressed in milligrams of phenolphthalem liberated Since the relative activities of phosphatases of different origins in various substrates are usually not the same, results expressed in one arbitrary unit can not, in general, be converted by any simple arith metic process into another unit.

Acid phosphatase occurs in many organs, but with the exception of the prostate gland, no organ ordinarily contains more than one to two Bodansky units per gram of tissue In the human adult prostate, the acid phosphatase activity is vory high, reaching several hundred units per gram. The production of this enzyme by the prostate apparently requires androgens for its development, and does not take place until puberty. The acid phosphatase activity of prostate carcinoma tissue is usually of the same order of magnitude as that of the normal prostate although it may be diminished in some very anaplastic carcinomas.

Normal human serum contains small amounts of acid phosphatase. This obviously does not originate in the prostate, since the activities of the sera of normal men are the same as those of the sera of normal women. At present, the source of normal serum and is unknown. In 1938 and 1939 it was shown by the Gutmans, and Robinson. It that the acid phosphatase activities of the sera of many patients with metastasizing carcinoma of the prostate were greatly elevated. This observation was confirmed promptly by other workers.

Because of the importance of this discovery in the diagnosis of prostatic cancer, it at once became necessary to know how often elevations in serum acid phosphatase occurred in the presence of carcinoma of the prostate, and whether they ever occurred in other diseases. The present author has found no elevations above the normal range in the serum acid phosphatase of 34 women and 167 men patients with osteogenic sarcoma, Paget a disease, raundice of various types, plasma cell myeloma, lymphoma, and other diseases not involving the prostate In these determinations sodium beta glycerophosphate was used as substrate The Gutmans and coworkers, using phenyl phosphate as substrate, have found occasional borderline elevations in the serum acid phosphatase of patients with severe bone disease of nonprostatic origin but no marked elevations such as are found in the presence of metastasizing carcinoma of the prostate. Conspicuous elevations in serum acid phosphatase therefore appear to be pathognomonic of metastamzing carci nome of the prostate, especially if the Bodansky method of assay is used

The frequency with which elevations in serum acid phosphatase occur in patients with prostatic disease is shown in the following summary of our findings on 162 patients (Table 1) The Bo-

Presented, by invitation, at the 140th Annual Meeting of the Medical Bodisty of the State of New York Section on Urology in a Symposium on Cancer of the Presiate, May 1 1946.

TABLE 1

		Cased with Elevated Serum Acid Phosphatase		
Diagnoss	Total Cases	Number	Percentage	
Carcinoma of prostate with bone metastases	71	51	72	
Carcinoma of prostate with- out bone metastases Benign hyperplasia of pros-	56	19	34	
tate	23	0	0	
Prostatitis	6	Ö	0	
Carcinoma of other origin invading prostate	6	0	0	

dansky method was used, and the results are those obtained before the patients had received any endocrine treatment

In 7 of the patients without bone metastases evidence of extension of the disease beyond the prostate was minimal or lacking, and all of these had normal serum acid phosphatase readings. The remainder had local or distant soft part metastases of varying extent.

It appears that the acid phosphatase of cancerous prostatic tissue does not enter the circulation as long as the capsule is intact. It may enter the circulation and be demonstrable in the serum as soon as local invasion or distant metastasis occurs, but does so somewhat more readily when the metastases are in bone than in soft parts. In a few cases (probably not more than 10 per cent) elevations in serum acid phosphatase never occur even in the presence of extensive disseminated disease. In these cases it is possible that the tumor produces little acid phosphatase, but additional autopsy material is necessary to prove this hypothesis.

As shown in Table 1, we have not seen elevations in the serum acid phosphatase of patients with nonmalignant prostatic disease, or in patients with cancer of other origin invading the prostate. It is theoretically possible that an abscess or other ulcerating lesion of the prostate might permit prostatic phosphatase to enter the blood stream, but this evidently occurs rarely, if at all

A large amount of work by many investigators has shown that alkaline phosphatase occurs in the kidney, intestinal mucosa, bones, and some other tissues, but only that alkaline phosphatase from the bones enters the blood stream in significant amounts. Serum alkaline phosphatase is excreted by the liver, and when the liver is diseased alkaline phosphatase excretion may be impaired and the serum level may rise. Production of alkaline phosphatase by bone is increased whenever new bone is being formed, and this increased production results in an increase in the concentration of the enzyme in the circulation. When cancer metastasizes to bone, the bone may

or may not respond to the injury by an increase in the production of alkaline phosphatase, the reason for the difference in response being un-Metastases to bone from carcinoma of the prostate are nearly always osteoplastic Alkaline phosphatase production is increased as an essential part of the new bone formation, and there is a corresponding increase in the amount An elevation in serum alkaline in the serum phosphatase occurs in 90 per cent of patients with bone metastases from carcinoma of the prostate. and sometimes is evident before there are definite symptoms referable to bone In a patient without evidence of liver disease, a rise in serum alkaline phosphatase warrants a very strong suspicion that metastasis to bone has taken place

It should be emphasized that acid and alkaline phosphatases are separate enzymes with different Excess acid phosphatase in the serum comes from cancerous prostatic tissue which communicates freely with the circulation, whether it is invading local organs or is growing in the lungs, in the peripheral lymph nodes, or in the Alkaline phosphatase in the serum comes from the bones In a patient with carcinoma of the prostate metastatic to bone, both the and and the alkaline phosphatase are usually increased in the serum. The acid phosphatase comes from the tumor in the bone, the alkaline phosphatase comes from the bone around the tumor

The changes in the serum acid phosphatase of patients with metastasizing prostatic carcinoma following the institution of endocrine therapy are well known Our observations at Memoral Hospital do not differ materially from those at other institutions, and need only to be sum-When the serum acid phosphatase marized here is initially elevated, it usually exhibits a marked drop within a week after surgical castration, or within two to three weeks after the beginning of stilbestrol therapy Limited experience with estinyl suggests that the effect is similar to that of stilbestrol, although further work will probably show slight differences When the serum acid phosphatase is initially normal, it shows no imme-When an elevated serum acid dirte change phosphatase fails to show a prompt drop follow ing the institution of endocrine therapy, the patient usually experiences no clinical relief, and proves to be refractory to this type of treatment The presence or absence of a prompt acid phosphatase response is thus of considerable prognostic value

When a patient who has shown a drop in serum acid phosphatase with clinical improvement later relapses, the clinical relapse may or may not be accompanied by a significant increase in acid phosphatase. The rise in phosphatase some-

times precedes the return of symptoms by one or two months. When such a rise in serum acid phosphatase occurs, it always indicates a renowal in the activity of the disease Persistence of normal values for the serum acid phosphatase does not however, give any assurance that the duessa is still under control

The absence of a terminal rise in serum acid phosphatase is of considerable theoretic interest. Of 22 of our patients whose serum acid phospha tase was clevated when they were seen first, and who relapsed six months to three years after the beginning of endocrine treatment 12 or more than half, failed to show a terminal rise in serum acid phosphatase to values as high as the initial ones. These patients apparently had a much larger volume of cancerous tissue in their bodies at death than when they first sought treatment, yet the acid phosphatase reaching the blood from this tissue was less. We have also done phospha tase determinations on extracts of prostatic cancer tissue obtained at autopsy from three pa tients who relapsed after an initial favorable response to endocrine treatment The acid phosphatase in these tissues ranged from 5 to 54 units per Gm while the neid phosphatase activity of untreated prostatic cancer is from 100 to 500 units per Gm. when determined by the same method Dr F W Stewart reviewed the slides on these cases and found no unusual histologic features.

These findings make it appear likely that prostatic cancer tissue is so modified by existence in a feminized organism that its ability to produce acid phosphatase is permanently impaired, even though its growth capacity is only inhibited tem porarriy

The serum alkaline phosphatase in patients without bone metastases or liver disease is nor mal, and is not affected by endocrine treatment As stated above in patients with bone metastases from carcinoma of the prostate the serum alkaline phosphatase is almost always elevated a month after surgical castration 80 per cent of these patients show a significant further rise in serum alkaline phosphatase to readings which sometimes reach two to three times the initial In patients who experience sustained clinical improvement, the alkaline phosphatase begins to fall after about three months, and may reach normal as the bone lesions become quiescent When sustained clinical remission is not or heal obtained, the serum alkaline phosphatase usually remains high In patients with bone metastases treated with stilbestrol a rise in serum alkalino phosphatase, shortly after the institution of treatment is seen in only about one third of the cases In the remainder there is either no immediate change or if the clinical response is favorable, a gradual decline toward normal values. There thus appears to be a definite difference in the response of the involved bone to the two types of endocrine treatment.

Summary

The properties of different types of phosphatase are discussed

Conspicuous elevations in serum acid phosphatase appear to be pathognomonic of metastasising carcinoma of the prostate. Normal readings do not exclude this diagnosis.

Evidence derived from acid phosphatase studies on the serum and tissue of patients receiving endocrine treatment indicates that prostatic cancer undergoes a profound biochemical alteration after prolonged existence in the femi nized organism.

In bones which are the site of metastases from prostatic carcinoma, the response to surgical castration appears to differ from that to extrogen therapy

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PURE POLIO VIRUS ISOLATED SAYS STANFORD SCIENTISTS

Successful isolation of what they believe to be nearly pure polio virus has been accomplished by two Stanford scientists, Dr Hubert S Loring and Dr C E. Schwerdt, it was announced on January 11 by the University

Laboratory tests, including photographs taken through an electron microscope, indicate that the isolated virus is 80 per cent pure or better according to the two Stanford chemists.

Production of purified virus is seen as an impor

tant step in the long and to date unsuccessful laboratory struggle to produce a vaccine effective against poliomyelitis.

Now that a virus which is relatively pure is available the experimental door is open Dr Loring pointed out, to render the pure virus noninfectious by chemical or physical treatment and, the scientists hope, to produce a concentrated vaccine free of the impurities which have plagued previous polio vaccine experimenters.

PROTEIN NUTRITION IN SURGERY

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THE great attention given to vitamins in the L past few decades has tended to obscure the fact that other elements in the diet, particularly protein, may be of equal and sometimes greater significance The importance of protein has also been minimized by the general belief that the body possesses large stores of protein that are able to meet the needs of an emergency or during periods of deprivation It has been known for nearly a century that protein represents one of the most essential of the nutritional elements in asmuch as it supplies the very protoplasm of living cells, the plasma proteins of the blood as well as the many hormones and enzymes, all of which are proteins and without which vital processes are impossible

Protein has a special significance in surgical patients because of the fact that injury and operation lead to tremendous losses of it and that even the phenomenon of surgical shock is concerned with the lack of sufficient circulating plasma protein to maintain normal fluid relation-In spite of this, the recognition that protein metabolism is important in surgical patients came quite recently Jones and Eaton in 19335 showed the relationship between postoperative edema and protein intake Since then, an increasing number of observations have accumulated, all of which have emphasized the frequency with which protein deficiencies develop after Moreover, the importance of protein operation depletion in many surgical patients requiring operation has been shown to greatly influence operability and mortality, for these reasons it is obvious that unless the surgeon has adequate knowledge of the essential features of protein metabolism and sufficient information of the methods by which the protein deficiencies can be corrected, he will be unable to achieve sufficiently good surgical results following various operative procedures, particularly those involving the alimentary tract

General Considerations

Under normal conditions, protein nutrition is maintained by the intake of an adequate, well-balanced diet, containing among other things, about 1 Gm of protein per kilogram per day in the case of an adult Without an adequate intake of protein the body begins to live upon its

Presented, by invitation, at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Surgery, May 2, 1946 own protein tissue and thus, sooner or late produces many of the now well-known manifestations of nutritional protein deficient

Protein Deficiency of Nutritional Origin—0 of the important features of protein deficien due to an inadequate intake of protein is the fr that all protein tissues in the body begin to was from the very beginning It is true, howev that hepatic protein is probably lost at a great rate for the first few days or until its store is i hausted Thereafter, all protein tissue apparent becomes depleted at an approximately equ rate, the total amount depending upon the dividual mass itself. For example, the to circulating plasma albumin comprises about o thirtieth of the total protein in the body been shown that after protein deprivation (thirtieth of the total amount of protein lost fr the body is represented by the loss of plasi albumin, the rest coming from the other tissi of the body The same relationship seems hold when protein is administered to such a pleted individual For every gram of fo which is used for the restoration of plasma bumin, about 30 Gm are required for replena ment of protein in the rest of the body physiologic concept is of great practical val because it shows how difficult it is to correct depletion in the plasma protein without consid ing the protein needs in the rest of the body

While the deprivation of protein is reflect immediately in the depletion of body proteinsue, clinical manifestations may not be a parent for some time. Perhaps the earlievidence occurs in the liver, as might be expect from the fact that hepatic protein seems selectively depleted early. Evidence has indeed be obtained to show the relationship between pitem intake and hepatic function. Moreover, the effectiveness of protein in protecting the liver against various to ins has been establish just as it has in the case of carbohydrate.

Many other manifestations of protein deprivion have now been observed and rest on fair well-established observations. These inclusions things as loss of appetite, asthenia, at general malaise. More specific manifestation include an increased susceptibility to infection which has been established particularly by the extensive observations of Paul R. Cannon at his coworkers. Failure of wounds to heal, a dominal distension, evidence of intestinal of

stuction have also been shown to follow severe poten deficiency probably because of the prodution of what is now known as nutritional edens.

hatnional or really malnutrational edema is perhaps one of the most striking and serious mani faistons of protein deprivation The etiologic relationship between nutritional edema and a bek of protein intake dates back only to 1922 or about twenty five years, following the original work of Mayer, of Kohman, and of Frisch and Mendel during the 1920's, and confirmed by many other workers since then. Nutritional edoma the to protein deficiency is obvious clinically when it affects the subcutaneous tissues, although the same pathologic changes undoubtedly occur within the body and are responsible for disturbtuces in pulmonary and gastrointestinal function, leading to accumulation of fluid, particularly in the walls of the intestine, in the lumen of the intestine, and even in the peritoneal cavity The tendency toward such an edema is often aggravated by the common practice of injecting

excessive isotonic saline intravenously Hypoproteinemia.—For the study of protein deficiencies, chemical measurements of the plasma proteins of the body is a readily available method of diagnosis However, such measurements must be made with care and interpreted with discrimination. The most common difficulty anses from the fact that patients with definite protein deficiencies may exhibit a normal con centration of total plasma protein. In this way a diagnosis of protein deficiency may be com plately missed On the other hand, a low plasma protein concentration definitely indicates the presence of a protein deficiency There are two reasons why a normal value for total plasma protem may be found in patients with protein deficiencies In one group of cases the blood is dehydrated, or to use another term, hemoconcentrated. This complication is often revealed when, after fluid balance is re-established by an adequate fluid intake, there is a fall in the initial measurements of both the red cell count and of plasma proteins It is important, therefore not to depend upon the initial measurement of plasma proteins as the patient enters the hospital, but rather to repeat the determination several days later or when dehydration has been corrected The second reason a normal value for total proteins may mask a protein deficiency is the frequent development of increases in the globulin fraction in patients with infections, with Hodg kin s disease with lymphogranuloma venereum, etc This is important because it is the albumin fraction which falls during protein starvation so that the low value will be completely missed if the globulin value is high. For example, many

patients will have a total protein of 7 Gm, per cent, which is normal, yet the albumin level may be as low as 2 Gm. per cent, which represents a serious depletion to about half the normal, because the globulin fraction will be 5 Gm. per cent or over twice its normal value. For this reason the diagnosis of hypoproteinemia should always be based upon fractionation of the plasma. Indeed, the term hypoalbuminemia should be used as the designation of protein depletion

The Effect of Surgical Procedures

Injury in general including surgical procedures, and the use of various anesthetic agents, increase the requirement for protein because they lead to abnormal and often large losses. These losses are based upon a variety of mechanisms which may be summarized in the two following categories

Actual loss of protein occurs not only in 1 hemorrhage, but also in wound exudates whenever there is an open defect anywhere on the surface of the body Actual measurements from burned skin surfaces have shown that as much as 50 Gm of protein a day may escape in this way

In addition to such external losses, large amounts of protein are similarly lost as a result of trauma within the body either into the tissue itself or into such body cavities as the pleural or peritoneal cavity, or even into the lumen of the gastrointestinal tract Actual measurements indicate that the equivalent of one to two liters of plasma may leave the circulation in this manner within a period of twenty four hours

Excessive destruction of tissue protein has long been known to occur after trauma of many kinds, as it does during infections and goes by the traditional term of "toxic destruction of tresue protein." More recently, studies have shown that this phenomenon is probably a part of what is called the catabolic phase of injury and is probably associated with hyperactivity of the adrenal cortex one of the hormones of which is known to provoke tiesue protein breakdown The magnitude of this loss of tissue protein may be very great indeed. It is probable that the equivalent of 1,200 Gm. of muscle tissue may be destroyed within twenty four hours during the height of such a catabolic reaction.

It is easy to see how a surgical patient may lose tremendous amounts of tissue protein within a relatively short period if we add the excessive losses mentioned above to the normal requirements, particularly when no attempt is made to meet any of the requirements by an adequate intake, in other words, when protein starvation is imposed upon the excessive losses which nearly always occur to a greater or less extent. If the intake of carbohydrate is inadequate, additional

wastage of protein tissue will occur to supply energy Instead of the normal requirement of about 70 Gm of protein per kilogram per day, the actual needs may easily reach 300 or 400 Gm of protein a day

To say that the administration of this large amount of protein each day would solve the problem is an oversimplification First of all, different kinds of protein are required to meet different needs In the second place, many surgical patients can take nothing by mouth, thus requiring the parenteral route In the third place, a well-balanced diet is often impossible in a sick surgical patient, and, finally, the metabolic response of a surgical patient is not necessarily the same as a normal individual All of these considerations are important in formulating a program aimed at meeting as many of the needs as possible and in preventing many deleterious effects of protein deficiency which occur in surgical patients

Practical Aspects in Therapy

It is obvious that no method for the administration of protein may overlook the need for other elements such as water and electrolyte, carbohydrate and vitamins. The interdependence of protein metabolism to these other elements is so close that consideration of them must be emphasized even though the details cannot be discussed in this short paper.

A second important feature in the practical administration of protein is exemplified by the well-known proverb "an ounce of prevention is worth a pound of cure" In other words, the administration of protein should begin at once Too often surgeons overlook this simple factor at the onset of therapy and awake to the need for protein administration only after serious evidence of deficiencies have developed

In discussing the administration of protein it has been useful to consider two types of requirements

A The need for replacement of acute deficits
B The need for meeting daily requirements

Acute Deficits —Plasma and whole blood transfusions will adequately and promptly correct acute deficits due to the actual loss of whole blood or of plasma either to the outside of the body or into the damaged tissues or body cavities. The surgical conditions which are associated with such losses are fairly well known and include various types of injury hemorrhage, burns, pneumonia, intestinal obstruction, peritonitis, extensive tissue infection, etc. The important point should be emphasized here also that such treatment must be carried out promptly. For example, the replacement of blood loss during the course of an

operation should not await the development of anemia or the clinical manifestations of shock, but should be carried out at once and indeed during the operation itself, and while the loss occurs. A second point concerns the need for using adequate amounts of plasma and whole blood. In most cases at least a liter of whole blood will be needed, although obviously the amount will depend upon the individual case. During the war, for example, after extensive tissue trauma on the battlefield, many liters of whole blood were necessary during the course of operative procedures designed to correct the effects of injury.

The question is often raised as to whether whole blood or plasma should be used. A categorical answer obviously cannot be made. Clearly, if the patient is anemic for any reason, whole blood is preferable and, indeed, red cells alone may be strongly indicated. On the other hand, when the red count is high and the patient has lost only protein-containing fluid, a plasma transfusion is preferable because per unit volume it contains twice as much protein as whole blood. The red cells occupy space and are, of course, essential when needed, but they exert no colloidal osmotic effect and therefore cannot meet protein deficiencies in the circulating plasma.

It should be mentioned, however, that both whole blood and plasma contain a considerable amount of electrolyte. This is due not only to the fact that plasma contains the same amount of sodium chloride as the extracellular fluid, but each liter contains in addition 5 Gm of sodium citrate. Whole blood, of course, contains half as much per unit volume. This is mentioned because in certain cases the added amount of electrolyte may prove deleterious.

Maintenance of Daily Requirements —An important feature of the nutritional care of surgical patients is the probability that much of the caloric requirements may be sacrificed for protem, which greatly simplifies the quantitative problem in that the total bulk of the intake can This we feel is justibe considerably reduced fied whenever the patient has sufficient stores of adipose tissue from which most energy require-On this basis we have set as ments can be met the minimum requirement for an adult 100 Gm of protein and 100 Gm of carbohydrate, and we believe that for a short period of time this will go a long way toward preventing protein deficiencies This basic without physiologic impairment requirement is used whether the patient is able to eat or requires parenteral alimentation.

If the patient is able to take this quantity of food by mouth, the problem of protein administration is simply that of overcoming anorexia and adequate supervision to see that the prescribed

amount of protein is actually ingested. While this is a straightforward problem it is much more difficult than it appears and may require a good deal of time and attention to details It has been our experience that a simplified liquid intake for a few days is of great practical advantage in many patients able and willing to take fluid but not For this purpose we have solid food by mouth devised a high protein drink made by fortifying whole milk with milk proteins so that a liter contains 136 Gm of protein and 1,700 calories Thus, the ingestion of 3 glasses of the drink, each of 8 ounces, will give the patient 100 Gm of protein and 1,200 calories. We have given this mixture to hundreds of patients and have expenenced little or no difficulty as far as taste and convenience are concerned. It has proved a very useful postoperative convalescent drink. It can be ordered just as medication and thus, automatically combats starvation which frequently follows the ordering of the usual types of dieta

Tube Feeding—A patient with a normal gastrointestinal tract who refuses to even drink may require tube feeding. Tube feeding is a planned procedure, of course, in patients with a gastrostomy or jejunostomy. Tube feeding has also been used after operation, during which the surgeon introduces a nasal catheter across the gastrointestinal anastomosis into the jejunum, for feeding purposes. Obviously all protein adminiered in this way must be in the form of liquids any mixtures for tube feeding have been desed

In many cases, the employment of a protein drolyate rather than whole protein offers ratin advantages. The use of such hydroly ites spares the need for protein digestion and in riain cases will effectively combat diarrheabich may follow the use of whole protein. A scond practical advantage is the fact that much ore protein nourishment can often be given in as form of hydrolyzed protein than is possible ith whole protein.

Parenteral Protein Feeding—Many patients an take no food by mouth for one of many reaons, so that all nourishment must be given hrough the parenteral channel. This is true aost commonly after abdominal operations. Procin may be given either as a whole blood or Masma transfusion or in the form of an amino end mixture. The latter is now generally available as a solution of hydrolyxed protein. Much sunknown of the metabolic fate of whole protein njected as plasma or whole blood as a source of protein nourishment. Nevertheless, ample clinical expenence has demonstrated the value of this form of protein administration in mal nourished patients suffering protein deficiency

As the sole source of parenteral protein feeding it has proved disappointing, fortunately it is now no longer necessary to rely entirely on transfusion in view of the availability of hydrolyzed protein which is a more physiologic, convenient, and inexpensive source of nitrogenous nourishment.

The use of appropriate solutions of hydrolyzed protein is now well beyond its experimental stage and has been extensively used in many thousands of patients. The author employs such a solution in conjunction with glucose in an almost complete regimen of parenteral alimentation. This is carried out as a routine in all patients, before or after operation, as long as they are unable to take protein nourishment by mouth cases two liters are given, one in the morning, one in the afternoon Each liter contains 50 Gm. of glucose, 50 Gm. of hydrolyzed protein (Amigen), and about 2 Gm. of sodium chloride In this way the daily requirements for water. glucose protein, and salt are met. Separately, adequate vitamins are injected. In addition whole blood, plasma, or supplementary saline solution is injected whenever deficits in red cells. plasma protein, or sodium chloride develop

Such a parenteral alimentation regimen has proved so much more effective than the usual in jections of glucose and saline alone that restoration to normal function has occurred much more rapidly. Thus the inclusion of protein has served to shorten the period usually required for parenteral injections. In most cases the patient is able to resume a normal, oral intake within a day or two after operation. Even in gastric resections all patients by one week after operation have been taking an almost full diet by mouth.

The inclusion of protein in the parenteral fluids has also improved convalescence by leading to an early restoration of physical well being, and by permitting an earlier termination of bed rest. We have also been impressed by the absence of impaired motility or obstruction at the gastrointestinal stoma following gastric resection or gastroenterostomy in patients given adequate protein before and immediately after operation. We have made no attempt to achieve positive nitrogen balance, but have observed a great decrease in the usual loss of nitrogen in cases given hydrolyzed protein For example, with the routine mentioned above in which the patient received 12 Gm of nitrogen a day the average negative balance in seventy-six postoperative days (all severe abdominal operations) was but 3 6 Gm, with the usual regimen of glucose only, the lose is usually 10 to 20 Gm a day Finally. we have found that at discharge these patients had lost very little if any weight, and an increase rather than a decrease in the level of serum al

TABLE 1 —Intravenous Amigen Injections January 1 to October 1, 1945

Total amount given		2,729 liters
Total number of patients		352
Average amount per patient		8 liters
Largest amount given one patie	ent	53 liters
Largest amount given one patie	ent in short	est time
		44 liters in 23 days
Total number of untoward re	actions	44 liters in 23 days
Pyrogenic		12 (54 per cent)
Allergic		6 (27 per cent)
Miscellaneous	•	4 (19 per cent)

bumin as compared with controls treated with the usual regimen of salme and glucose alone

Reactions -In the past reactions following intravenous injections of any type have, of course, been quite frequent, although the incidence has decreased tremendously with increasing knowledge of the cause of these reactions Similar progress has been made in the case of solutions of hydrolyzed protein At the present time, the reaction rate is about one third of that seen with blood and plasma transfusions careful study made by the author, the observations in Table 1 were made

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(May 12) 1946

THE THIRD AMERICAN CONGRESS ON OBSTETRICS AND GYNECOLOGY

The Third American Congress on Obstetrics and Gynecology will be held from September 8-12, 1947, in the Municipal Auditorium in St. Louis, Missouri Dr Fred L Adair, of Chicago, is the general chair-

While the Third Congress is similar in scope and program to the two previous meetings, it will be larger in every way The program under the direction of Dr William F Mengert, of Dallas, is being made up to appeal to the obstetric and gynecologic specialist, to the general practitioner interested in those fields, to the hospital administrator and to nurses

program will include sections for the public health doctor and the public health nurse The medical section of the program is under the direction of Dr Ralph A Reis, of Chicago, as in

The scientific exhibits are under the guidance of Dr Jean Paul Pratt, of Henry Ford Hospital The moving picture program is being made up by Dr John Park, of Washington, D C Dr John Rock, of Boston, heads the Committee on Evening Speakers The technical exhibit has been arranged by Dr

Philip F Williams, of Philadelphia A membership committee in every state and in the territories is being set up by Dr Ralph E Campbell, of Madison, Wisconsin, and plans are underway to have a special committee build up interest in the Congress in Central and South America Dr Harvey B Matthews, of Brooklyn, heads the committee in charge of publicity The General Advisory Committee is in charge of Dr Howard C Taylor, Jr The Local Organization Committee in St Louis is headed by

Dr Richard Paddock.

The Friday morning sessions of the Congress,
September 12, are to be given over entirely to the
National Federation of Obstetric-Gynecologic socie-The program for these sessions will be arranged by a committee working under Dr James S Taylor, of Altoona One member of this committee, Dr E Lee Dorsett, of St Louis, will arrange an evening speaker for the Federation of nation-wide prominence who will present his viewpoints to a joint meeting of the Congress, the Federation, and the general public For further information address Keyl S. Parlander Karl S Richardson, 24 West Ohio Street, Chicago, Illinois

CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stonographic reports of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and vintors. A selected group of these conferences is published in an annual volume, Cornell Conferences on Therapy by the Macmillan Company

The second part of this conference will appear in the March 1 issue.

The Rational Use of Cathartic Agents, Part I

Dr. David P Barr Today we shall discuss the use of cathartics from the point of view of rational therapeutics

When I started work in medicine we used ca thartics liberally, and it was the custom in Bellevue Hospital, when I first entered it, to give to every new patient who was not moribund a "three-by-ten," or 3 grams of calomel and 10 grains of sodium bicarbonate. To the alcoholics we gave a "five-by fifteen," which was 5 grains of calomel and 15 grains of sodium bicarbonate The entire range of cathartics was at our disposal. from the mild glycyrrhiza to the powerful oleum tiglii The first gross error which I made in the use of these drugs was in confusing the doses of glycyrrhiza and jalap The difference in dose was only eight-fold, but the difference in effect was extraordinary We learned at that time that there was such a thing as the abuse of ca thartics, and this thought has so thoroughly infil trated the minds of physicians that some have almost forgotten that there is a use for these agents.

Dr Travell will open the discussion today DR. JANET TRAVELL I think that the medical profession may appreciate the abuses of cathartics more than the public does If one judges from the advertisements, these compounds are more widely used than any other class of pharma cologic agents In spite of this, the answers are lacking to a great many questions of therapeutic importance, questions relating to potency and dosage and to the matter of tolerance example, we do not actually know whether there are any cathartics to which tolerance does not develop One sees the patient who has been taking a nightly dose of cascara or aloe for years and years, and we assume that tolerance has not developed since a normal evacuation occurs every day However, occasionally we find that if a placebo is substituted for the nightly cathartic,

the patient gets along just as well as if the cathartic were given. In other words, two things seem to have happened simultaneously tolerance has developed, and the need for a cathartic has disappeared. A great deal of work remains to be done in regard to the matter of tolerance.

There is hope that progress will be made in studying potency of cathartic agents by means of newer technics which were not montioned in our previous conference on cathartics* held about five years ago The first obstacle to the study of potency of eatharties is the wide species variation in the responses to these agents. In a cat weighing 3 Kg, for instance, a teaspoonful dose of phenolphthalein does not cause defecation, whereas in a 70-Kg man, 1/100 of this amount produces vigorous purgation The cathartic action of phenolphthalein in human beings was as a matter of fact, discovered accidentally after its pharmacology had been studied in animals. It was added to wines as a coloring agent, and the effects were rather surprising. It has been clearly demonstrated that the cat, dog, and the rodents are not reliable test objects for studying the potency of cathartics so far as the application of these results to man is concerned. A second obstacle to the study of catharties is the wide variation in the responses of different individuals of the same species, and even of the same individual at different times For instance in the monkey the average threshold laxative dose in one animal may be twenty-five times what it is in another

Dr Loewe has developed a form of bioassay which has surmounted many of these difficulties. The assay is carried out in the Rhesus monkey which, he has shown, behaves qualitatively and quantitatively toward cathartics very much like man. By means of a standard technic, a number of monkeys are calibrated against a standard cathartic, and then varying doses of the unknown cathartic are given and their effects compared with that of the standard. It is necessary to use

Management of Constitution New York State J Med., 41: 1989 (Oct. 1) 1941.

a sufficient number of animals to make the results statistically sound, and also to select a suitable endpoint. Only monkeys are used which have a hard or constipated stool, since the index of the effect is the change in the consistency of the stool from a solid to a watery evacuation. The principles of the method are essentially the same as for USP methods of bioassay.

The final answers regarding potency and dosage of cathartics must, of course, be obtained directly on human beings, just as in the case in the digitalis materials, and it is only recently that such systematic studies of laxatives have been undertaken. Either the normal or the constipated patient will serve, as long as a suitable effect is measured. For example, Dr. Gold has used the constipated patient for comparing the cathartic action of fumerates and tartrates, and Gray and Tainter have compared various gums in the normal individual

Obviously, poisoning by cathartics is relatively infrequent in view of the large number of doses taken. However, one must remember that harmful effects and disagreeable side actions may occur not only as the result of changes in the physiologic reflexes of the gut due to cathartic addiction, but also to drug action in the usual A number of examples of such deleterious effects of laxatives may be cited Liquid petrolatum may impair nutrition by interfering with the utilization of fat-soluble vitamins leak from the rectum carrying carotene with it and stain the clothing It may delay the healing of rectal wounds by forming a dirty layer of fecal matter and petrolatum which adheres to It is apt to convert the rectum into the mucosa a reservoir for fecal material by allowing leakage from the sigmoid colon into the rectum and thus do away with the stimulus to evacuation which follows the mass movement of material from the colon into the rectum It has been demonstrated in animals that liquid petrolatum is absorbed from the gastrointestinal tract and is deposited

Phenolphthalem has been reported as causing a variety of toxic effects including skin eruptions and renal irritation. Dr. Loewe has had special experience in the use of phenolphthalem and I should like to leave this topic for him to discuss. However, I should like to point out that hypersensitivity to the cathartic action of this drug may be encountered so that excessive purgation after an ordinary therapeutic dose may be observed, with sequelae amounting almost to collapse. Even in the average person, the ordinary dose of phenolphthalem often has prolonged effects which extend over two or three days.

The magnesium salts undergo considerable absorption and may cause a rise in the blood level

of magnesium, especially if the excretion of this ion is restricted owing to renal damage. If given in hypertonic solution they may cause vomiting. The saline laxatives should therefore be given in isotonic solution. In the case of the USP salt of magnesium sulfate, a 4 per cent solution is approximately isotonic. In considering the salines, perhaps it should be mentioned that the tartrates have been shown to exert a nephrotoxic action in animals.

Griping, or cramps, may present a problem in the use of cathartics This disagreeable side action is supposed to be counteracted in the case of cascara by the other ingredients of the familiar AB and S pill, aloe is given to stimulate intestinal motility, belladonna is given as an antispasmodic, and strychnine is included for its "tonic" effects on the gut Pharmacologically such preparations are ridiculous The anthracene compounds are excreted in the milk and may cause diarrhea in the nursing infant mel may give rise to mercury poisoning strongly irritant cathartic drugs may cause extreme violent irritation of the bowel and abortion

If one takes into consideration all of these dangers and difficulties, what does one do if one must give a cathartic to relieve constipation? In acute constipation, the cathartic of choice is the suitable dose of any one which will produce a prompt and complete evacuation without excessive purgation A watery stool is usually desirable under these conditions Magnesium sulfate or magnesium hydroxide (milk of magnesia) are usually preferred. At times, the use of an enema is often more rational than a cathartic, if the trouble lies in the lower end of the intestinal tract In chronic constipation, the choice is again the appropriate dose of any one which will regularly produce a soft, formed stool rather than a watery evacuation The gums seem to be the most satisfactory agents for this purpose Cascara, senna, sodium phosphate (the disodium salt), and milk of magnesia are also frequently used over long periods of time Owing to the ready adaptation of the bowel to new stimuli, it is often necessary to alternate one cathartic with another, and, therefore, several cathartics should be included in your therapeutic armamentarium

DR BARR Dr Heffner will continue the discussion

DR REID R HEFFNER At the previous conference we discussed the indications for and the actions of a number of the well-known cathartics, but our remarks about the so-called bulk producers were confined largely to agar Since these bulk producers, or colloid laxatives, occupy an important place in the treatment of constipation, we shall discuss their action in some detail Fortunately, during the past few years several studies

have been carried out in animals and in humans which shed light on the choice of a bulk producer

In this hospital we used to prescribe agar frequently in the treatment of chronic constipation without much thought about its merits as compared with some of the other colloids. Now, with changed world conditions and agar difficult to obtain, we have been forced to prescribe some of the other members of this group. In our experience most of them are superior to agar and that opinion is in line with the experimental evidence.

A number of colloid laxatives, or gums are available for clinical use under a variety of trade names. Gray and Tainter in 1941 made a useful classification of these substances In one group is colloidal clay from which a commercial prod uct, elkonite is obtained I believe that this is not available for commercial use. In the next group is agar As you know, agar is a mucilaginous substance which comes from sea algae which are found along the eastern coast of Asia. It was introduced by Schmidt as a laxative in 1905 Its action is not essentially different from that of other gums. Next are the mucilages, derived from kelp, which exert the same type of action as agar and which are typified by the commercial product, Kelgin Acacia acts likewise, but is not used much for its laxative effect. The members of the tragacanth group are closely related to gum acacia However, the powdered form differs from acacia in that it swells readily in cold water Tragaconth contains about 10 per cent of gum arabin or tragacanthin, together with about 60 per cent of the insoluble gum bassorin Bassorin swells to a large bulk in water In the same group are the karaya and bassora gums, which consist mainly of bassorin. These gums differ from the true mucilages in that they swell up as large granules rather than as a soft mucilaginous mass. These tragacanth granules do not tend to stick in the teeth and can be easily swallowed if washed down with water The plantago gums or psyllium seed preparations have been used as laxatives in the Orient for over a thousand years. This group is said to supply roughage and promote peristalias through mechanical irritation Several proprietary prepa rations are available for clinical use, among which are mucilose, metamucil serutan, and siblin

Bastedo summarises the experiments on the relative hydrophilic potency of the gums as follows. When the degree of swelling of flaked agar in water was taken as 1, granulated agar was 25/2, whole psyllium seeds 10, hulled psyllium seeds 14 and bassorin 29

From the experiments in animals and in humans as carried out by Parsons, Ivy and Isaacs, and Gray and Tainter, it seems that the traga canth group of colloids passes through the intestine unchanged and owes its laxative properties to its marked ability to imbibe water Although processed psyllium products possess this colloidal power to a lesser degree, they are, in addition, partially broken down to irritating end products which are incompletely absorbed and do not in crease significantly the dry weight of the stools. These irritant substances, however, do increase the water content of the stool as a result of the more rapid passage of material through the intestinal tract

When a colioid larative is prescribed, large quantities of water should be taken in order to prevent impaction. These agents should be used with caution in the aged and in debilitated patients. There are a number of reports of impaction at various sites, ranging from the esoph agus down to the rectum, after administration of psyllium seeds and other gums.

Sensitivity to karaya gum has been reported. The manifestations may be hay fever, asthma, dermatitis, or gastrointestinal distress.

In stubborn cases of constipation, the addition to the gum of small amounts of other laxutives, such as cascara, is frequently prescribed for a short time. Several of the commercial tragacanth granule preparations are reinforced with cascara, such as karajel and mucara. A bedtime dose of the emulsion of liquid petrolatum may enhance the action of the gum. Liquid petrolatum (60 to 90 cc.) as a retention enema at night is often used for short periods in obstinate cases.

We all know that dried and fresh fruits, as well as cooked fruits, are helpful not only in mild cases but as an adjuvant in stubborn cases of constipation. Their action depends upon two principles. The first is that the unabsorbable carbohydrute exerts a certain amount of exmotic pressure and thus increases bulk by retaining water. The second is that the indigestible residue, or roughage if you like, produces mechanical irritation of the intestine and thus stimulates mothly directly.

There is no good experimental evidence to warrant the routine addition of vitamin B₁ to any laxative preparation. It is true that the intestine is supposed to be atonic in thiamin deficiency, but in the ordinary case of constipation without avitaminosis, thiamin is not helpful. Dr. Loewe has been interested in the effect of this vitamin on intestinal motility and can give us first-hand information about his experiments

DR BARR Dr Loewe, you have been quoted this afternoon, and we should like to hear from you.

Dr. S Loewe In our experiments in the monkey, vitamin B, showed no capacity for increasing the laxative effect of phenolphthalon find such drug combination accordingly showed no promise for the treatment of constipation

I would like to discuss the problem of constipation as illustrated by other observations in The first point is that the administration of a laxative may result in constipation With the aid of continuous daily stool records, I studied the incidence of stool-free days in more than 300 monkeys during a period representing one hundred and eighteen years of monkey life Originally this study was undertaken in the search for constipated monkeys to serve as test objects for assaying the potency of laxatives found that spontaneous constipation is extremely rare in monkeys, and that such attacks of constipation as do occur almost never last longer than one day. In these one hundred and eighteen years of monkey life, only 2 per cent of the days showed an absence of stool, and it is interesting that 86 per cent of these constipation-days occurred after the administration of a laxative, that is, as the aftermath of the laxative effect phenomenon was discussed in one of these conferences a few years ago, when Dr Martin showed by x-rays in patients that after vigorous catharsis the lower intestine is empty These observations both in the monkey and in man may be explained as a consequence of emptying the bowel of fecal material

Only the Rhesus monkey gives a response to laxatives which is qualitatively and quantitatively comparable to the effect of these agents in man. When the purgative potencies of a series of drugs in the monkey were compared with the anticonstipating potencies of these same drugs in patients, the sequence of potencies was the same in the monkey and in man. To determine such a parallelism is an essential requirement, but often neglected, for a bioassay method

Many attempts have been made to test laxatives in species other than the monkey instance, some investigators observed that in a transparent water flea the entire intestinal tract and its motility are visible, and, hence, concluded that this must be an excellent test object for laxa-They did not take into account the enormous species differences in the physiology and pharmacology of the intestinal tract, which distinguish all species of animals, cats, and dogs, as well as water fleas, from man The Rhesus monkey, so far, seems to be the only exception to Another example of madequate biothis rule assay is the recent use of guinea pigs for testing anthragumones, as they were formerly tested in In both instances, the results were unhesitantly considered to apply to the therapeutic action of these drugs in man When we compared these results with those obtained in the monkey, it turned out that some of the anthraquinones which were strongly active in guinea pigs or in cats, were ineffective or poorly effective in our experiments in monkeys, and vice versa. Those which I found effective in the monkey were those which are, for the most part, used in human therapy

Our experience was similar when we tried to reproduce in the monkey the classic work which Abel and Rowntree did on phthaleins in dogs. They found, for instance, that phenoltetrachlorphthalein was about as potent as phenolphthalein in the dog, whereas I found it without any laxative effect in the monkey, it has since also been shown to be ineffective in man. Also, thymolphthalein and isophenolphthalein, which on the basis of tests in other species of animals were suggested as laxatives, in our monkey experiments were disclosed to be virtually ineffective

As for the mechanism of lavative action, one can only speak of makeshift explanations at the present time One of the makeshifts in this respect is to consider such phenol derivatives as anthraqumone and phenolphthalem as phenols, and to attribute to them the local irritant properties of phenol itself In fact, none of the laxative phthalems, which I know, has any demonstrable local irritant action Even undiluted phenolphthalem when powdered into the eye does not cause local irritation. When injected subcutaneously in gram doses in a rabbit, there follows no local reaction, it behaves like an entirely mert deposit of foreign material The reason for this makeshift theory of purgation by local irritation is. of course, that there is no obvious other explanation Certainly, the mechanism of the laxative action of the phthaleins is not a simple one that can be disclosed by a motor response of a surviving intestinal strip to added phenolphthalein

From an entirely different approach I recently studied the one chemical reaction which is characteristic of both the anthraquinones and the phenolphthaleins Both have an oxygen group, ketonic or lactonic, which can be replaced by the nitrogen of ammonia or of primary amines, resulting in the formation of imido derivatives tendency of the various phthaleins to form imido derivatives interested me as a possible basis of detoxification of phthaleins in the body, since there are so many amino groups available in every biologic substratum The results of measurements of the "imido-affinity" of a series of different hydroxy-diphenylphthalides performed with Hubacher, Doernberg, and Horner were entirely unexpected Phthalein number 1, for instance, in arbitrary but comparable figures, had a laxative potency of 0 3 and an imide affinity of about 4, number 2 had a potency of 0 68 and an

affinity of 21, number 3 had a potency of 10 and an affinity of 34, and number 4 had a potency of 163 and an affinity of 52

If a chemical reaction of this kind plays a role in detoxifying phthaleins in the body, the affini ties should be reciprocal to the potencies stead, there is a clear-cut parallelism between laxative potency and imide affinity gests that imide formation by reaction with some primary amine of the tissues may represent an important link in the mechanism of laxative action of these drugs This concept is far from being proved conclusively But I believe that it is a stimulating hypothesis because it brings the trend of ideas away from existing makeshift con cepts and draws attention to the possibility that a specific reaction between the drug and some body component may be the basis of the mechanism of action It would explain the enormous species differences in sensitivity, and it would bring the action of two groups of phenol laxatives, phthaleins, and anthraquinones under one and the same mechanism

Such an hypothesis would also do away with the particularly vague idea that being irritant phenois the phthaleins should be considered toxic, whereas in reality they appear to be particularly harmless. This latter fact may be stressed because the assumption again has been aired repeatedly that phenolphthalein is toxic to the kidney I believe this assumption is based on the assumption of local irritant properties If phenolphthalein were a local irritant, then it might indeed irritate the kidney if it were to appear unchanged at this site of excretion cause of this trend of ideas, whenever kidney damage coincides with the use of phenolphthalein, there is a great tendency to assume a causal relationship I have been eager to see somebody take the buil by the horns and try phenolphthal ein in individuals with kidney injury course, a deliberate experiment of this kind is not possible. But when kidney function was studied after a thousand doses of phenolphthalein given to patients as well as to healthy individuals there was no indication of kidney injury by phenol phthalein On the contrary in a number of indi viduals in the group who had a disturbance of kidney function prior to the dose, the existing albuminuria was found to be less after phenol phthalein than before

DR. BARR The meeting is now open for com ments and questions

Dr. Charles H. Wheeler I would like to ask Dr Heffner how one decides between something like cascara and one of the bulk forming gums in the treatment of a particular patient.

Dr. HEFFER I cannot answer that specifically One has to use the trial and error method

If possible, we like to get away from the so-called habit-forming laxatives, if there are such things.

Dr. BARR Are there not?

Dr. HEFFNER Perhaps, in some cases, but there is debate whether a tolerance to cascara can be built up or not.

Our procedure is usually to try first one of the bulk producers, adding large quantities of fluid plus other details of the general management. Then, if necessary, we give one of the stronger cathartics, such as cascara, milk of magnesia, or one of the phosphates Not that it does any harm to the bowel to use the stronger laxatives, but the patient usually objects more to taking one of those laxatives than he does to taking a bulk producer Also, we must be guided in our choice of a laxative by the way the individual tolerates the preparation

DR BARR I should like to ask a very practical question. On the cathartic rounds of my intern days I had approximately 30 different products and preparations from which to choose was very confusing, because it seemed that it might take a lifetime to master the knowledge of the cathartics available. I am wondering, Dr. Travell, if you could give us any idea of how many of these preparations you feel are at all necessary

in the practice of medicine today

Dr. Travell I think that there are relatively You might include in your inventory one or two of the gums with which you are familiar, magnesium sulfate, milk of magnesia, and disodium phosphate, as representatives of the saline cathartics, cascara in the form of tablets and the fluid extract, compound powder of senna for those who prefer it to cascara, and, possibly, castor oil in selected cases That is probably all that you really need. You might add phenolphthalein if you like but I do not prescribe it.

Dr. Wheeler No mineral oil?

DR TRAVELL I think mineral oil is not essen The present trend is to do without mineral oil for many reasons. But if you must use it, you will probably obtain a better laxative effect by using an emulsion of liquid petrolatum rather than plain liquid petrolatum. It has been shown that the emulsion is more miscible with the or game matter in the stool. The United States Pharmacopana emulsion of liquid petrolatum is an extremely palatable preparation which is not reinforced with one of the irritant cathartics.

DR McKEEN CATTELL. Why did you name more than one saline cathartic?

Dr. Travell Largely because of the matter of preference by the patient One patient may object to the taste of epsom salts and another to the taste of milk of magnesia. Disodium phosphate in average doses is nt as pregomin thartic as the m

produces a soft and formed, rather than a watery, evacuation, and probably has a certain place in the treatment of chronic intestinal stasis

DR CATTELL Is that difference in effect not a matter of dosage?

DR TRAVELL Yes, probably it is a matter of dosage, but that is so fixed by tradition that it seems to be easier to vary the drug than the dose, and there is still the problem of palatability

DR HARRY GOLD At this point, I should like to say a few words about the choice of cathartic agents, and the reason for their choice Generally speaking. I believe that the patient who is in need of a frequent or even daily cathartic because of chronic constipation will do best to take one of the emodin agents, namely, cascara, senna, rhubarb, or aloe He takes the dose at night and he is likely to have a bowel movement in the morn-The reason for using it this way is that it takes six or more hours for the material to reach its site of action and for the elaboration of the active principle, and if he has taken it during the day, it is possible that its effect might awaken him at night I do not believe there are any persons whose bowels cannot be made to move by this group of agents provided the dose is large Therefore, if one starts with any one of them, it would be unwise to abandon it for lack of action until one has explored a reasonable range of dosage The reason for having more than one of these emodin cathartics at one's disposal is that these resins are mixtures of varying composition, some containing more tannin and other principles, which contribute to a favorable or unfavorable result in some patients are some patients in whom one of these drugs either produces no effect or, when the dose is increased sufficiently to produce an evacuation, gives rise to abdominal cramps With another member of the group, it is often possible to widen the margin between the laxative action and the griping action, so that when this unfavorable situation is encountered with, let us say, cascara, one might explore the possibilities of using aloe I think we should never forget that all laxative agents may produce griping if the doses are too large, and that the first step in the escape from griping is not to shift to another preparation, but to attempt to adjust the dosage of the preparation which is being used

In regard to the saline cathartics, while they can be used for the same type of condition as the emodin cathartics, they are particularly applicable to a special type of constipation problem. They are especially useful for the patient whose bowel movements seem to follow the law of diminishing returns, who finds himself at the end of a week with inadequate evacuation and a sense of general discomfort which, in his experience, is

relieved by a satisfactory "cleaning out" discovers this discomfort when he arises in the The emodin cathartic is not suitable morning for this problem because it takes too long to act Such a patient does better by taking a saline cathartic which produces a response very quickly. much like the response to an enema, in somewhere between one-half hour to an hour or two, if an adequate dose has been taken and with sufficient water to make an isotonic solution know why we continue to use epsom salts or glauber salts, which have a perfectly awful taste, when disodium phosphate is very pleasant to take, and if the dose is large enough, produces an equally satisfactory response I would recommend the most palatable preparation of this salt containing also some tartrate and citrate, namely, the effervescent sodium phosphate USP dose of 15 Gm or 6 teaspoonfuls of the granules dissolved in a glass of water, followed by another glass of water is extremely effective The patient should learn how much he needs by reducing or I doubt very much that increasing that dose there is need for any more than this one saline ca-What we do need is greater attention to the adjustment of the dose to the need of the individual case The problem here is the same as that for so many other drugs, we spend more time shifting from one preparation to another than we do solving a more basic problem, determining the needs for the individual case

There is one point about mineral oil which has not been mentioned, namely, the problem of the individual with a mild form of constipation in whom the chief problem is spasm of the rectal sphincter with or without sore hemorrhoids or fissure. There is no cathartic agent which quite fills the needs in such a case so well as appropriate doses of mineral oil.

A' word about magnesium sulfate I do not believe it is generally realized that as much as about 40 per cent of a dose of magnesium sulfate used as a purgative is absorbed This produces a negligible rise in the blood magnesium in normal persons because it is so rapidly excreted Hirschfelder published a study in 1934 in which he showed that in patients with nephritis, the magnesium level of the blood plasma may rise from the normal of about 2 mgm to 11 mgm per 100 cc of plasma after 20 to 30 Gm of epsom salts, and that such doses may produce drowsiness verging on coma He further pointed out that blood levels of 5 mgm of magnesium in animals render them extremely sensitive to ordinary doses of morphine I recall Dr Barr raising the point of the danger of morphine in the uremic patient at one of our previous conferences Hirschfelder's paper refers to what may be the origin of that observation, namely, Osler's statement that patients with nephritis and very old persons should receive morphine with caution, the favorite saline purgative on his wards at Johns Hopkins was epsom salts

DR. BARR There are several matters concerning the use of eathertic agents which should be con sidered, but our time is now up Perhaps we might continue this discussion at the conference next week

(To be continued in March I issue)

THE EARLY DIAGNOSIS OF TUMORS OF THE PROXIMAL (RIGHT) COLON

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THOMAS H RUSSELL, M.D., New York City (From the Surgical Service of the Post-Graduate Hospital)

DURING 1945, the author operated upon 14 patients for intestinal obstruction due to malignant tumors of the right colon. Eleven patients had a palpable mass when first examined At operation 5 patients presented metastases in the liver and other intra-abdominal organs to such an extent as to render radical resection impracticable. Many of the patients showed symptoms which had remained unrecognized for months or even years. In this discussion, we thought that it might be appropriate to call the attention of the members of this Society to the following

- 1 Frequency of carcinoma of the right colon and the ease with which it may be over looked until its late manifestations
- 2 The necessity for careful gastrointestinal x ray examination especially barium colon enema, when a lesion of the proximal colon is suspected

Presented, by invitation, at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Surgery May 2 1946 Anatomically, the most common tumor of the right colon is the polypoid proliferative carci noma, in contrast to the annular scirrhous type found in the left colon Tumors in the proximal colon are usually of a low order of malignancy. They grow alowly and do not tend to encircle and constrict the intestine The contents of the right colon are liquid in character, and since it is a capacious structure, obstruction is a late manifestation. Thus, a palpable mass is a late again of this disease. Like carcinoma elsewhere, the mortality and morbidity and the extension of life are dependent upon early diagnosis.

The early picture of malignancy of the prox mal colon may be separated roughly into two groups which frequently overlap. The first is characterized by vague signs and symptoms suggestive of inflammatory lesions of the appendix or the gallbladder. Among our patients the most prominent early symptom of this group was a sensation of fullness in the abdomen after meals. These patients complained of dyspepsia and anorema, and in addition, of vague inconstant.

pain in the right side of the abdomen Careful questioning usually will reveal that, within the past few months or weeks, there has been some change in the bowel habits

The following two case histories are examples of this group, and in addition, they demonstrate that the proper evaluation of early signs and symptoms might have led to an earlier diagnosis of carcinoma of the right colon

The Dyspeptic Group

Case 1 -R. S, a 53-year-old white woman, was first admitted to Post-Graduate Hospital in June. 1945, with a chief complaint of "gallbladder trouble" Two years before, the patient first noticed intolerance to fried and fatty foods, characterized by pyrosis, gaseous eructations, and right upper quadrant Several months before admission to the Hospital, the patient had an episode of severe right upper quadrant pain which radiated to the right flank and to both shoulders This was associated with dyspepsia, nausea, and moderate retching Symptoms subsided after medication During the ensuing months, the patient suffered many similar attacks, though less severe in character Since the onset of her illness, there had been a weight loss of ten to fifteen pounds

Past history and family history were unsignificant Physical examination revealed a well-developed and well-nourished white woman who did not appear ill. Temperature was 98 8, pulse 72, and respirations 20 Except for enlargement of the heart, and blood pressure of 192/96, there were no noteworthy physical findings Laboratory examination revealed negative urinalysis, a sedimentation rate of 38 mm per hour, a red blood counto f 4 4 million, with 11 9 Gm (71 per cent) hemoglobin, and a white blood count of 8,900 with normal differential patient was treated by duodenal drainage and bellergal She was discharged after a few days, with a diagnosis of chronic cholecystitis Three weeks later, she was re-admitted complaining of cramplike pain of moderate severity, located in the right lower quadrant and associated with anorexia, weakness, fatigability, and continued loss of weight Since her discharge from the hospital, the patient complained of increasing constipation

At this admission, the significant physical findings were a tender, palpable mass in the right lower quadrant. The blood count and blood chemistry were within normal limits. After preparation, the patient was operated upon and found to have an obstructing carcinoma of the ascending colon with metastases to the liver and peritoneum. An ileotransverse colostomy with exclusion of the distal ileum was performed.

This history illustrates the type of carcinoma of the proximal colon which mimics gallbladder disease. It is important to note that the workup on the first admission did not confirm the diagnosis of cholecystitis. It is suggested, with a patient of this type, that a barium colon enema be performed, to rule out a malignant lesion of the right colon, even though none of the manifested symptoms point to the colon as the site of the disease.

Case 2 —O B, was a 60-year-old unmarried business woman, who was admitted to the hospital complaining of epigastric distress and gas, of ten months' duration. The gas was associated with mild, generalized abdominal pain, progressive weakness, anorexia, and continued weight loss. Since the onset of her illness, the patient had consulted several physicians, who prescribed symptomatic treatment.

An x-ray of the colon, taken six months prior to admission, was said to be negative. One week before coming to the hospital, the patient complained of abdominal distention, obstipation, and increasing weakness. Physical examination on admission revealed a chronically ill woman. The abdomen was distended and tender, and a mass which appeared to be fixed, was palpated in the right lower quadrant Rectal examination was negative. Blood count revealed 4.5 million red cells with a hemoglobin of 12.8 Gm. (77 per cent), 13,500 white blood cells, and a normal differential

At operation, the patient was found to have an obstructing carcinoma of the cecum with generalized abdominal carcinomatosis. A palliative, low, transverse ileocolostomy with exclusion of the distal ileum, was performed

This patient illustrates the dyspeptic type of history manifested in some cases of carcinoma of the right colon. She was treated only symptomatically by her family physician. On one occasion, however, a tumor of the colon was suspected, but after a negative barium colon enema, no further procedures were instituted.

The Anemia Group

Another clinical picture of carcinoma of the right colon is the anemia group. These patients complain of lassitude, weakness, and weight loss, and frequently may have no other symptoms, Examination of the blood reveals a microcytic type of secondary anemia. Occasionally the anemia may be profound. Nine of the 14 patients in our series had pronounced secondary anemia. The following two case histories illustrate this group, and indicate that the recognition of the importance of an existing secondary anemia might have led to earlier diagnosis.

Case 3 -F P, a 53-year-old foreman, was admitted to the Post-Graduate Hospital on the thirteenth of November, 1945, complaining of weakness and fatigue of three years' duration The patient stated that he had been well until three years before, when he began to suffer from weakness, fatigue, and pallor He saw his physician, who told him that his hemoglobin was only 42 per cent After two months' treatment with liver injections and lextron, the hemoglobin had risen to 72 per cent ensuing six months, in spite of continued therapy, it dropped to 52 per cent Treatment was continued for two and a half years, without any further change in hemoglobin The patient continued to suffer from increasing fatigue, weakness, and shortness of breath He also complained of numbness

and tingling in the lower extremities, and of difficulty in walking. He reported passing numerous tarry stools, but these were ascribed to the lextron capules. Throughout his illness, he suffered no loss of weight, and there was no change in bowel habits

Upon admission to the Hospital, physical exam ination revealed a well-developed and well-nour ished white man of 52 years, who appeared pale and chronically ill. His blood pressure was 120/30 temperature 100 pulse 96, respirations 22 Skin and mucous membranes were very pale. Examina tion of the abdomen revealed a mass in the right upper quadrant. Upon laboratory examination there were 3.2 million red blood cells with 5.5 Gm. (33 per cent) of hemoglobin 4 000 white cells with a normal differential There were 360 000 platelets. The reticulocyte count was 0 0 per cent. Bleeding and coagulation times were normal. There was a normal blood chemistry and a negative urinalysis Guaiac examination of the stool for occult blood tested 3 plus. Barium colon enema revealed an annular neoplastic type of infiltration at the hepatic flexure of the colon At operation, an obstructing carcinoma of the hepatic flexure was found, and a right colectomy was performed. Pathologic diag nosis was adenocarcinoma of the colon with metastases to the regional lymph nodes.

This patient illustrates the slowness of growth of carcinoma in the right colon, and reveals that the warning sign of unexplained secondary anemis may pass unheeded. This man had undergone treatment with liver and iron for two and a half years. The original improvement in the blood picture, although transitory misled the physician into a false security. It is possible that a barium colon enema, if performed early, would have resulted in a diagnosis many months before.

Case 4.—The second patient in this group was a 71 year-old-man admitted to the Hospital suffering from generalized weakness and a chronic anemia. Two years before, the patient had been hospitalized for rectal bleeding. A year after discharge, he experienced a second episode of bleeding from the rectum, for which he received no treatment. Shortly before his second hospital admission, the patient had a third, quite profuse, rectal homorrhage. Ex amination at that time showed the presence of a sovere anemia with a red count of 2.8 million and a hemoglobin of only 6.3 Gm (38 per cent) examination was negative. Sigmoidoscopic ex amination was negative except for internal hemorrhoids The patient received several blood transfusions, and was discharged with a diagnosis of arteriosclerotic heart disease and internal hemor rhoids. The following year he returned to the Hospital complaining of intermittent episodes of rectal bleeding. Except for extreme pallor physical ex amination was negative. The red count at this time showed 3.6 million cells with a hamoglobin of 7.5 Gm (45 per cent) Gastrointestinal series revealed a duodenal deformity suggestive of an ulcer The roentgenologist suspected a lesion of the proximal colon and advised a barium colon enema, which the patient refused. He left the hospital and a few months later was re-admitted, complaining of repeated attacks of severe rectal bleeding, continued anemia, and weakness. Upon admission, the partient appeared chronically ill and extremely pale. His abdomen was distended, and there was a mass palpable in the right lower quadrant. The blood ount showed 307 million red cells with a hemoglobin of 7.3 Gm. (44 per cent) After multiple transfusions of whole blood, he was operated upon. At operation a large carcinoma was found in the cecum, with metastases to the liver A low transverse fleocolostomy with exclusion of the distal fleum was performed

This patient illustrates the anemic type of car curoma of the right colon The danger sign had remained unheeded for two years, study having been directed to the lower colon and the upper gastro-intestinal tract. The diagnosis was not made until the symptoms had progressed to the stage of in operability

Comment

By the preceding case histories, we have tried to point out that an early diagnosis of malignant lesions of the right colon does not require any extraordinarily astute clinical sense. It does demand the awareness that a patient in or near the cancer age group who suffers from dyspeptic symptoms which are not readily ascribable to the appendix gallbladder, or stomach, and who, in addition, may have lost weight or has had a recent change in bowel habits, should be studied carefully for the presence of carcinoma of the right colon The same is true for the patient in the cancer age group who has an unexplained second ary anemia. Repeated x ray examinations by means of barium colon enema afford the safest and surest means of early diagnosis. If the enema is negative, a gastrointestinal series occasionally may reveal the presence of an early lesion.

Summary

- 1 Since so many of the patients seen in 1945 with carcinoma of the right colon, came to us undiagnosed and with the disease well advanced, we have emphasized the early manifestations of tumors of the proximal colon.
- 2 There are two clinical pictures of carcinoma of the right colon—the dyspeptic type and the anemic type.
- 3 Patients in the cancer age group with dyspepsia, which is not readily ascribed to the duodenum appendix, or the gallbiadder, should have a barium colon enema.
- 4 Patients in the cancer age group with unexplained secondary anemia should have a barium colon enema.
- 5 Repeated x ray examinations by means of barum colon enema afford the safest and the surest means of early diagnosis of carcinoma of the right colon.

ABSTRACT OF MINUTES OF THE COUNCIL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

HE Council held its regular meeting on Thursday I morning, January 9, 1947, at the Society's offices In addition to minor routine matters, the Council has taken action and has under consideration matters as shown under the headings indicated.

Secretary's Report

Remission of State Assessments —The remission of State assessments was voted on account of service with the armed forces for 23 members in 1947, 12 in 1946, 3 in 1945, 1 in 1941, also on account of illness for Drs Lawrence Jacobius, Theodore N Alpert, Bernard F Schreiner, Edward H. Storck, Raymond E Elliott, and George W Guerinot The refunding of previous remission of State assessment for one member was authorized

Meetings Attended —Two days following the last Council meeting, your Secretary repaired to Chicago, first to attend the American Medical Associa-tion Conference of State Society Secretaries and Editors, and then the House of Delegates, December

9, 10, and 11

On December 13 he attended the first meeting of Committee appointed by Miss Mary Donlon, chairman, Workmen's Compensation Board, State Department of Labor, to consider and report to her concerning proposed changes in the Workmen's Compensation minimum fee schedule Present were Dr. France M. Conveys and Dr. Joseph Raphael of Dr Francis M Conway, and Dr Joseph Raphael of the Medical Practice Committee, Workmen's Com-pensation Board, and Miss C Hafele, executive secretary, Workmen's Compensation Board, also attended

On December 17, he attended the Annual Meeting of the Public Relations Committee of the Medical Society of the County of Monroe where the active Subcommittees' reports showed what fine endeavors are being brought to fruit for the welfare of Monroe County In the evening, President Hale, Mr An-derson, Mr Farrell, and myself attended a dinner given by the Medical Society of the County of Monroe to their new members Subsequently, we attended the Annual Meeting Dr Hale delivered attended the Annual Meeting Dr Hale delivered a very fine address, and Mr Farrell read an in-

formative paper

Also your Secretary has attended the various

committee meetings

Deaths —On December 17, he attended Dr James M Flynn's funeral in Rochester - Flowers had been sent from our Society, and a telegram of condolence The large medical attendance at to Mrs Flynn Dr Flynn's funeral was a fitting tribute to this forthright leader in our State

A telegram of condolence was sent in the name of the State Society that day to Mrs Sherman M Burns on account of the death of her husband,

President of the Fifth District Branch

Nomination to Grievance Committee -In accordance with the authority delegated to President Hale, a letter was sent to the New York State Education Department, nominating Dr William Walter Street for membership on the Medical Grievance Com-mittee, and Drs Fenwick Beekman and Gordon D Hoople, as alternates, also a telegram was sent to the Department, nominating Dr Austin G Morris to succeed himself on the same committee

Biennial Registration with State Department of Education —At the Secretary's request it was voted to instruct him to write each county society secretary that about 5,000 physicians in New York State were delinquent on January 1, 1947, in their biennial registration with the NY State Education Department as required by law, and to urge the secretaries to publicize the fact

Illness—It was voted that letters be sent to Drs Aranow, Sullivan, and Winslow, expressing sym-

pathy, and the hope for speedy recovery

Communications—1 Letter from Mrs Sullivan stating that Dr F Leslie Sullivan's condition had improved 2 Let

Letter of appreciation from Mrs Kirby Dwight for the tribute paid to Dr Dwight in the resolution passed by the Council and Board of Trustees, and for the flowers sent to his funeral

Invitation from the American Social Hygiene Association, Inc, for the Medical Society of the State of New York to be a cosponsor of their Re-

gional Conference on February 5, 1947

It was voted to serve as one of the cosponsors of this meeting

Treasurer's Report was accepted

Report of the Executive Officer

Dr Hannon reported verbally that on December 5 he attended a conference in Albany on revision of the Education Law The discussion was on the section governing the practice of medicine A proposed revision developed by the Joint Legislative Committee of the Governor's and the Department of Education, primarily straightens out the law, bringing in the amendments and rewording certain sections of it without any essential alteration There will be a change in the numbering of sections and articles, and a proposed change in title to read "Medicine, Osteopathy, and Physiotherapy" The reason for the new title is mainly for indexing These proposed revisions have been considered by the Legislative Committee, and nothing objectionable has been found

He received a letter from the Medical Society of Monroe County about proposed legislation on practical nurses The Legislative Committee and the Council have already expressed an opinion that the existing laws should not be altered, and against changing the name of "practical nurse" to "trained attendary" and that the beauty of practical nurses of the standard of th attendant," and that the licensing of practical nurses should not be discontinued. He informed Monroe

County Legislative Committee accordingly

He also received a letter dated January 3, 1947, from Chancellor William D Wallin of the Board of Regents, stating in part that the Board of Regents has authorized a Conference on Nursing Supply and Professional Preparation to be held at 200 PM, January 15, in the Regents Room, State Education Department, Albany It is planned that the Com-mittee on Higher Education of the Board of Re-gents and representatives of the State Education Department will meet with individuals and representatives of interested groups for a discussion of this subject

Dr Hannon reported he attended the House of Delegates of the American Medical Association in Chicago, and the Annual Meeting of the Medical

Society of Monroe County
Dr Hannon stated that the Legislature had opened the previous day, and he would appreciate

receiving copies of any bills to be introduced for the Society at the earliest date possible

The report was accepted

Activities of Committees

Committee on Legislation -As Dr Aranow Chairman, was ill and excused, Dr Hannon s report

as given above, was accepted for the Committee.

Committee on Constitution and Bylaws.—Dr Reuling Chairman reported that there were two requests for approval of changes in the Constitution and Bylaws-one from Eric County was approved the other from St. Lawrence County was not clear, so the Secretary has written and asked that

it be clarified.

Committee on Questions on Ethics.-Dr Reuling, Chairman requested the Secretary to report on a query he had received from Richmond County Medical Society Dr Anderton reported that they had inquired whether or not a doctor returning from service, or a doctor commencing to practice in a community for the first time, was ethically justified in sending, indiscriminately, notices through the mall of the location of his office. After consultation with Dr Reuling word was sent to them that this was a direct violation of Section 51-A of the Principles of Professional Conduct, and that there also is a passage in the Education Law that makes it illegal to advertise by handbills or other methods.

Joint Committee of the Hospital Association of

New York and the Medical Society of the State of New York .- Dr Werts Chairman, stated a meeting of the Joint Committee of the Hospital Association of New York and the Medical Society of the State of New York was held on December 30 at this office. Drs. Mott, Kenney and Anderton, and Mr Farrell represented the Society and Dr Kaliski represented the Workmen's Compensation Bureau, Dr M J Fein the Joint Council of Radiologists Pathologists, Anesthesiologists and Physical Ther apy Physicians Dr Hinenburg, and Messus. McCormack and McDermott represented the Hospital Association. Mr Roderick Wellman, counsel for the Hospital Association also attended After more than two hours of discussion on the resolutions passed by the Council and approved by the State Hospital Association's Special Committee it was decided to adjourn and hold another meeting in the near future. The question at issue is the status of the four specialties (x ray, pathology anesthesia and physical medicine) as the practice of medicine Although the Margital Although the Special Committee of the Hospital Association, under the chairmanship of its then president, Mr John McCormek adopted resolutions which recognized these specialities as the practical which recognized these specialities as the practical state of the special transfer of the special tice of medicine, the New York State Hospital Asso-clation as a whole we are now informed never took any action approving the unanimous report of its own committee

Counsels for the State Hospital Association, for the Council of Radiologists, Pathologists, Anesthesiologists, and Physical Therapy Physicians and Counsel for the State Medical Society met after the above meeting and discussed pertinent legislation on this subject for submission to the Legislature and agreed upon an amendment to both the Work men's Compensation Law and the Education Law to label these four specialties the practice of medi

These amendments were discussed but no action was taken

Malpractice Insurance and Defense Board.—Dr Kenney, Chairman, reported that the Board met on January 7 1947, that they were studying several problems and giving serious consideration to certain policies, but have come to no final conclusions that they were devoting a great deal of time to considera tion of the resolutions submitted to the House of Delegates from Bronx County relative to fundamental changes in policy The Board was to reconvene on the fourth of February, and on the eighteenth, at which time decisions should have been reached for report to the Council.

Final action was taken on one of the resolutions about the annual audit, and is submitted to the

Council for action, as follows

This resolution as amended requires that the Society have made a yearly audit including an in-spection of the vouchers of the Group Plan by a cer-tified public accountant, and that the audit be submitted to the Comitis Minora of each county medical society at least thirty days previous to the annual meeting of the State Medical Society

"This resolution was adopted by the House of Delegates leaving the plan, the method, and the time of the audit to the Council. It was referred by the Council to this Board for its recommendations.

'After thorough discussion, the Board is of the opinion that the first step in compliance with this directive is to fix the scope of the audit. The resolu-tion specifically calls for an inspection of the vouchers. All vouchers, back to January 1, 1936 are accumulatively included in current cost accounting and to audit them would require an examina tion of original data in the office of the legal counsel and the Yorkshire Indemnity Company Such an audit would be a long drawn out and expensive un dertaking

The Board recommends, therefore, that the accountants be directed to inspect all vouchers to see that they are properly made signed and accounted for, and that the cost of tabulation and rate computations are correctly made from them While such an audit is more properly the work of independent insurance actuaries than public accountants, the services of independent actuaries are very expensive and it is believed that public accountants will be able to verify the correctness of the records and accounts so as to comply fully with the directive

If the regular auditors of the Society are unable to take on this additional work, the Board will be willing to select and recommend a firm of accountants to the Council. In the meantime, the Board recommends that the Council request the Board of Trustees to appropriate a sum not to exceed \$1,200 to cover the probable outside cost of the audit.

Dr Kenney so recommended.

After discussion,

It was roted to pass the recommendation and request Dr Kenney to obtain an estimate of the cost of such audit for submission to the Board of Trustees.

Committee on Medical Publicity -Mr Anderson, in the absence of Dr Winslow, stated that the report as distributed with the agenda is as follows

"Releases concerning teaching days and other educational events sponsored by the Committee on Postgraduate Education were sent to newspapers in the counties of Richmond, St Lawrence, Jefferson, Chenango, Tioga and the cities of Troy and Geneva.

"Mr Anderson, Miss Lyon and Mr Walsh attended the midwinter meeting of the A.M.A. in Chicago from December 9 to 11, including the or ganisation meeting of the Medical Society Executives Conference

Mr Anderson attended the annual meeting of

the Monroe County Medical Society in Rochester.

December 7

"Mailings have been started on 'Check and Double Check' with 16,000 circulars about to go out Orders have been received for 3,750 copies, of which 2.900 have been sold at our quoted prices Some of the large orders received from various parts of the country include 1,000 from the A.M A., another 1,000 for the National Physicians Committee, 400 for the Ohio State Medical Society, and 100, respectively, for the Texas State Medical Society, and

the Medical Society of Virginia
"'Check and Double Check' started coming off the presses in time for distribution to officers and and executives attending the AMA, meeting in

December
"Of interest to the Public Relations Bureau was a recent newscast from Chicago featuring a statement of Dr Frank G Dickinson, new head of the Bureau of Medical Economics, A M A, in which facts and figures from 'Check and Double Check' were quoted

"Miss Lyon held conferences with Mrs Madden. President of the Woman's Auxiliary on December 16, and with Mrs Schultz, program chairman, on December 17 Possibilities were discussed for dis-tribution to school libraries of 'Check and Double

Check' through the Auxiliary

"Assistance was given Miss Marshall, a writer for King Features Syndicate, in the preparation of an article on genatrics Another writer, Mrs Sara Carlton, is preparing to write a magazine article on the antivivisection issue and is receiving assistance from the Bureau'

Committee on Office Administration and Policies —Dr Anderton, at the request of the Charman, Dr Masterson, reported that the Committee met on January 7, 1947, and voted one recommenda-

tion to the Council

"That the State Society join the National Industrial Conference Board as a source of business and professional information of value to the Society and to the Office Administration and Policies Commit-The dues are \$150 a year "

It was voted that approval be given to this recommendation

Committee on Public Health and Education -

Dr Mitchell, Chairman, reported as follows

December 9, 10, and 11 In Chicago, the Chairman attended the meeting of the House of Delegates of the American Medical Association

December 18, 1946 In Syracuse, held a conference with some of the members of the Council Committee on Public Health and Education and representatives of the New York State Department of Health, the New York State Health Preparedness Commission, and the Joint Hospital Board of the New York State Postwar Public Works Planning Commission to discuss medical and health problems in Otsego County

January 8, 1947 In New York City, held a meeting of the Council Committee on Public Health and Education and the Subcommittee on Child Welfare Also present were some of the officers of the Medical Society of the State of New York and representa-tives of the New York State Department of Health

It was a long session and several matters were discussed First, the proposed use of BCG vaccine in New York State as part of the tuberculosis program There is in the Division of Laboratory Research in connection with tuberculosis control, a very able man who has devoted years of his life to this particular subject Dr Conrad Birkhaug, who was born in Norway, but has been an American citizen since 1915 He has consented to help

It was the consensus of opinion that the medical practitioners in our State should be informed about BCG immunization, not with the idea that the doctor in general administer it, but he ought to be in a position to tell people what he thinks of it, and of the new developments The idea was to have small groups of men, who know the most about it, meet in conference with representatives of the Government and decide what should be done, and to choose speakers who can go before various audiences This was agreed to by Dr Birkhaug, the Deputy Commissioner, and Dr James E Perkins, who is in charge of the Tuberculosis Control Program, so that within the next four to eight weeks such groups can meet

Second, The Health Department is anxious to get information about hepatitis and jaundice from anybody who has received injections of their plasma products. They submitted a form to be sent to the doctors which the Committee approved

The third thing that came up concerned the consultation service in pediatrics. The plan has not been developed sufficiently to receive our approval The plan has not

No final action was taken

Also on this same day in New York City, held a meeting of the Council Committee on Public Health and Education and the Subcommittee on Rehabilitation, and the Subcommittee on Hard of Hearing and the Deaf Also present at this conference were some of the officers of the Medical Society of the State of New York and representatives of the New York State Departments of Health, Education, and Social Welfare

The Deafness and Hard of Hearing Program is oving slowly We have a good committee, but do moving slowly not have the facilities or personnel to make the program progress well It goes best in New York City where conservation of hearing clinics have been established To sum up, we again called attention to the need for the Government to provide personnel, hoping that something could be accomplished at the

meeting of the Legislature or in Washington Subcommittee on Mental Hygiene —The report from the Chairman of the Subcommittee on Mental Hygiene, Dr Wortis, which was not received in time

for the last Council meeting, is as follows

The Branch Office of the Veterans Administra-tion has set up for the New York City area an Ad-visory Board of Neuropsychiatrists to assist the Veterans Administration in establishing the highestethical professional standards in the care and treatment of veterans suffering from neuropsychiatric disabilities The names of the Advisory Board are

available through Dr Anderton's office It was felt that all psychiatrists seeking certification to treat veterans in the New York City area should complete a questionnaire which would in-clude their background, education, training, and evperience in psychiatry, and whether they were certified by the American Board of Psychiatry and Neurology All psychiatrists seeking panel recognition should complete such form and this questionnaire was to be submitted to the Advisory Board who would give temporary approval for a six months' period to such neuropsychiatrists they felt were qualified to do this work with veterans

It was also agreed that a screening unit be established at the local Veterans Administration Mental Hygiene Clinic where veterans needing neuropsychiatric treatment would be seen and proper treatment recommended Such screening, it was believed, was an important portion of the treatment

program

It is believed that this plan of setting up a panel

of qualified psychiatrists was desirable and should perhaps be copied in other areas of New York State

Your Committee also believes it is important that Veteran Administration physicians when refer ring a veteran for treatment, should submit to the physician who will give such treatment a brief transscript of the relevant military medical record that would aid the physician in his treatment program.

This information is sent to you for transmission to the Committee on Public Health and Education with the hope that it will receive your approval.

Dr Mitchell replied as follows

This is in reply to your letter of December 4 regarding the plan for approval of neuropsychiatrists in connection with the Veterans Administration. I see no objection to the scheme which is outlined but I do not read into it that the Subcommittee on Mental Hygiene of the Medical Society of the State of

New York has any part in the plan
At the time of the meeting, I endeavored to ex plain that several of our committees were advisory committees to some of the state agencies dealing with medical and public health activities I think it would be very denrable and in keeping with the policy of the Medical Society of the State of New lork to have your Committee on Mental Hygiene regarded as an advisory committee to the Veterans Administration on approval and certification of physicians dearing recognition as approved psychia trists. It has been our experience that this plan has been most satisfactory in other specialties. Please let me know as soon as possible if this suggestion meets with your approval and whother any action has been taken by the Veterans Administration to desire such cooperation.

Dr Wortis replied that it met with his approval

He also reported on a meeting of the Joint Leg islature Committee to Study the Problem of Cerebral Palsy which was held in New York City Dr Wortls was not able to attend, but Dr Steckel, an other member of the Subcommittee, was present

Dr Steckel indicated that the meeting was crowded and he, therefore, did not have a chance to make a statement but suggested we write a letter to Senator Frederick Hammer endorsing research and additional work in this field of cerebral palsy approved a letter should be sent to Senator Fred erick Hammer 261 Broadway New York City, along the following lines, indicating that our Com mittee believes there is real need for additional facilities for research and treatment for patients afflicted with crebral palsy also that considerable reconstruction work in the field of cerebral palsy has been done in the past at the Newark State School, New

ark, New York.

Dr. Mitchall stated he had not done this as he was awaiting a report and opinion from Dr Steckel. When he receives it he will proceed accordingly
It was roted that this part of the report be received

by the Council.

A communication was received from the State Education Department regarding the reappointment of your Chairman to the Advisory Council on Health and Physical Education, for a term of three years, beginning October 1, 1946

This appointment has been accepted

As Dr. Rogers, the assistant commissioner for
Medical Administration in the NY State Department of Health is resigning. Dr Mitchell suggested that the President appoint Dr James E. Perkins as adviser on the Public Health and Education Committee, in his place

It was roled that this appointment be made Postgraduate Education.—Postgraduate instruction is being presented in Nassau, Jefferson. On tario, Richmond, and St Lawrence county medical societies.

Requests for instruction to be given in the near future have been received from Saranac Lake Medical Society and the county medical societies of Al-

bany, Cattaraugus, Saratoga, and Sullivan

Committee on Public Relations and Economics.-Dr Worts, Chairman, requested Mr Farrell, Drector of Medical Care Insurance Bureau, to report on the activities of the Bureau, which he did as follows

On December 6 your Director went to Chicago On December 7 he had an invitation from Dr Bauer to attend the meeting of the Council on Medical Service of the American Medical Association. On December 9 your Director attended a meeting of the Associated Medical Care Plans, also the House of Delegates Meeting on the ninth, tenth, and eleventh of December

On December 17 he spoke at the Annual Meeting of the Medical Society of the County of Monroe on

the progress of medical care plans

On December 30 on invitation of Dr Wertz, your Director attended a meeting of the Joint Committee of the Hospital Association of New York and the Medical Society of the State of New York at the Society's offices.

The report was received.

Publication Committee.—Dr Kosmak, Chairman, reported verbally as follows "The Publication Committee held its meeting on January 7, and discussed the usual routine matters that come before it

every month.

Directory The 1947 issue of the Directory will probably be distributed in April. It is likely there will be many errors in it because of the difficulty of obtaining the necessary information. In view of this fact and the numerous changes in addresses, it is felt that preparations should be begun as soon as possible to issue another volume in 1948. It is necessary in developing this Directory to have a compe-tent staff As it is difficult to organize such a staff, it is felt that it would be of great advantage to continue the present staff

Journal The JOURNAL is operating satisfactorily

from a financial point of view The advertising

revenue is keeping up
The Publication Committee and the Office Ad ministration Committee have been rather concerned with the Society's income in the sense that the allocations for the JOURNAL and Directory from the treasury will have to be largely increased in the next treasury will have to be largely increased in the next year or two. The costs of printing have gone up to a very marked degree. They may be as much as 20 per cent more than they were previously. That brings up the question of possibly increasing the Society's dues. That matter, of course as you know, can only be taken up by the House of Delector, gates, and whether it will be taken up at the next meeting or not remains to be seen. However, we feel that some effort should be made to acquaint the members with the need for increasing the dues to meet the necessary expenditures of the Society

The Society has grown enormously in recent years. Its obligations have increased. It is necessary therefore to have more funds on hand than we have had in previous years for the reasons I have

stated.

We are publishing in an early issue of the JOURNAL a compilation of the dues of all other state societies, and I hope you will give this your particular attention because it is quite evident from comparison that most of the state societies have larger annual dues than we do California, I happen to remember, is \$100 a year, some of the Mid-Western states have \$25 a year, and we are among the lowest with only a \$10 assessment

We would like to carry some articles in the JOURNAL showing what the Society is doing, and what the members receive for their dues, and wish to have the approval of the Council to do this

This approval was given The report was accepted

Committee on Veterans Affairs —Dr Mellen, Chairman, reported that a questionnaire had been sent to secretaries of the county societies, and that their cooperation had been good Inquiries have almost ceased, and he thought that probably in another month or so, the Committee would no longer be needed

Committee on Liaison with Veterans Administration.—As Dr Bauckus, Chairman of Committee on Liaison with Veterans Administration, was unable to be present, Dr Wertz reported for him He stated that Dr Bauckus was quite concerned about, and thinks that the Council ought to protest the fact that the Veterans Bureau is now making contracts with the Blue Cross Organizations in four areas in the State under which they are going to render hospital care for veterans The contracts will include full care at the old EMIC rate of costs, which would include x-ray, anesthesiology, and some other services which we have in our fee schedule He also stated that the Committee had already sent a strong protest to Mr Lee B Mailler, president of the N Y State Hospital Association, a month ago, that hospitals should not enter into contracts pro-viding for these services, but that no answer had been received from Mr Mailler

It was brought out in discussion that there had been agreement by the Hospital Association to recognize these four specialties as the practice of medicine, and that the Blue Cross would remove them from the hospital contract, whenever medical care contracts were available, and transfer them to the medical care contracts, that the Veterans' Service Corporation's contract is in effect a medical care contract, therefore, there is no excuse for their incorporating them into a hospital contract when provision has already been made for the payment of

these services in the veterans' program

It was voted that it be called to the attention of the Hospital Association that their effort to put these specialties into a hospital contract is in effect a violation of the agreement or the spirit of the agreement which they made with us on the subject, and also that this communication be sent to each of the Blue Cross organizations in the four areas—Syracuse, Buffalo, Albany, and New York City

Woman's Auxiliary - Dr Reuling, Chairman of the Advisory Committee, read a report in which the President of the Woman's Auxiliary stated that she had attended and addressed four meetings of county societies, that Delaware County could not organize due to lack of available meeting space, and that Monroe County could not organize until February, due to the illness of Dr Lakeman, that on December 9 to 13, 1946, she and the President-Elect had attended the midwinter conference of presidents of the Woman's Auxiliary to the American Medical Association, and that New York State was the only state to date which had worked on the Pediatric

Committee on Workmen's Compensation —Dr Dattelbaum, Chairman, reported as follows

We have removed the office of the Bureau to the

sixteenth floor of this building

The Bureau has been very busy in preparing lists of physicians for various county medical societies and for the coordinators of the veterans' bureaus We contemplate a revision of all county lists in the near future so that the names of all doctors qualified under the Workmen's Compensation Law will be readily available The lists are now up to date in all the larger counties

Fees for Orthopedic Specialists A conference was held with officials of the New York City Board of Transportation concerning the fees payable to orthopedic specialists for diathermia treatment This organization has persisted in interpreting the fee schedule to mean that only physical therapy specialists are entitled to a fee of \$3 00 for treatment It is and was our contention that the fee for orthopedic specialists for after-care is \$3 00 and they are entitled to this fee for all treatments regardless of the type of treatment A satisfactory agreement was reached concerning future payments to orthopedic specialists. The specific item in the fee schedule calling for \$2.00 has been removed from the proposed fee schedule A request for an opinion on this matter was made to the Chairman of the Medical Practice Committee on October 7, 1946, and again on December 10, but to date we have failed to

receive a reply

Trial in Sullivan County No decision has as yet been handed down by the Chairman of the Workmen's Compensation Board in connection with the case of a physician who was recently tried in Sullivan County for failure to file reports with the Workmen's Compensation Board and with the employer

or carrier

M-17 Thoracic Surgery No decision has thus far been rendered by Miss Donlon concerning the sym-

bol M-17 (thoracic surgery)
Report Forms There is a persistent and increasing demand from all parts of the State for the various forms required for reporting compensation cases—C-104, C-4, C-5, C-14, and C-27 On a number of occasions we have informed the Workmen's Compensation Board of the needs of the various county medical societies based upon a survey made by this Bureau, but the situation has not been im-proved This matter was drawn to the attention of Miss Dolon, who has replied that the Department during the past year distributed over three million forms to county societies and there is no possibility in the near future of obtaining a larger supply of forms owing to the paper shortage It was her opinion that the physicians should be more careful in the use of the forms We therefore issued Bulletin number 71 to all county medical societies throughout the State and asked for additional information concerning the needs of the doctors, based upon a direct Some years ago we studied the feasibility of printing and distributing forms at cost to the county medical societies, but at that time it was not deemed advisable to enter into this project physicians do not receive forms in adequate numbers they cannot report promptly The Bureau through your Director will shortly confer with Mr Henry D Sayer of the Compensation Insurance Rating Board on this matter

Fee Schedule We have submitted additional let-

ters concerning the proposed fee schedule to the chairman of the Workmen's Compensation Board but have no further information concerning the status of this matter at this time. The proposed schedule has been submitted by Miss Donlon to a Committee appointed by her to consider it and make recommendations The Chairman of the Committee is Dr Nathan B Van Etten.

1 Domestic Workers On December 27 we issued Bulletin number 70 referring to the coverage of domestic workers, an amendment to the Workmen's Compensation Law which went into effect on Jan

Joint Meeting of Hospital Association and State Medical Society The substance of this is essentially the same as reported by Dr Wertz Chairman of the Joint Committee of the Hospital Association of New York and the Medical Society of the State of New

York (q 🕶)

Other Meetings Your Director attended meetings of the New York Association of Anesthesiologists and participated in a conference held before the Superintendent of Insurance on December 18, 1940 concerning the right of hospitals to collect fees for services rendered by physicians under various forms of medical insurance and hospitalization policies

It is very simple for us to write an amondment to the Workmen a Compensation Law to include the four specialties of anesthesiology pathology, radi closy, and physical therapy as a practice of medicine under Section 18-f because the Workmen's Compensation Law states that only a physician shall be paid for medical and surgical services and that the hos-pital shall not be paid the fees coming to physicians. We have no trouble under the Workmen's Compensation Law, and the Council has already approved an amendment to that section including these four specialties. On the other hand the hospital group states that if there is an amendment to the Educa tion Law to include these specialties there would be no necessity to amond the Workmen a Compensa tion Law because that is already in the fundamental basic law After discussion,

It was voted to receive the report

New Business.—The President, Dr Hale, an nounced that the Annual Reports of Committees should be in the hands of the Socretary by the first of March at the latest.

Because of the recent death of Dr Sherman M Burns, of Oswego, the President of the Fifth Dis-trict Branch the First Vice-President, Dr Vickers, will now assume the office of President of the Fifth

Dutnet Branch.

At the last meeting it was voted to appoint a subcommittee under the Legislative Committee on the Study of Podiatry Dr Aranow Dr Beverly C Smith, and Dr Robert Boggs are the committee suggested.

It was roted to approve this committee
Approval was roted on the appointment of Dr W
Geensey Frey, Jr., to the Council Committee on
Numing Education.

It was soled that the President be authorized to appoint a member to the Malpractice Insurance and Defense Board to take the place of Dr

James M Flynn, deceased.

It was roted that Dr Edward R. Cunnific be appointed to fill the position of Trustee left vacant by the death of Dr Kirby Dwight, until the next meeting of the House of Delegates. The President appointed Dr Floyd S Winslow to well.

to write a memorial resolution on Dr James M Flynn to be introduced at the next Council meetlog.

It was roted that our two ex Presidents of the A.M.A. be sent to the Annual Meeting of the A.M.A., and their expenses be taken care of on the same basis as a delegate

Report of A.M.A. Meeting.—The following re-port was presented by Dr Anderton for Dr Floyd 8 Winslow

The Medical Society of the State of New York was represented by the following delegates at the meet represented by the following designates of the American Medical Association in Chicago, Illinois, December 0to 11, 1946 Dr. Herbert H. Bauckus, Dr. James R. Reuling, Dr. Stophen H. Curtis, Dr. O. W. H. Mitchell, Dr. W. P. Anderton, Dr. B. Wallace, Hamilton, Dr. Albert F. R. Andresen, H Mitchell, Dr W r Angerum, Dr D use lace Hamilton, Dr Albert F R Andresen, Dr Floyd S Winslow, Dr Clarence G Band, ler, Dr W Guernsey Frey, Jr, Dr Thomas A. McGoldrick, Dr John J Masterson Dr Stephen R. Monteith, Dr J Stanley Kenny, Dr George W Kosmak, Dr Thomas M D Angelo Dr Edward P Flood, Dr Harry Aranow Dr Scott Lord Smith, and Dr Walter W Mott.

'Dr Louis H Bauer, Trustee of the American Medical Association, and Dr Charles Gordon Heyd, ex President of the American Medical Association

ex President of the American Medical Association Dr Roy B Henlino, Delegate from the Section on Urology of the American Medical Association, and Dr Edward R. Cunnific Chairman of the Judicial Council of the American Medical Association, were

also in attendance

The delegation met Sunday evening, December 8 when Drs Bauckus, Mitchell and Anderton were appointed to compose and introduce a resolution urging the U.S Veterans Administration not to include the practice of anesthesology pathology radiology and physical therapy in contracts with hospitals. Such a resolution was introduced by Dr Bauckus, favorably reported by the Reference Committee on Miscellaneous Business, and adopted

On Tuesday evening, December 10, 1946 the New York delegation met with Mr McDavitt of the Logal Department of the American Medical Association. We studied in detail proposed amend ments to the bylaws of the American Medical Asso-ciation. These proposed amendments were not acted upon by the House of Delegates, but were referred back to the appropriate committee for presentation at the Annual Meeting next June.

It gives me pleasure also to report that Dr Albert Frank Andresen was Chairman of the Reference Committee on Sections and Sessions, that Dr Ed ward P Flood was Chairman of the Reference Committee on Rules and Order of Business, Dr John J Masterson was a member of the Reference Committee on Legalation, Dr Clarence G Bandler Chauman of the Reference Committee on Report of Secretary and Board of Trustees, and Dr Her bert H. Bauckus was Chairman of and Dr J Stanley Kenney, a member of the Reference Committee on Report of Council on Medical Service.

Also present were Meeers. Anderson, Walsh, Farrell, and Miss Yolande Lyon...

'Copies of Check and Double Check on Sickness Insurance' were distributed to many members of the House of Delegates

The House of Delegates received a Committee report on the report of the Rich Associates, Public Relations Counsel regarding the American Medical Association, and transacted other business delegates attended the sessions regularly and took an active part in the proceedings I believe our Society was officiently represented.

This report was accepted

MEDICAL NEWS

New Era for Medical Practice Predicted by Dean Rappleye

MEDICAL practice in the United States faces a new era in the near future, an era to be marked by gradual changes in the fundamental form of medical practice, it was predicted on January 15 by Dean Willard C Rappleye, of Columbia Univer-sity's College of Physicians and Surgeons The advances will come, he declared in his annual

report to acting president of the University, Dr Frank D Fackenthal, as a result of underlying changes in community responsibility for health services and the enormous advances in medical science in recent years. Noting that the increase in medical knowledge has been greater in the last fifty years than in the previous four thousand, Dean Rappleye asserted that knowledge is now so complex that complete medical service can no longer be rendered by an individual physician alone of the precedity of contraction between specialists.

"The necessity of cooperation between specialists in the care and treatment of many illnesses and in many phases of individual preventive medicine

suggests some form of group responsibility and coordination of the services and knowledge required for the care of a given patient," he declared

"The general community hospital will be the base of modern medical service in the future," Dean Rappleye predicted "It will be a wholly self-sufficient

organization"
"It must include not only laboratories equipped and manned to provide diagnostic services but increasingly must provide determinations to guide the doctor in the control of therapeutic procedures," he declared 'It must include an outpatient service for follow-up, rehabilitation, ambulatory, and home treatment, much of which, if well-utilized, can relieve the demands for expensive inpatient hospital care It should gradually provide office facilities for more practitioners who on the basis of 'geographic full-time' can greatly increase their effectiveness and service to the community at lowered cost and with greater satisfaction to themselves'

Tuberculosis and Health Conference to Be Held in March

THE Annual Conference of the New York Tuber-culosis and Health Association will be held Thursday, March 20, 1947, at the Hotel Pennsylvania, New York City
Authorities on various phases of tuberculosis work, social hygiene, and health education will

present papers at morning and afternoon sessions A noted health authority, to be announced later, will address the luncheon meeting

Election of officers of the Tuberculosis Sanatonum Conference of Metropolitan New York, which will

meet simultaneously, also will be held

Personalities

Dr N Thomas Saxl, of New York City, was re-cently awarded the New York State Conspicuous

Service Cross

Quotation from communication reads "The New York State Conspicuous Service Cross 18 awarded by the Governor in the name of the Legislature to citizens of the State whose service to their Country in the Armed Forces has been exceptionally meritorious "

Dr Lewis FitzSimmons was 90 years old, December 13, and is still active in his practice as physician in the Pulteney area although he says that

from now on he is "going to take it easy "

"Perhaps people of an older generation will remember me best," smiles the doctor with the trim, white, pointed beard that gives him such a dis-tinguished air, "as the doctor at Savona some 65 years ago who drove a team of mustangs up and down the Cohocton valley and over the adjoining hills, and of whom it was commonly said that 'he would visit his patients if the devil himself stood in front of him '"

The doctor was born in the Town of Bath, near Savona He was graduated from Haverling Academy

and Madison, now known as Colgate University
He did what he calls "studying to care for the
sick" at Walters Park sanitorium near Warnersville, Pa, and later in the office of Dr J D Mitchell He also attended medical lectures in New York City, graduating from the Long Island College of Medicine He began his practice at Savona but came to Pulteney about 60 years ago

and has been active as a physician in that section of Steuben County ever since.*

Dr Grosvenor S Farmer, of Watertown, Northern New York's oldest physician and one of the oldest in the State, was 97 recently He was born in the town of Fowler, near Hallesboro, January 6, 1850, was graduated from the New York Homeopathic Hospital in 1874.

Thereupon he began practice in Gouverneur where he remained until 1880, when he came to Watertown, opening an office in the Paddock Arcade, where he remained forty-three years A son, Dr Harlow G Farmer, is carrying on in the profession since his father, is carrying on in the pro-

fession since his father retired

Dr I Newton Kugelmass, New York City pediatrıcıan, has been appointed consultant nutritionist in the Department of Health and the Department of Hospitals in New York City

Dr Arthur Hacker, of Albany, began the practice of medicine in Round Lake January 2

Dr Hacker was recently discharged from the Army after serving as a captain in the Medical

He saw active service in the European Theater of Operations for two and a half years

^{*} Asterisk indicates that item is from a local newspaper

Dr Hacker is a graduate of Albany Medical Col lege and interned at Albany Hospital

Dr Frederick H. Ben, a former resident doctor of South Nassau Community Hospital, Rockville Centre, has opened a private practice in Rockville Centre.

Dr Ben was a resident doctor at the Hospital for two years prior to entering the Army in 1944. He had practiced medicine for ten years prior to that in the State of New York. While in the Army he

served in Oklahoma and overseas in Italy He has been a resident doctor at the South Nassau Community hospital since his release from the

Army in April, 1946.

Dr Adolph G De Sanctis, director of the de-partment of pediatrics of the New York Poet-Graduate Medical School and Hospital, Columbia University, spoke at a two-day scientific program in January in New Orleans observing the completion of the new Hotel de Dieu pediatrics department.

Dr Julius C Gray, of New Rochelle, was granted an active fellowship by the American College of Surgeons at its annual meeting in Cleveland.

Dr Gray a practicing physician in New Rochelle for many years, received his fellowship in the division

of obstetrics and gynecology

Dr Abraham Stone, of New York City, was named on January 25 as a winner of the third annual Lasker Awards of the Planned Parenthood Federation of America by Dr Robert L. Dickinson, spokesman for the Federation's Lasker Award Committee

The awards were given this year for distinguished

leadership in marriage counselling

Dr I Newton Kugelmass, of New York City, spoke on 'Individual vs. Mass Management of Malnutrition, at the Pratt Institute, on January 22

County News

Albany County

Dr Konrad Birkhaug, associate medical bac-tenologist, New York State Division of Laboratories, was the guest speaker at the January meeting of the County Society. His topic was "Twenty Years of Experimental and Chnical BCG Vaccination in Scandinavia." Dr Birkhaug, a graduate of Johns Hopkina, class of 1924, is internationally known for his article. for his studies in chemotherapy and vaccination in the field of experimental tuberculous. He discussed the history of BCG and its exhaustive experimental and chnical data, a work in which he has been ac-tively engaged since 1926 in this country France, and Norway

Bronx County

The regular meeting of the Bronx County Medical Society was held at the Concourse Plaza Hotel on

January 15
Dr Abraham Hyman spoke on 'Nephrolithians'
Dr Abraham Hyman spoke on 'Nephrolithians' (a) Etiology and Pathogeness, (b) Diagnous, and (c) Treatment. Drs. Moses L. Gottlieb, Isidor Palsis, and John J Roth were the discussants.

Erie County

Dr William H. Handel, Erie County medical director has announced the appointments of Dr. Milton J Schulz, and Dr Aaron Wagner both of

Buffalo, as County medical examiners.

Dr Schuls was graduated from the University of Buffalo Medical School in 1925 and was engaged in private practice until 1942, when he was called late the Army as a captain. He was discharged last December

Dr Wagner who is a medical investigator in the welfare department, was graduated from the Uni-versity of Buffalo Medical School in 1933 and was cagaged in private practice late in 1934. He was affined to practice at the Home Relief Sheltor Wells and Carroll, from 1935 until 1942. Dr. Wag ner entered the Army in 1942 as a lieutenant and was discharged as was discharged as a captain last January

The other medical examiners are Drs. Paul J

Rutecki Rocco N De Dominicis, and Eugene W Wallace.*

Fulton County

At a regular meeting of the Saranac Lake Medical At a regular meeting of the carana Lake Medical Society on December 11 Dr Harry M. Rose, assist-ant professor of medicine, College of Physicians and Surgeons, Columbia University, presented a paper entitled, "The Common Enteric Infections Their Clinical Mamfestations, Diagnosis and Treatment."

On December 18 Dr K. G Hansson, assistant professor in charge of physical medicine, Cornell University Medical College, New York City pre-sented a paper entitled, "The Prescription of Phy sical Medicine in General Practice,' and on Januof Saranac Lake, presented a paper entitled, "Report on 75 Cases of Intracavity Drainage (Monaddi)"

At the January 15 meeting Basil G Bibby B.D.S. Ph.D., D M.D., Dean, Tuits Dental School, Boston, Mass., presented a paper on "Progress in Carles Control.

Kings County

At the regular stated meeting of the Medical Society of the County of Kings and the Academy of Medicine of Brootlyn on January 21 Dr Abra ham Koplowitz newly elected president of the Society, presented the inagural address entitled Are We Right? The scientific program connected of a lecture by Dr Samuel J Kopetsky, professor of cology New York Polychine Medical School, His subject was "Medical and Surgical Treatment for Deafners. Dealness.

The President's Dinner given annually to honor the outgoing president of the Society, was held on January 29 at the Hotel St. George. Dr. Thurman B Givan was the guest of honor. The dinner marked

the beginning of the one hundred and twenty-fifth year of the Society's activities. The dinner committee consisted of Drs Herbert T Wikle, charman, Charles F McCarty, secretary-treasurer, Louis Berger, Leo S Drexler, Abraham Koplowitz, George H Lordi, Charles H Loughran, John J Masterson, Henry Rascoff, Jacob Sarnoff, and Finer A Sunde and Emar A. Sunde

Nassau County

Cancer of the skin and allied tumors was the subject of a lecture given to members of the Society by Dr Earl D Osborne on January 28 Dr Osborne is professor of dermatology and syphilology, at the University of Buffalo School of Medicine This instruction, arranged by the Council Committee on Public Health and Education of the State Society, is presented as a cooperative endeavor between the Society and the State Department of Health

New York County

The role of the New York Academy of Medicine in medical progress in the last 100 years was described by Dr George Bachr, its recently re-elected president, in his address at the Academy on January He also spoke of the centennial year, observance of which begins March 6 with a dinner at the Waldorf-Astoria Hotel, at which Prof John A. Ryle, former Regius Professor of Medicine, Cambridge, England, and now head of the Institute of Social

Medicine at Oxford, will be the speaker

In his reference to the part played by the Academy in the century since its founding, Dr Baehr said that one can point with satisfaction to the masterly accomplishments of the institution in the reduction of maternal deaths, the establishment of a national quarantine service, the sanitation of cities, the abolition of the obsolete coroner system, the establishment and improvement of vital statistics, and the development of a standard nomenclature of disease that is now used in almost every medical school and hospital throughout the United States The Academy also played an important part, he said, in educating the public through the radio, the daily press, other publications, and laity lectures

Dr Baehr said that, with the help of the City Planning Commission, the Department of Hospitals, the United Hospital Fund, and the Hospital Council of Greater New York, a centennial celebration exthe older municipal and voluntary hospitals of the older municipal and voluntary hospitals of the city, at which plans for their post-war develop-ment will be shown. At this exhibit of hospitals, he said, a master plan for the future hospital development of Greater New York will be revealed to the medical profession and to the public for the first

fame

Dr Harrison H. Shoulders, president of the American Medical Association, was guest speaker at the meeting of the Society on January 27 Shoulders discussed recent developments in the evolution of the progressive policies and public relations technics of the national organization.

Rensselaer County

A nonprofit medical insurance plan, under which workers and their families may pay advance pre-miums for surgical and medical care in hospitals, was introduced in Rensselaer in February

Dr Stephen H. Curtis, representative from Rensselaer County and vice-president of the Northeastern New York Medical Service, Inc., declared recently that the estimated 200 physicians in the County have been sent application cards to join the

Approved by the American Medical Association and accepted by all county medical associations in the State, the plan is expected to become national in scope and is being instituted by physicians to fore-stall socialized medicine Known as NEMS, the service will have its office in Albany and will include the following counties Rensselaer, Saratoga, Albany, Schenectady, Clinton, Columbia, Essex, Fulton, Greene, Montgomery, Schoharie, Warren, and Washington.

Richmond County

Dr Nathan Sobel was the speaker at the January session of the Society's postgraduate series held in the US Marine Hospital Auditorium, Clifton, Staten Island His subject was "Diagnosis and Treatment of Common Skin Diseases"

Saratoga County

Governor Dewey on January 9 appointed Dr Frank A Mastrianni, Mechanicville, as coroner of Saratoga County to fill the vacancy caused by the death of Arthur W Johnson, Mechanicville

Dr Mastrianni is health officer of the City of Mechanicville and its former city physician He is an attending surgeon on the staff of the Leonard Hospital, Troy, and vice-president of the medical staff of that institution He is president of the Saratoga County Medical Society *

Tompkins County

At the annual meeting of the Tompkins County Medical Society, held at Ithaca on December 16, Dr Henry W Ferris, director of the Tompkins County Laboratory, was elected president for the new year Dr W R. Short, Groton physician, was named to the Board of Censors

Dr C Stewart Wallace was elected vice-president and Dr Richmond Wallace, of Biggs Memorial

Hospital, was named secretary-treasurer

Others on the Board of Censors besides Dr Short are Dr Frederick Beck, Biggs Memorial Hospital, Dr C D Darling, Cornell University, Dr L P Larkin, Dr Ralph J Lowe, Trumansburg

Dr Ferris succeeds Dr Robert H Broad, former City of Ithaca health officer and former Groton physician, who now holds the position of health officer in the City of Binghamton *

Washington County

The annual meeting of the Medical Society of Washington County was held on January 14 at Mary McClellan Hospital in Cambridge The scientific program was a presentation of clinical cases by the following staff members of Mary McClellan Hospital, Dr Newton Krumdieck, Dr Howard H Romack, and Dr Charles H Cole An address was delivered by Joseph A Geis, of Lake Placid, on "School Health Work in a District School "

Westchester County

The regular meeting of the Westchester County Medical Society was held on January 21 Dr William G Childress, physician in charge, division of tuberculosis, Grasslands Hospital, spoke on "The Treatment of Newly-Acquired Tuberculous Lesions" The paper represented a unique study of treatment and follow-up of 67 patients

NECROLOGY

John Anderson, M.D., 58, of the Bronx, died on January 19 He was a graduate of Physicians and Surgeons College Baltimore in 1913 He was a member of the American Medical Association, and

the State and County medical societies.

Daniel A Biseline, M.D., 78 of Shortaville, died on January 26. He received his medical degree from the University of Buffalo School of Medicine, Dr Eiseline was health officer of the Vil in 1896 lage of Shortsville from December 1890 and of Manchester Village from November 1920 until his death. He was coroner of Onatario County for twenty years and surgeon for the Lehigh Valley Rallroad for thirty-one years.

Dr Eiseline was a member of U.S. Military Order of the World Wars the American Medical Associa tion, the Medical Society of the State of New York, Ontario County Medical Society and Canandaigua

Medical Society

On July 12 1898 Dr Eiseline was elected secre tary and treasurer of the Ontario County Medical Society and continued to hold this office for forty eight years. On October 8, 1946 he was honored at a dinner meeting of the Ontario County Medical Society, commemorating fifty years of medical practice in that county

Christiana Marion Greene, M D., of Buffalo died on December 31 She was graduated from the University of Buffalo, School of Medicine in 1908. She was one of Buffalo s first women physicians to specialize in the treatment of women, and the first to receive an appointment from the City's Board of Health.

Dr Greene was a member of the Academy of Medicine, the American Medical Association, the State and County medical societies, and a former socretary of the Women Physician's League She

was 70 years old.

Edgar H. Hughes, M.D., 55 of Brooklyn, died on December 27 He was graduated from the Ford ham University Medical School in 1916 Hughes was a member of the Kings County Med leal Society, the American Modical Association, and the Medical Society of the State of New York. He was on the staff of the Holy Family St. Mary's and St. Peter's hospitals in Brooklyn. He also had served on the staff of the Brooklyn Hospital. Dur-ing World War I, he served as a first lieutenant in the Army Medical Corps in France, and in recent years, he was with the 14th Regiment, New York Guard, holding the rank of major

John Under, M.D., 64 of Brooklyn, consultant on the surgical staff of the Jewish Hospital of Brook lyn, died on January 12. In 1904 he received his medical degree from New York University, School of Medicine, and was appointed to the staff of the

Jewish Hospital of Brooklyn in 1908.

Dr Linder later became clinical professor of medicine at the Long Island College of Medicine, and chief surgeon at the Both El, Brooklyn, and the Brownsville and East New York hospitals.

He was a Follow of the American College of Sur geons, and a member of the American Medical Association, and the State and County medical

societies.

James O Macdonald, M.D., of New York City, died on January 13 He was 53 years old Macdonald was associate clinical professor of otolaryngology at the New York Post-Graduate Hos-pital Medical School.

He had served in World War I with the Royal Canadian Army engineers, and as a captain in the Medical Corps of the Royal Canadian Army In the recent war he was a lieutenant commander in

the United States Navy

Dr Macdonald received his medical degree from Queens University Medical School in 1917 and had been associated with Post-Graduate Hospital for twenty years, specialising in otolaryngology He was a member of the American Medical Association,

was a memoer of the American Medical Association, the State and County medical societies, and a Fel-low of the American Collego of Surgeons. Joseph A. Novelli, M.D., 54 of Brooklyn, died on January 14. He was graduated from the Fordham University Medical School in 1018. He was associate pediatrician to the Evangelical Deaconess Hospital in Brooklyn, and a member of the Ameri-can Medical Association, and the State and County

medical societies.
Ladislaus J Perenyi, M.D., 47, of Rockville
Centre, died on January 20 In 1923 Dr Perenyi
received his medical degree from New York Uni versity School of Medicins.

He was on the staffs of Polyclinic Hospital, New York, and of Mercy Hospital, Hempstead, and South Nassau Communities Hospital, Rockville

Centre.

He was a member of the American Medical Association, and the State and County medical socie-

George S. Price, M.D., of Fairport, died on January 18 For several years he had been treasurer of the New York State Health Officers Association. During the first World War he had served in the Army Medical Corps.

Dr Price had been a practicing physician in Fairport for more than fifty years and retired in

1944.

He was a member of the American Medical Association, the State and County medical societies, the Rochester Academy of Medicine, and associate of the staff of the Genesee Hospital, in Rochester He received his medical degree in 1892 from Eclectic Medical College, Cincinnati. He was 81 years old.

COLLEGE HEALTH CONFERENCE TO BE HELD IN NEW YORK CITY

Thirty-five leading organizations in health and education will sponsor the Third National Conference on Health in Colleges to be held in New York City May 7 to 10 1947.

The first meeting of its kind in more than ten years, the Conference is called to meet new health problems arising during the postwar period.

National organizations sponsoring the meeting include the Association of American Colleges, the American Association of Teachers Colleges the American Student Health Association, the Ameri can Association for Health, Physical Education and Recreation, and the National Health Council.

HOSPITAL NEWS

New York's Blue Cross Plan to Raise Rates and Increase Benefits

A SSOCIATED Hospital Service—New York's A Blue Cross Plan—will raise subscription charges to its members by about one third beginning May 1 as the result of a rise in hospital costs amounting to approximately 40 per cent, it has been announced by Louis H Pink, president At the same time, members will be given an improved contract with greater benefits in private rooms, an increase in the allowance for maternity care from \$60 to \$80, and the inclusion of penicillin and other benefits pre-viously granted as "dividends"

Instead of a daily cash allowance, members who occupy private rooms will be entitled to the service benefits now available in semiprivate accommoda-They will be required to pay only the difference between the hospital's charges for the room and an allowance of \$6 a day paid by Associated

Hospital Service

According to Mr Pink, the granting of service benefits to members who occupy private rooms will be particularly advantageous to persons in the lower income brackets "Many members in this category," he declared, "are compelled to occupy private rooms for medical reasons or because semiprivate accommodations are not available at the time of their hospitalization When the illness is simple, our allowance covers the major part of the bill. But when expensive drugs, use of the operating rooms, and other special services are required the hospital charges are often much more than the member can afford to pay The new contract will remedy this situation "

Mr Pink declared that the increased cost of hospital service makes it more necessary than ever for people to budget against the expense "If, in the future, costs should decrease," he said, "we will continue our policy of increasing benefits or we will reduce rates"

Monthly rates for group membership will be \$1 for an individual, \$2.20 for a husband and wife, and \$2 72 for a family The cost of nongroup membership will be \$1 20, \$2 50, and \$3 10 respectively

VA Makes Available More Hospital Beds for Veterans

The Veterans Administration is initiating a new program to make more beds available for veterans who have not been able to enter VA hospitals

because of bed shortages

Under the new program, the managers of the 11 VA hospitals in New York State are authorized to furlough patients whose treatment can be completed adequately out of the hospitals and thereby make the beds they would occupy available to other veterans also in need of hospitalization Thus, a greater number of veterans can be given medical care than previously was possible

The program divides the patients whose hospitalization may be shortened by this procedure into service-connected and nonservice-connected cases

Service-connected patients, whose disabilities have improved sufficiently to be treated elsewhere, will be discharged from VA hospitals and will re-

ceive outpatient treatment in VA hospital clinics or field stations, or on a fee basis "as circumstances warrant" Transportation for this treatment may be furnished at government expense

Nonservice-connected patients, who can be given final treatment on an outpatient basis, will be granted leaves of absence from VA hospitals but will continue to be carried on the hospital rolls as patients They then will report for treatment only in VA hospital clinics or field stations. The government will not pay transportation costs, or other expenses for this treatment, and will not provide treatment outside VA installations. lations

The program will apply only to those patients whose actual period of hospitalization may be shortened by this method, without prolonging treatment or impeding recovery

Newsy Notes

The children of the late Gertrude Vanderbilt Whitney, sculptor and founder of the Whitney Museum of Art, through a memorial subscription of \$94,200, have assured a complete obstetrical department for the new building of the North Country Community Hospital at Glen Cove, H Irving Pratt, chairman of the hospital's \$1,750,000 building fund, announced recently

Cornelius Vanderbilt Whitney and his sisters,
Mrs. G MacCoullouch Miller, and Mrs Barbara
Whitney Henry, made the gift in the name of the
Gertrude Vanderbilt Whitney Charitable Trust Fund, of which they are trustees The Whitney Memorial will be located on the first floor of one of the new wings of the enlarged hospital The building fund will not only double the size of the present hospital, but will create several new departments, modernize the present building, and increase the endowment fund *

A streamlined diagnostic clinic which was maugurated at the Mary Imogene Bassett Hospital, Cooperstown, late last summer has compressed the diagnosis of most cases into a single day's time, eliminating the usual series of return visits or lengthy stays by out-of-town patients

Proving highly successful, according to Dr Daniel H. Deyoe, superintendent of the Hospital, the new procedure is based on a total mobilization of all the hospital's medical, surgical, and technical staff for an intensive concentration on the patients whose cases are being studied.

All regular diagnostic tests are conducted as in other clinics, but the entire procedure is speeded up

^{*} Asterisk indicates that item is from a local newspaper

by the integration of the efforts of the entire staff from the hospital clerks to the chiefs of the various services.

Patients come in at 10 AM prepared to spend the The first hour is spent in getting records started and in taking basic laboratory tests. The next step is a detailed history and physical examination by one of the junior staff members.

When all this preliminary information is on hand the junior staff member then reviews the case with a senior physician or surgeon who suggests any further investigative procedures and arranges for the patient to see the necessary specialists within a few

ролля-Following the completion of this second phase of the studies, the case is again reviewed by the senior physician who integrates the findings, discusses them with the patient and prepares a report to be sent to the referring physician. All members of the staff are available for consultation at any time

during the period of the clinic The new procedure is an effort to improve on the schedules followed by the better known clinics in this country where examinations have been spread out over a number of days with the patient in the meantime living in hotel type of accommodations.

Residue of the estate of Dr John A Sampson who died December 23, will be placed in trust, after deduction of \$70 000 in specific bequests, and the income will be divided equally between Albany

Hospital and Albany Medical College.

The Sampson home at 244 Pawling Avenue, Troy, and 710 acres of land at Grafton are to go to Rensselser Polytechnic Institute. Williams College Dr Sampson's alma mater, is to receive \$1,000 for its loyalty fund. Various friends and charitable institutions are to receive bequests.*

Oswego County board of supervisors at their ninth and final day's session of the annual meeting on December 31 voted unanimously to establish three county laboratories, appropriating a \$75 000 fund to meet the cost of establishing and maintain

ing them during 1947
The laboratories will be situated at the Oswego
City Hospital Lee Memorial Hospital in Fulton and at the county tuberculosis sanatorium at Or well. These places were designated in 'view of the distribution of population the situation of hospitals and transportation facilities, according to the resolution adopted by the board.

The board also approved a request for a state aid

grant of \$7 500 toward initial equipmentand installa tion of the three laboratories as well as one of \$22,500 toward the maintenance of the three laboratories during 1947 This state aid for maintenance will not exceed half the actual cost of maintenance of

each laboratory for the year A board of managers for the three laboratories will be appointed at the next meeting, and shall consist of at least five members, two of whom shall be physicians fully licensed to practice in New York State.

The annual Maimonides Lecture under the auspices of the Clinical Society of the Beth El Hospital

was presented on February 13, at the Jewish Santarium and Hospital for Chronic Diseases, Brook lyn. Guest speaker was Dr Chester S Kiefer, chairman of Committee of Chemotherapy, and Other Agents of the National Research Council. His subject was 'Antibiotics in Chaical Medicine.

A clinic for the prevention of cancer in children was opened January 3 at Memorial Hospital New York City It is the first of its kind in this country Dr Harold Dargeon, one of the country's fore-

most experts in the field, is in charge.

Purpose of the clinic, he said, would be to ex amine apparently normal children up to 15 years of age to detect abnormalities, and, in particular, any evidence of cancer or related diseases.*

Final figures at the close of the year for the House of the Good Samaritan's new hospital campaign in Watertown were recently announced by Henry H. Babcock, general chairman Mr Babcock said that 2,790 subscriptions received to date amount to \$842,863 17 *

The North Country Community Hospital in Glen Cove is the first hospital in Nassau County to develop a complete chest survey service for both pa tients and personnel, and the hospital is a pioneer in this work in the United States, according to Dr Everett C. Jessup of Roslyn, chairman of the County Medical Society's subcommittee on tuberculous.

The initial step was taken in the summer of 1941 when all the physicians on the hospital staff had their own chests x rayed. Soon after chest x rays were required of all newly-employed personnel and in March 1943, an x-ray was required of all volunteers. Patients were offered this service at a reduced fee also *

At the Helm

Appointment of Dr Edward G Eschner of Ebenezer as acting director of the x-ray department of Meyer Memorial Hospital, Buffalo was

A graduate of the University of Buffalo, School of Medicine, Dr. Benher studied radiology at Temple University of Pennsylvania University and the University of Pennsylvania Homital at Dhiladalphia and the Presbyterian Hospital at Philadelphia, and the Presbyterian Hospital at New York. He was chief of the Army's 28d General Hospital x-ray service in Africa, Italy, and France.

Nowly appointed members of the active staff at Dansville General Hospital are Dr Charles Gullo, Dr Anderson V Vickers, Dr Gerald E. Murphy and Dr C. T Andolina, all of Mt. Morris.

Dr Stanley J Jackson also of Mt. Morris, was appointed to the courtesy staff, and Dr E. Willis Hainlen of the Mt. Morris Tuberculosis Hospital was named a member of the consulting staff.*

At the annual meeting of the board of directors of the Long Beach Memorial Hospital, Dr George Reiss was re-elected president, Herman Wood, first vice-president, Jack Green, treasurer, and Moe Kerman, secretary

A resident physician, Dr Hugh Reed has assumed duties at Corning Hospital, Dr C M Lapp, president of the hospital board, has announced

Dr Reed is a graduate of the medical school at Georgetown University He comes to Corning from Rochester through an arrangement with the Council of Rochester Region Hospitals Incorporated, Dr He is expected to remain about two months and will probably be succeeded by another man selected by the Council.

Dr Arthur S Moore, returing superintendent at Horton Memorial Hospital, Middletown, was guest of honor at a testimonial banquet at the The banquet was Mitchell Inn on December 21 given by the attending staff at the hospital.

Speakers included John G. Martin, superintendent

at St Barnabas Hospital, Newark, James Norris, of New York City, consultant for the Associated Hospital Service, and Judge Edmund C Faulkner, president of the Horton Board of Directors Dr Moore will take up duties as consultant for James

Hamilton & Associates, hospital consultants
Earl F Mitchell, of Lockport, has been named
superintendent to succeed Dr Moore Mr Mitchell, a layman and a veteran of twenty-four years in hospital administration, took over his new duties February 1 He was formerly superintendent of Lockport City Hospital.

Dr Gordon Meade, formerly of Rochester, has been named associate director of Trudeau Sana-

He replaces Dr Spencer Schwartz who left several weeks ago to accept a position in the Veter ans' Hospital at Drecksville, Cleveland, Ohio

Dr Meade will serve as an associate to Dr Edward N Packard, medical director of the sanatorium

Dr Ward H Cook has accepted a position as director of laboratory and pathologist at the Long Island College Hospital in Brooklyn Dr Cook recently resigned as director of the Yonkers Health Department's Bureau of Laboratories *

Correspondence

Evaluation of Disabilities

To the Editor

In an article entitled "The Evaluation of Disabilities," published in the November 1 issue of the NEW YORK STATE JOURNAL OF MEDICINE, the author gave percentage standards for computing so-called "Schedule Loss" He gave the impression that these standards are used by members of the medical division of the Workmen's Compensation I respectfully but firmly object similar paper read by me a few years ago, the percentage standard figures are mostly at variance with the eleven enumerated by Dr Leder checkup with the former chief medical examiner and his first assistant, whose life's work was devoted to successful evaluation methods throughout the State, corroborate my dissent

Picture the absurd setup of two injured workmen with the same type trauma and exactly the same end result sent into the medical division for final adjustment examination One will get \$1,435 less than the other, if the objected listed standard is followed and not the one set by Drs Lewy, Johnson, Schmitter et al Even carrier surgeons, some former State employees, agree that the listed percentage standard for rigid foot, namely 60 per cent, is much Similarly a workman would receive 10 per too low cent less or be deprived of \$683 20 if the examiner used the published standard for rigid rotary motion of the forearm. In like manner, 5 per cent less of the forearm In like manner, 5 per cent less for ankylosis of the knee, or in terms of money, \$403 20 There are other differences but sufficient has been mentioned to show that clarification is im-

Computation of schedule loss is the peculiar duty of the medical division of the Compensation Board In actual practice there is no appeal. Uniform basic standards within the division are manifestly needed for proper and just payments

should have no place here

It is my considered opinion that mathe-atical precise minimum standards can be matical matical precise minimum standards can be adopted for exact evaluation in these post-traumatic conditions. Of course, minor personal differences in regard to rating active and passive restriction and malingering will always occur. The present administration of Workmen's Compensation has real "reorganization" work to do here which will truly "expedite payments."

The author of the article in the Journal has confirmed his astrontics recently solely to schedule loss.

firmed his activities recently solely to schedule loss cases, thus apparently lending credence to the supposition that the present supervising powers ap-

prove the disputed percentage standards

Yours truly,
(Signed) WILLIAM J JACKSON, M D
Associate Compensation Examining Physician (1932 to date)

January 10, 1947

Comment

Why should there not be a more standardized procedure based upon experience over the years? would appreciate the views of our readers on how to evaluate disabilities more scientifically and equitably

-Editor

WOMAN'S AUXILIARY

TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

The mid winter meeting of the Executive Board of the Woman's Auxiliary to the Medical Society of the State of New York was held at the Hotel Rocee-

vel, New York City, January 23 and 24, 1047
Mrs. Alfred L. Madden, State President, called
the meeting to order at 1 30 r.m., and greeted all
present. The roll call was taken by Mrs. John J
Rainey, recording secretary

Following the acceptance of the agenda, the Pledge of Allemance and the Collect was given in unison. The minutes of the October meeting were read and

approved.

Mrs. Fred G Jones, treasurer read and filed the financial statement of the Auxiliary The report of the corresponding secretary was read by Mrs. Ar

thur F Holding.

Reports and recommendations were given by the following officers president Mrs. Alfred L. Mad den president-elect, Mrs. Harry F Pohlmann first vice-president, Mrs. John J Buettner and second

vice-president, Mrs. John J Buetther and second vice-president, Mrs. Waltor G Hayward Reports and recommendations were given by the following directors Mrs. Luther H. Kice Mrs. Leelie Sullivan, Mrs. Carlton E. Werts Mrs. J Emerson Noll, Mrs. Edwin A. Griffin, and Mrs. Challe E. Stanting

Charles E. Seymour

Reports and recommendations were given by the Reports and recommendations were given by the following chairmen of standing committees are chives—Mrs. Thomas M d Angelo convention—Mrs. Renneth G Jahraus, finance—Mrs. William Levelle, historian—Mrs. Thomas M Bullard, Hypta—Mrs. Leo R. Sanborn legislation—Mrs. Gerald C. Coopey, national bulletin—Mrs. Kenneth P Fos-ter, organization—Mrs. Herman W Galster, par llamentarian—Mrs. Morris H. Newton Physi cians' Home-Mrs. M. M. Monserrate press and publicity—Mrs. Bradford F Golly, printing and supplies—Mrs. L. A. Hulsebosch, program—Mrs Michael M Schultz, public relations—Mrs James

W Bucer, and war participation—Mrs. Joseph Ella.
Mrs. Madden presented a very complete and in
teresting report of the National Board Meeting.

The county presidents read reports of the activi-ties of the Auxiliary which each represented.

Following the regular business on the afternoon of January 23, the Executive Board met with the ad visory council and discussed problems pertaining to the work and progress of the Auxiliary Each chair man discussed her problems before the group and was advised on how to better her department.

A cocktall party was held preceding the dinner The speaker at the dinner was Mr Alvin Busse, a Minnesota farmer who spoke on the subject, "The

Cross Roads."

During the morning of January 24, Miss Leontine Young from the New York School of Social Service, spoke to us on the subject of black market bables

Immediately following the luncheon, Dr Joseph Lawrence director of the Washington office, Council on Medical Service of the American Medi cal Association, gave a discussion on the Highlight of Interest in Medical Legislation.

A discussion took place in the afternoon on the problems of rural and urban auxiliaries. Unfinished business was completed. New business was dis-

cussed and announcements were made.

The meeting adjourned with all attending leaving for home feeling it was a worthwhile meeting and all had something constructive to take home to their respective auxiliaries.

Resolution on Dr Hale

The following is a resolution passed at the mid winter Executive Board meeting of the Woman s Auxiliary, January 24 at the Hotel Roosevelt.

'WHEREAS the Woman's Auxiliary to the Medical Society of the State of New York has suffered a deep loss in the death of Dr William Hale and

WHEREAS, he had been a staunch believer in the part the Woman's Auxiliary could take in advancing part the woman s Auxiliary could be the ideals and aims of the medical profession

WHEREAS, during his short term as president, he did much to strengthen and promote the Auxilian in accordance with one of the chief aims expressed in his inaugural address in May 1946 and "WHEREAS, in his home county of Utica he had

long given his interest, advice and active support to the county Auxiliary and WHEREAS his strength and leadership and vig

orous spirit will be greatly missed therefore be it Resolved by the Executive Board of the Woman's

Auxiliary to the Medical Society of the State of New York, assembled at its mid year session, that it mourns the passing of its friend and advisor, Dr Hale and be it further

Resolved, that this resolution be spread upon the minutes and a copy sent to his family

County News

Albany County A regular meeting of the Wo-man a Auxiliary to the Albany County Medical Society was held on January 22. Following a short business seeden, Mr John F McPherson, super intendent of the Albany Home for Children, spoke on inventibate. on juvenile delinquency

Members of the Woman's Auxiliary to the Al bany County Modical Society under the direction of Mra. Sheldon W Church, public relations chairman, conducted the sale of Albany County Tuber culosis Association Christmas Seals at the booth in Mysen December 1997. Myers Department Store, Albany from December 16 to 21 and also at the Hotel Ten Eyck on December 19

Dutchess County Members of the Woman's Auxiliary to the Dutchess County Medical Society met January 8, at Home I Vassar Hospital. Mrs. E. Gordon Machenie president, presided. Re-ports were given by Mrs. Albert A. Rosenberg, secretary and Mrs. Arron Sobel, treasurer Mrs. J Newton Boyce named the nominating committee, which includes, Mrs. William H Conger, Mrs. Arron Sobel Mrs. Clifford A. Crispell and Mrs. Maxwell Goese.

Mrs. Cynthia Sweet, guest speaker addressed the group with a talk entitled "The County Health Department. The next meeting was held

[Continued on page 410 bottom?

POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal. The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

Geneva Academy of Medicine Lecture

DR HARRY GOLD, associate professor of pharmacology, Cornell University Medical College, New York, will present a lecture to the Geneva

Academy of Medicine on February 20 at 8 30 pm., at the Seneca Hotel, Geneva Dr Gold will talk on "The Management of the Faling Heart"

Pulmonary Embolism

PULMONARY Embolism" will be discussed by Dr Linn J Boyd before the Oswego County Medical Society on February 25 at 9 00 pm, in the Hotel Pontiac, Oswego

Dr Boyd is professor and director of the Department of Medicine, New York Medical College, Flower and Fifth Avenue Hospitals, New York

Rheumatic Fever

THE Tompkins County Medical Society will hear Dr Nelson G Russell give a lecture entitled "Rheumatic Fever—Rheumatic Heart Disease" on February 17 at 8 30 PM

Dr Russell, professor of medicine, emeritus, University of Buffalo, School of Medicine, will speak in the Tompkins County Memorial Hospital, Ithaca

Instruction for Richmond County

THE remaining two postgraduate lectures to be given in February to members of the Richmond County Medical Society are entitled "Basic Factors in Allergy," and "The Treatment of Obstetrical Bleeding"

On February 20 Dr Matthew Walzer, associate in medicine, Cornell University Medical

College, and attending in allergy and chief of the allergy clinic, Jewish Hospital, Brooklyn, will present the lecture on allergy Dr Arthur M Reich will speak on February 27 on the treatment of obstetrical bleeding Dr Reich is clinical professor of obstetrics and gynecology, New York University, College of Medicine

Woman's Auxiliary

[Continued from page 409]

February 12, when City and county clinics were discussed

Genesee County Mrs Paul P Welsh, was elected president of the Woman's Auxiliary to the Genesee County Medical Society, at a meeting held in November Other officers elected were vice-president, Mrs Robert S Jenks, secretary, Mrs Carl C Koester, and treasurer, Mrs Gordon R Gray

Broome County The Woman's Auxiliary to the Broome County Medical Society had Dr Waldemar H Boldt, of Binghamton, as guest speaker for their January meeting, held at the Binghamton Club The subject chosen by the speaker was "Present Day Trends in Psychiatry"

Following the luncheon, a business session was conducted by Mrs Nicholas Klimow, president of the Auxiliary

Niagara County The Woman's Auxiliary to the Medical Society of Niagara County held an enjoyable luncheon meeting at the Niagara Falls Country Club on January 16

The State President, Mrs Alfred L Madden, was the guest of honor and gave an interesting talk on organization

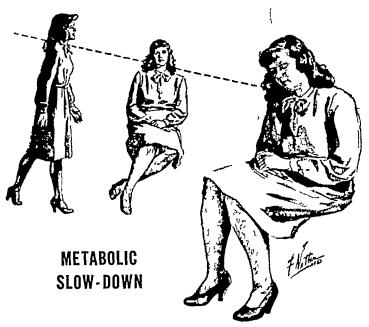
Ene County Mrs Kenneth G Jahraus of the Woman's Auxiliary to the Medical Society of the County of Ene, chairman of the eleventh Annual State Convention to be held in Hotel Statler, May 5-9, has announced her committee chairmen Mrs

Wade B Ellis is serving as her cochairman Other aides are dinner, Mrs Carlton E Wertz, head-quarters, Mrs Lee R. Sanborn, printing and supplies, Mrs Allen E Richter, hospitality, Mrs Arthur F Glaeser, registration and credentials, Mrs William Rennie, pages, Mrs Joseph P O'Brien, luncheon, Mrs Joseph C Scanio, information, Mrs John D Naples, finance, Mrs Harold B Johnson, acknowledgments, Mrs J Frederick Painton, flowers, Mrs Welland G Fischer, tickets, Mrs Shepard Quinby A luncheon of the Auxiliary was held in the

A luncheon of the Auxiliary was held in the Georgian Room of Hotel Statler on January 28 Guests were the president of the County Medical Society, Dr Arthur F Glaeser, and members of the Advisory Board Dr A H. Aaron, Dr Herbert H. Bauckus, Dr Carlton E Wertz, Dr Alfred H. Nochren and Dr Helen G. Weller.

Bauckus, Dr Cariton E Wertz, Dr Aired H. Noehren, and Dr Helen G Walker Mrs Arthur L Bennett, newly elected president of Eric County, has made her appointments as follows

Mrs Stuart A Good—membership, Mrs Clarence J Durshordwe—program, Mrs Lawrence J Radice—public Health and Hygera, Mrs Thurber LeWin—project, Mrs John J Maisel—economics and public relations, Mrs Thomas F Houston—legislative, Mrs Arthur C Hassenfratz—house and hospitality, Mrs Wade B Ellis—press and publicity, Mrs Fred St John Hoffman—historian and parliamentarian, Mrs Robert W Lipsett—national bulletin, and Mrs George F Marquis—telephone



A decline in physical activity and mental alertness may be due to any one of a variety of factors such as climacteric changes natural aging, or anemia When the metabolism test and clinical picture indicate that the disturbance is of thy roid origin, the selection of thyroid medication becomes important Medici nal thyroid may vary greatly for there is a marked regional and seasonal variation in natural animal thyroid substance Armour scientists working with the U S Public Health Service demonstrated this variation years ago and instituted meth ods of blending and assaying thyroid glands to fixed standards in order to achieve the greatest possible uniformity of potency

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Privileged Communications

THE following is an austration of a document of question of privileged communications handed "HE following is an abstract of a decision on the down by the Supreme Court of Oklahoma, which appeared in the Journal of the American Medical Association, November 23, 1946

Privileged Communications Physician's Report to Insurer -Plaintiff obtained an award for an industrial injury, the award being against the defendant Subsequently the insurance insurance company carrier filed a motion to reopen the case and discontinue payments on the award Attached to this motion was a physician's report as required by the Workmen's Compensation Act On the theory that this report was libelous, the plaintiff filed suit for damages against the insurance company and obtained judgment in the trial court, from which judgment the defendant appealed to the Supreme Court of Oklahoma.

The physician's report, in the form of a letter addressed to the manager for the insurance carrier, stated among other things that in his opinion the plaintiff evaggerated his condition and appeared to be in good health, suffering from no disability and able to do light work. The report then contained

this paragraph

This patient has had a positive Wassermann test on two previous occasions, a positive Wassermann test was obtained during my treatment. He was given several shots of Mapharsen and seemed to improve but he absolutely refused further Luetic treatment because it made him sick. He flatly refused to have a spinal puncture done to determine his Wassermann reaction and colloidal curves for Lues.

The plaintiff contended that the statement was libelous and was not relevant and pertinent to the issue involved in the proceeding to discontinue compensation, whereas the defendant contended that the statement was absolutely privileged.

The Oklahoma statute (12 O S 1941 section 1443)

provides

A privileged publication or communication is one made First. In any legislative or judicial proceeding or any other proceeding authorised by law. No publication which under this section, would be privileged, shall be punishable as libel

Furthermore, rule 17 of the state industrial commission provides

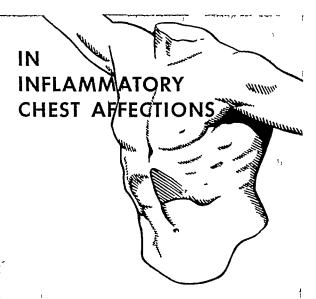
The Commission will not consider nor set for hearing any motion to discontinue payment of compensation ordered unless such motion to discontinue compensation sets up sufficient grounds supported by a physician s report.

It is clear, said the Supreme Court, that a proceeding before the state industrial commission is a "proceeding authorized by law" within the purview of section 1443 It is also clear that it is proper and necessary to file a physician's report with a motion to discontinue compensation under rule 17 "Bearing in mind the foregoing rules, we are of the opinion, and hold," said the court, "that the statement here complained of was pertinent to the question raised by the motion to discontinue compensation." The motion contained the allegation that the claimant "is able to return to ordinary manual labor and is entitled to no further compensation" by reason of the injury The physician's report tended to sus-tain such allegation. If the disability was due en-tirely to syphilis, the court continued, the insurance carrier was not liable for further compensation. And, since the matter complained of was filed as a part of the pleading in the case, the question as to whether the matter was pertinent or relevant was one for the court to determine as a matter of law and not one to be submitted to the jury The court accordingly concluded that the matter complained of was absolutely privileged, that a question of its being false or made with malice was immaterial, and ruled the judgment in favor of the plaintiff be reversed — Pacific Employers Insurance Company v Adams, 168 P (2d) 105 (Ölla , 1946)

CORNELL UNIVERSITY MEDICAL COLLEGE ALUMNI ASSOCIATION, INC

The Annual Alumni Day for the Cornell University Medical College will be held this year on March 13, at the College It will include registration in the morning, with luncheon at the nurses' residence,

to be followed by the business meeting and a schedule of rounds and conferences in all departments Dinner will be served at the Hotel Roosevelt, and dancing will conclude the day



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BOOKS

Books for review should be sent to the Book Review Department at 1813 Bedford Avenue, Brooklyn, NY Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

RECEIVED

Die Grundlagen Unserer Ernährung und Unseres Stoffwechsels By Professor Emil Abderhalden. Fifth edition. Duodecimo of 202 pages Bern, Switzerland, Medizimscher Verlag Hans Huber, 1946 Paper, 8 50 Sw fr

Allergy By Erich Urbach, M D, and Philip M Gottheb, M.D Second edition. Quarto of 968 pages, illustrated. New York, Grune & Stratton, 1946 Cloth, \$12

The Normal Encephalogram. By Leo M Davidoff, M D, and Cornelius G Dyke, M D Second edition. Octavo of 226 pages, illustrated. Philadelphia, Lea & Febiger, 1946 Cloth, \$5 50

Disorders of the Blood. Diagnosis, Pathology, Treatment and Technique By Sir Lionel E H. Whitby, M D, and C J C Britton, M D Fifth edition Octavo of 665 pages, illustrated Philadelphia, Blakiston Co, 1946 Cloth, \$10

The Human Ear in Anatomical Transparencies. Descriptive text by Stephen L Polyak, M D, anatomic transparencies and illustrations by Gladys McHugh, and anatomic preparations by Delbert K. Judd, M D Quarto of 136 pages, illustrated Elmsford, N Y, Sonotone Corp, 1946 Cloth, \$10 50

The Treatment of Bronchial Asthma. By Vincent J Derbes, M D, and Hugo Tristram Engelhardt, M.D, with chapters by a panel of contributors Octavo of 466 pages, illustrated Philadelphia, J B Lippincott Co, 1946 Cloth, \$8

X-Rays and Radium in the Treatment of Diseases of The Skin. By George M MacKee, M D, and Anthony C Cipollaro, M D Contributor, Hamilton Montgomery, M D Fourth edition Octavo of 668 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$10

The Drama of Sex. By James Lincoln McCartney M.D. Octavo of 147 pages, illustrated. New York, Stratford House, 1946 Cloth, \$2 50

Music in Medicine By Sidney Licht, M D Octavo of 132 pages Boston, New England Conservatory of Music, 1946 Cloth, \$3 00

Modern Drug Encyclopedia and Therapeutic Index. Edited by Alexander B Gutman, M D Third edition. Octavo of 1,157 pages, illustrated New York, Yorke Publishing Co, 1946 Cloth, \$10

Narco-Analysis A New Technique in Short-Cut Psychotherapy A Comparison with Other Methods and Notes on the Barbiturates By J Stephen Horsley Duodecimo of 134 pages, illustrated New York, Oxford University Press, first American edition 1946 Cloth, \$10

A Primer for Diabetic Patients. By Russell M

Wilder, M D Eighth edition Sextodecimo of 192 pages, illustrated Philadelphia, W B Saunders Co , 1946 Cloth, \$1 75

Dentistry An Agency of Health Service By Malcolm Wallace Carr, D D S Octavo of 219 pages New York, Commonwealth Fund, 1946 Cloth, \$1 50

Penicillin Its Practical Application. Under the general editorship of Sir Alexander Fleming, M B Octavo of 380 pages, illustrated Philadelphia, Blakiston Co , 1946 Cloth, \$7 00

The Principles of Neurological Surgery By Loyal Davis, M D Third edition Octavo of 540 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$7 50

The Chest. A Handbook of Roentgen Diagnosis By Leo G Rigler, M D Octavo of 352 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$6 50

Psychotherapy in General Medicine Report of an Experimental Postgraduate Course By Geddes Smith Octavo of 38 pages New York, Commonwealth Fund, 1946 Paper, 25c

Mongolism and Cretunism. A Study of the Clinical Manifestations and the General Pathology of Pituitary and Thyroid Deficiency By Clemens E Benda, M D Octavo of 310 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$6 50

Practical Malariology Prepared Under the Auspices of the Division of Medical Sciences of the National Research Council By Paul F Russell, M D , Luther S West, Ph D , and Reginald D Manwell, Sc D Octavo of 684 pages, illustrated Philadelphia, W B Saunders Co , 1946 Cloth, \$800

Oral Diagnosis and Treatment. A Textbook for Students and Practitioners of Dentistry and Medicine. By Samuel Charles Miller, D D S., Second edition Octavo of 905 pages, illustrated Philadelphia, Blakiston Co, 1946 Cloth, \$10

Principles of Hematology By Russell L Haden,

Principles of Hematology By Russell L Haden, M D Third edition Octavo of 366 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$500

Allergy in Practice By Samuel M. Feinberg, M.D., with the collaboration of Oren C. Durham, and Carl A. Dragstedt, M.D. Second edition Octavo of 838 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$10.50

Manual of Nursing Procedures, the Mount Sinai Hospital, New York City Prepared by the Faculty of the Mount Sinai Hospital School of Nursing, Grace A. Warman, M A., Principal. Quarto of 313 pages, illustrated New York, Mount Sinai Hospital Press, 1946 Cloth, \$8 00

REVIEWED

A Handbook on Diseases of Children Including Dietetics and the Common Fevers By Bruce Wilhamson, M D Fourth edition. Duodecimo of 388 pages, illustrated Baltimore, Williams & Wilkins Co , 1945 Cloth, \$4 50

This well-knit compendium on the diseases of children covers the field of pediatrics, contagion, and nutrition in a condensed, yet complete manner

The main stress is put on the description of the [Continued on page 416]



[Continued from page 414]

various diseases, with a short note as to treatment The book is written in an easy reading style and will be found of interest to both pediatrician and student

MARK J WALLFIELD

The Effect of Smallpox on the Destiny of the Amerindian By E Wagner Stearn, Ph D, and Allen E Stearn, Ph D Octavo of 153 pages Boston, Bruce Humphries, 1945 Cloth, \$2 50

The authors seem to have collected and utilized everything that has been written about the relations of the Indians to this disease They have certainly demonstrated the serious effect on their existence The references are precisely stated Anyone wishing to prove the truth of the contention can do so through this book and can, from the source material referred to, secure more detail, if he so desires

WALTER D LUDLUM

Electrocardiography Including an Atlas of Electrocardiograms By Louis N Katz, M D Second edition Quarto of 883 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$12

In the second enlarged and revised edition of this medical classic several new chapters have been added and some theories of questionable practical value have been deleted The chapter on coronary thrombosis bulks large, but the importance of the subject

makes a complete and detailed analysis essential.

We agree with the author that an abnormal tracing is positive evidence of cardiac disturbance, whereas a normal tracing does not exclude the possibility of cardiac damage. We see no advantage in substituting left axis shift for left axis deviation Left and right cardiac strain and coronary insufficiency are of distinct advantage and are terms in common usage at the present time On the whole, this volume is a valuable addition to the library of a physician at a time when heart disease is captain of the men of death.

SIMON FRUCHT

Exercises in Electrocardiographic Interpretation By Louis N Katz, M D Second edition Quarto of 288 pages, illustrated. Philadelphia, Lea & Febiger, 1946 Cloth, \$6 00

Exercises in Electrocardiographic Interpretation is a postgraduate course for the practitioner who has mastered the rudiments of electrocardiography enables the advanced student to test his knowledge and to correlate his findings with the clinical history of the patient and occasionally to follow through his first impressions with one or more follow-up All types of electrocardiograms are presented and their interpretation carefully analyzed The illustrations are clear and distinct The value of serial tracings for confirmation is stressed repeatedly There is, however, one fault that the reviewer would like to see corrected, if possible The abnormal findings would be more clearly listed if they were tabulated for each lead separately, so that the reader could go from the tracing to the interpretation without going through the text a number of times This book is a great help in the understanding of the electrocardiogram

SIMON FRUCHT

The Modern Attack on Tuberculosis By Henry D Chadwick, M D, and Alton S Pope, M D Re-

Octavo of 134 pages vised edition New York.

Commonwealth Fund, 1946 Cloth, S1 00

This revised edition of The Modern Attack on Tuberculous by Dr Chadwick and Dr Pope well measures up to the high standard achieved by the first edition More new material has been added in the way of recent developments in administrative practice, and in the technic of tuberculosis case finding and control—also, a new evaluation of the role played by photofluorography in mass x-ray examinations in industry and other population groups has been added

To those interested in the epidemiologic aspects of the tuberculosis problems, this little book should

prove invaluable

FOSTER MURRAY

Pneumoperitoneum Treatment. By Andrew Ladislaus Banyai, M D Octavo of 376 pages, illustrated St Louis, C V Mosby Co, 1946 Cloth, \$6 50

Pneumoperatoneum as a therapeutic procedure has been known to the medical profession for over fifty years, and in this volume Banyai brings to-

gether a wealth of data on this procedure

The volume is well written and well illustrated although one wonders why no illustration of pneumoperitoneum technic is presented, for one picture is better than a thousand words. There are numerous references, international in scope, and many communications from workers in Europe, Asia, Central and South America, which marshal convincing data on the proper value and use of this procedure The book is worthwhile reading, especially by chest physicians, for they will be able to revaluate their own experiences in the light of Banyai's sixteen years' devotion to this type of therapy

HERMAN E WIRTH

Public Health the American Way By H B Anderson Octavo of 238 pages New York, Citizens Medical Reference Bureau, Inc., 1945 New York, Cloth, \$2 50

This book attempts to show that any scheme for compulsory health insurance would infringe upon the liberty of the American people by "circumventing the principles laid down in the bill of rights"

B M BERNSTEIN

Diseases of the Retina By Herman Elwyn, M D Octavo of 587 pages, illustrated delphia, Blakiston Co, 1946 Cloth, \$10 Phila-

This work of Elwyn can find a welcome spot on the bookshelves of ophthalmologists and interns as it gives clear and well-authenticated descriptions of a great number of retinal entities and relates the ophthalmoscope picture with the changes as seen with the microscope The illustrations are well chosen and clearly reproduced Each chapter is very well documented and the ideas expressed are in keeping with the progress of the subject

The only suggestions the reviewer can make is that more detailed descriptions would be helpful and that more space could have been devoted to a discussion of the basic anatomy and physiology

It is hoped that Dr Elwyn will produce a second volume on the choroid so that one may use the work as a descriptive text of all eyeground problems and not just the one limited to the retina

JOHN N EVANS

[Continued on page 418]



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[Continued from page 416]

Women in Industry Their Health and Efficiency Issued under the By Anna M Baetjer, Sc D auspices of the Division of Medical Sciences and the Division of Engineering and Industrial Research of the National Research Council Octavo of 344 pages, illustrated Philadelphia, W B Saunders Co, 1946 Cloth, \$4 00

This book is well written and answers many problems and questions arising out of large scale employment of women in industry It would be well for every physician interested in industrial medicine

and in problems arising therefrom to read it

IRVING GREENFIELD

German for the Scientist (Chemist and Physicist) By Peter F Wiener With additional sections by Duodecimo of 238 pages Paul Spoerri, Ph D Brooklyn, Chemical Publishing Co, 1946 \$3 50

This little book is suitable for scientific workers who are unable to attend classes and yet wish to acquire a reading knowledge of German author wants to enable the user to extract the essential meaning of a scientific test or article without too much waste of time The book is built upon a good and long practical teaching experience
The passages in chemistry and physics are very

well chosen The student who has learned to digest them correctly, will certainly be able to overcome any linguistic difficulty

418

MAX G BERLINER

Demonstrations of Operative Surgery for Nurses By Hamilton Bailey, F.R.C.S. (Eng.) Octavo of 348 pages, illustrated Baltimore, Williams & Wilkins Co, 1945 Cloth, \$5 50

The demonstrations and illustrations in this book are very clear and well done, although many of the technics are rather out of date for this country This book is splendid for both interns and medical students entering the field of surgery, but is not a good reference book for student nurses, as it is too advanced

A table of contents would help the reader to get acquainted with the material Part of the book is written in the first person which seems strange for a textbook. Suggested readings and a bibliography would add to the book. The book should prove very helpful to a nurse teaching surgery

MARIE M BEHLEN

Mother and Baby Care in Pictures By Louise Third edition Octavo of 203 Philadelphia, J B Lippincott Zabriskie, R N pages, illustrated

Co, 1946 Board, \$2 00
The author has written a simple and well-illustrated book for expectant mothers and fathers The subjects covered include prenatal care, physiology of labor, aftercare of the mother and baby, and development of the baby for the first year of life. The book is authoritative and has been used in nursing education

There are 229 illustrations, principally photographs, which in themselves clearly explain the subject matter. Pictures from Dr. Robert L. Dickin-

son's Birth Atlas are included

This revision places emphasis on nutrition, the mechanism of labor, and the care of the baby

The book is clearly one of the best available to the laity and should be most helpful to prospective

parents ALEXANDER H. ROSENTHAL

The Early Diagnosis of the Acute Abdomen. By Zachary Cope, M.D. Ninth edition Octavo of 262 pages, illustrated. New York, Oxford University Press, 1946 Cloth, \$3 75

This little volume continues its excellent style of presentation and is, in general, rather complete in its differential diagnosis of disturbances which present themselves to the doctor However, it appears that several rather important conditions in the acute abdomen such as ileitis, ruptured graafian follicle, perforation in ulcerative colitis and Meckel's diverticulitis, have been overlooked in the author's discussion of acute appendicitis

Also, the increase in blood amylase in acute pancreatitis does not appear in the text, nor does any reference to blood chemistry in acute intestinal ob-

struction.

Such omissions should be rectified at the earliest possible date, if completeness is to be achieved

B M. Bernstein

Renal Diseases. By E T Bell, M D Octavo of 434 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$7 00

This most excellent, compact and scientific monograph covers fully the entire field of renal diseases from anomalies and obstructive uropathies to all the nephritides, neoplasms, as well as related diseases of the blood-vascular system and metabolic disorders

It represents the true modern method of presentation of clinical pathology and includes references at the end of each chapter—It is fully illustrated by 115 engravings and four color plates, also numerous tables. The rationale of treatment is also given

This is one of the finest books that has come to the reviewer's attention. A feature is the fostering of fuller cooperation between the pathologist and the

clinician

The work should be on the shelf of the urologist, practitioner, and surgeon, as well as medical student, for ready reference In fact, it could well serve as a text for undergraduates in medical school

AUGUSTUS HARRIS

A Manual of Tuberculosis. Clinical and Ad-By E Ashworth Underwood, M D ministrative Third edition. Duodecimo of 524 pages, illustrated. Baltimore, Williams & Wilkins Co, 1945 Cloth,

The third edition of this manual has been extensively revised, rewritten, and rearranged in order to present the many aspects of tuberculosis more com-prehensively This accounts for the change in title Many new chapters have been added These concern the evolution of tuberculosis, allergy, and immunity as related to tuberculosis, x-rays, and mass radiography, mental aspects of this disease, routine methods employed in the clinical laboratory, social medicine, and tuberculosis, and tuberculosis in its relation to war All the chapters on the clinical approach have been retained and the work as a whole gives a good bird's-eye view of the tuberculosis prob-lem as it exists in England and Wales and methods projected to adequately solve this important prob-

The manual is written in simple style, well illustrated, and is a source of helpful advice for those confronted with the practicable phases of tubercu-

losis control.



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B lactis aerogenes Klebsiella pneumoniae (Friedfönder a bodilus)

TULAREMIA All H influenzae infections

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Liver abscesses due to streptomycin-sensitive bacilli

Cholangitis due to susceptible pathogens

Endocarditis caused by penicillin-resistant,

streptomycin-sensitive organisms

Chronic pulmonary infections predominantly due to streptomycin-sensitive flora

Empyema due to susceptible organisms

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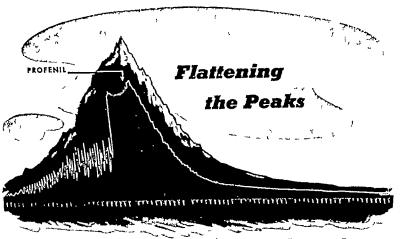
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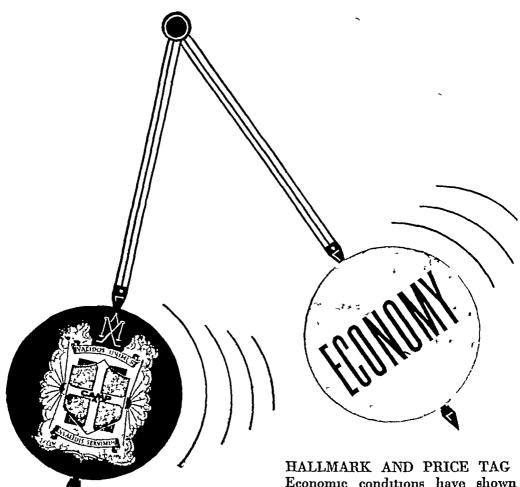
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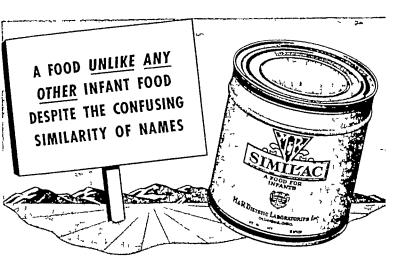
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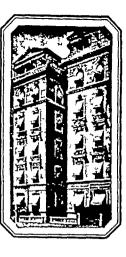
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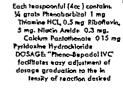


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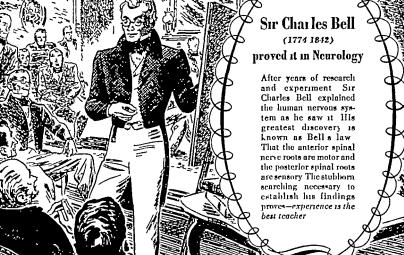
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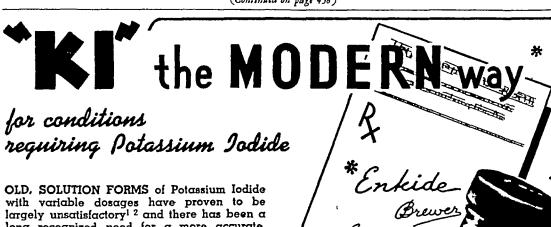
Published twice a month by the Medical Society of the State of New York. Publication Office 20th and Northampton Sts., Easton, Pa Editorial and Circulation Office 292 Madison Ave., New York 17, N. Y. Change of Address. Notice Should State Whether or Not Change is Permanent and Should Include the Old Address. Twenty-five cents per copy—\$2.00 per year. Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912.

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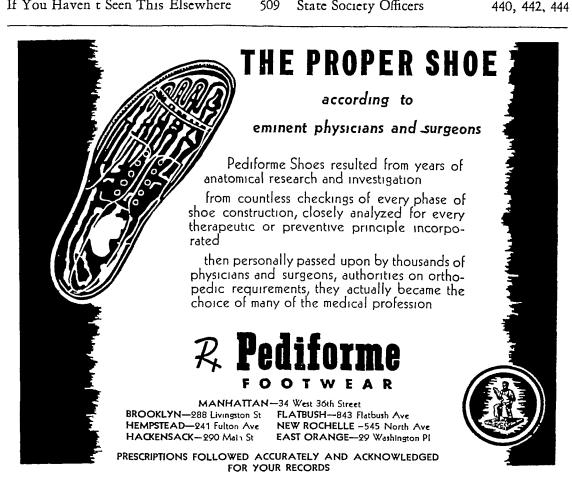
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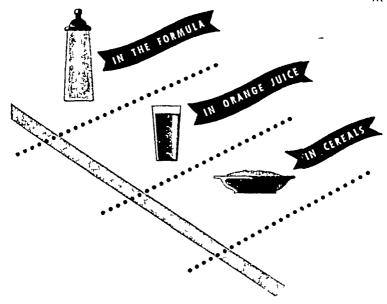
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refer to

HARRY F WANVIG

Authorized Indemnity Representative of

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

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indications for "smoothage"

SIMOOVINEEGE — the gentle non irritating action of Metamucil—is indicated in any type of constipation or other gastrointestinal dysfunction requiring a mild soothing but effective stimulant to bowel evacuation

bulk which exerts a stimulating effect on the bowel reflexes and facilitates elimination of the fecal content in a completely normal and natural manner

metamucii Is the highly refined mucilloid of Plantago ovata (50%) a seed of the psyllium group combined with dextrose (50%) as a dispersing agent



MEDICAL SOCIETY OF THE STATE OF NEW YORK

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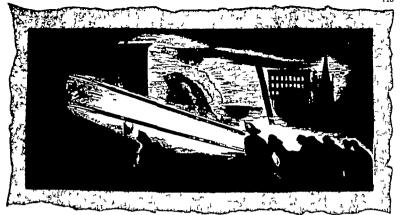
Brooklyn

LENIGALLOL

Countil Accepted

Allays itching Reduces hyperemia Promotes formation of normal skin

For the usual case of eczema, prescribe Lenigallol 6% in an ointment base, with or without zinc oxide. Stronger applications may be required for more resistant eczema and athletes' foot.



concentrated power

The greater the concentration, the more effective the results

A combination of highly potent quantities of vitapons known to be essential in human nutrition, in balanced therapeutic amounts, as in Thera Vitax apsules, supplies the concentrated power necessary for effective results in cases of hypovitaminosis

Mistar-illa capsules represent a highly potent, multivitamin preparation which has been designed specifically to meet the patient's need for large doses of the vitamins either as a therapeutic measure or as a corrective supplement in detary insufficiency

Thera vila therapeutic shultivitamin capsules are easily swallowed, tasteless, and well tolerated

Each THERA VITA multiviramin capsule contains

Vitamin A (liver oil conc.) 12500 U.S.P. Units Thismine Hydrochlonde (F 10 mg. Riboflavin (B2) 10 mg Niscinamide 100 mg. Pyridoxine Hydrochlorid (Be) 1 mg 10 mg. Calcium Pantothenate 150 mg Ascorbic Acid (Vitantin C) Vitamin D (Activated Ergosterol) 1,250 U.S.P Units

Bottles of 100

Remember door THERA VITA capsules are to be prescribed and got simply suggested to your patients. Help us to maintain the professional status of this product and to evold its indiscriminate use by the lelty without medical supervision.

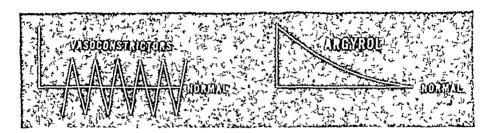
WILLIAM R. WARNER & CO., INC. NEW YORK . ST LOUIS

Trademark Kit. U S. Pat. Of



for Decongestion without Rebound

.... Follow the ARGYROL Technique in treating Para-nasal Infection



In the recent literature, reports are multiplying on the frequency of rebound congestion following use of many vasoconstrictors. This vicious circle of vasoconstriction and compensatory congestion is avoided with the use of ARGYROL, which produces no such effect, and restoration of normal function is more readily attained

The ARGYROL Technique

- 1 The nasal meatus by 20 per cent ARGYROL instillations through the nasolacrimal duct.
- 2 The nasal passages with 10 per cent ARGYROL solution in drops
- **3** The nasal cavities with 10 per cent ARGYROL by nasal tamponage

Its 3-Fold Effect

- 1 Decongests without irritation to the membrane and without ciliary injury
- 2 Definitely bacteriostatic, yet non toxic to tissue
- 3 Cleanses and stimulates secretion, thereby enhancing Nature's own first line of defense



Made only A C BARNES COMPANY • NEW BRUNSWICK, N. J.

ARGYROL is a registered trade mark the property of A. C. Barnes Company

as much as 200,000 units of penicillin directly at the site of vaginal infections • now possible with penicillin

vaginal suppositories SCHENLEY

new, completely painless, extremely convenient method of treating many stubborn infections * now available at your druggists' in boxes of 6 and



inicalma

SCHENLEY LABORATORIES, INC

a Parkinsonian State Merapy Stramonium Pills Davies, Rose

These pills are engaging increased interest in neurological clinics as well as in private practice, especially in the treatment of the Sequelae of Epidemic Encephalitis. They embrace the full therapeutic properties of the drug in a form convenient for administration.

Each pill exhibits 0.16 Gram (2½ grains) of the dried leaf and flowering top of Datura Stramonium, alkaloidally standardized, and therefore contain 0.4 mg (½60 grain) of the alkaloids in each pill

Sample for clinical test and literature mailed upon request.

Davies, Rose & Company, Limited

Manufacturing Chemists,

Boston 18, Massachusetts

St 2

Trauma and Nitrogen Equilibrium

Recent recognition of the direct relationship between trauma and protein loss has greatly improved the prognosis in postsurgical and post-trauma patients

Striking and hitherto unsuspected protein loss has been observed in patients with fractures Excessive urinary nitrogen excretion reaches its maximal point about a week after the injury is sustained, and thereafter slowly diminishes in extent, so that nitrogen balance is restored in approximately four weeks 1

In patients sustaining severe burns, the daily protein loss may be equivalent to 400 cc. of plasma 2

In a study embracing 23 burned patients, nitrogen balance determinations revealed excessive urinary nitrogen excretion. Nearly all patients were in negative nitrogen balance which was most marked during the first ten days ³

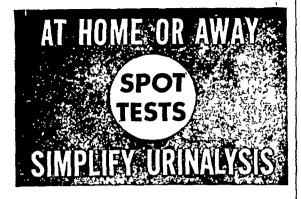
It thus appears that protein destruction and loss are prominent and potentially detrimental sequelae of trauma, and that every effort must be made to restore nitrogen equilibrium as quickly as possible to prevent the many deleterious consequences of protein depletion. The recommendation has been voiced that "whenever possible, protein losses or deficiencies should be corrected by oral feeding."

Among the protein foods of man, meat ranks high not only because of the generous supply of protein it provides, but also because its protein supplies all the essential amino acids, making it applicable for every protein need—growth, tissue maintenance, and tissue repair

Howard J E. Bull, Johns Hopkins Hosp., 74 513 (May) 1944.
 Co Tul, C. Wright, A. M. Mullholland J H Barcham, T., and Breed E.S. Ann. Surg. 1993:15-32 (June) 1944.
 Hirshfeld, J W. Abbort, W. E. Pilling, M. A., Heller C. G. Meyer, F. William H. H. Richards, A. J., and Obs, R., Arch. Surg. 59:194 (Apr.) 1945.
 Lund, Chas, C., and Levenson, S. M., J. A. M. A. 1285 (May 12) 1945.

The Seal of Acceptance denotes that the nutri tional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.





NO TEST TUBES . NO MEASURING NO BOILING

Diabetics welcome "Spot Tests" (ready to use dry reagents), because of the ease and simplicity in using No test tubes, no boiling, no measuring, just a little powder, a little urine-color reaction occurs at once if sugar or acetone is present

Galatest

FOR DETECTION OF SUGAR IN THE URINE

Acetone Test

FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH





A LITTLE URINE

COLOR REACTION IMMEDIATELY

A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses

Accepted for advertising in the Journal of the A M.A

WRITE FOR DESCRIPTIVE LITERATURE



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stable tyrothricin

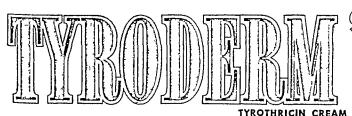
in ointment form!



"TYRODERM Tyrothricin Cream is particularly designed for treatment of a variety of skin infections. Developed by the Medical Research Division of Sharp & Dohme it contains 0.5 mg (500 micrograms) of stable tyrothricin per gram in a special emollient base. • The tyrothricin present in TYRODERM Tyrothricin Cream is stable

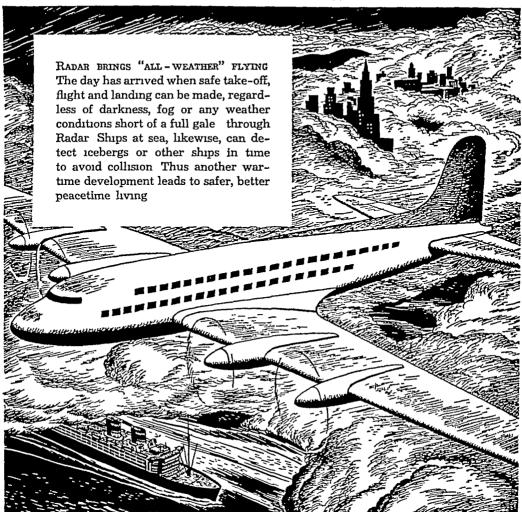
exhibits approximately the same range of bacterial specificity as penicitin remains in contact with site of application for a prolonged period of time—acts promptly—TYRODERM Tyrothricin Cream is indicated in the treatment of pyodermatoses such as acree vulgaris, impetigo dermatitis vegetans, infectious eczematoid dermatitis, and other dermatoses caused by gram positive organisms. It is also useful in the treatment of varicose decubital and ischemic ulcers, selected accessible postsurgical wounds and minor second and third degree burns. Sharp & Dohme Philadelphia 1 Pa



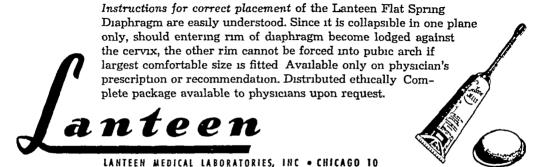


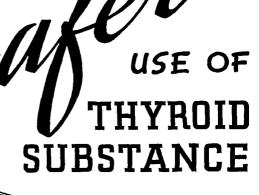
Supplied in 1-oz. tubes and 1 lb [ars.

Toward a Better World



An advance is also being made toward future sociological betterment by Lanteen Medical Laboratories' promotion of Lanteen products. These leaders in their field are produced under the most rigid scientific standards.





Serious disturbances may result from moderate doses of thyroid unless an adequate intake of the B Vitamins is assured (1, 2, 3, 4, 5). A relative hypovitaminosis is produced with loss of appetite and the occurrence of katabolic destructive changes in the animal organism.

PANTABEEROID Tablets contain thyroid with liberal amount of all the B ritamins, so that the supply of the latter is rendered adequate even with minimal thyroid dosage

IT IS TO BE BORNE IN MIND THAT THE PRESENCE OF THE B VITAMINS DOES NOT ELIMINATE THE NECESSITY FOR CARE FUL ADJUSTMENT OF THYROID DOSAGE

Endocrinology XXXI, p. 567 1943.
 Am. J Physiol, CXXXV p. 474,
 Brit, Med. J 1 p. 245, 1943.
 J Nutrition, VII, p. 547 1934.
 J.A.M.A., CXXIII p. 1049 1943.



THYROID PLUS "B" COMPLEX

A revolutionary

advance

in the

treatment of

cough



ESKAY'S ORALATOR, an oral inhaler, applies an entirely new principle to the treatment of cough

The Oralator contains a remarkable new anesthetic-analgesic compound—
2-amino-6-methylheptane, S K F
The vapor of this compound is carried by inhalation directly to the principal zone (see illustration) where the cough reflex originates
There it checks cough almost instantaneously

by local action at the periphery

The effectiveness of

Eskay's Oralator

has been established by extensive clinical trials

77% of the patients were benefited



Smith, Kline & French Laboratories, Philadelphia, Pa



The advice is always "SEE YOUR DOCTOR"

For over 18 years, Parke, Davis & Company has conducted an educational advertising campaign in behalf of the medical profession—teaching the importance of prompt and proper medical care Now appearing in color in LIFE and other leading magazines, these "See your doctor" messages reach an audience of more than 23 million people.

Some things you should know about heart disease

No. 202 in a series of messages from Parkis Gavis & Ca. on the importance of prompt and proper medical care

IT is true that heart disease is the greatest single cause of death in this country

But it is not true as many people think, that heart disease must automatically cut short your life or make you an invalid.

A common type of heart disease-the so-called functional type-is not actually heart disease at all It is the reflection of some other usually correctable, disturbance in the body. It is often merely a temporary condition. It does not alter the heart itself, nor does it shorten life.

Even organic heart disease which ac tually changes the heart's structure need not be a serious disability. The handicap it imposes on a normal life will vary widely with the nature of the disease and the individual case

Symptoms are no indication of the seri ousness of a heart condition.

Two men may have identical symptoms One man's heart condition may dictate a careful limitation of his activities. The other man may be able to live a normal life span with only slight restrictions on his coas of lange

Medical science during the past few years has made great progress in under



standing the nature of heart disease and in developing new methods of prevention and treatment

Doctors today by proper treatment of theumatic fever in children, prevent many

future cases of heart disease. And doctors can also cure some cases of disease which would have been cons hopeless a few years ago.

There is for instance a kind of lea ease known as subacute bacterial endoci A few years ago doctors were help combatting what was practically alfatal infection. But now through the penicillin, an increasing number of are being successfully treated

Other drugs help your doctor to re the action of an irregular heart and duce the strains that are put upon i

And his modern knowledge of di vitamins, and the prevention of a and acute respiratory infections give other weapons to use against progi heart disease,

SEE YOUR DOCTOR. If at any tim find yourself wondering "Is there thing wrong with my heart? doctor at once.

If he finds your heart in good conan enormous load will be lifted fron mind And if something should be v your doctor a prompt diagnosis and ment give you the best chance for h long and normal life.

Makers of medicines prescribed by physicians





To these advantages may be added the emotional uplift or feeling of well-being which is so ofter encountered in the potient following therapy with "Premarin." This aspect is being favorable commented upon by an increasing number of clinicians.

To permit flexibility of dosage and enable the physician to fit estrogenic therapy to the particula needs of the patient "Premarin is supplied in two potencies."

Tablets of 125 mg — bottles of 20 100 and 1000
Tablets of 0.625 mg — bottles of 100 and 1000
Liquid-containing 0.625 mg in each 4 cc.
(one teaspoonful) — bottles of 120 cc.

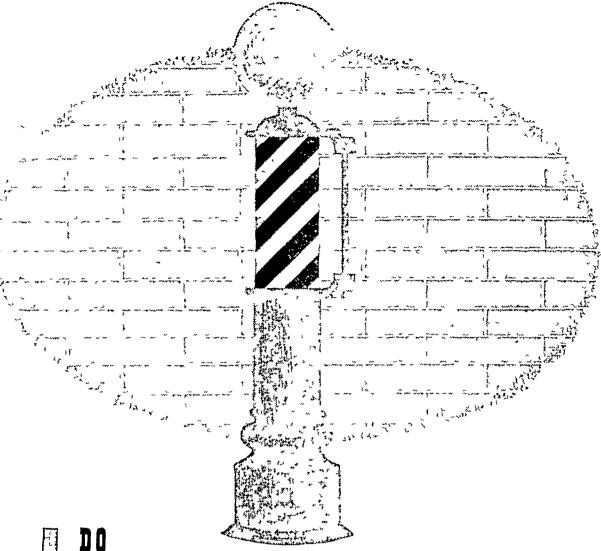


CONJUGATED ESTROGENS
(equine)



Ayerst, McKenna & Harrison Limited

22 EAST 40TH STREET NEW YORK IS, NY



DO
YOU
KNOW
WHAT
THESE
SYMBOLS
STAND
FOR?



REXALL FOR RELIABILITY

The barber pole is a relic of the middle ages, when barbers professed also to be surgeons and dentists. The pole was originally a red staff, wrapped with removable bandages, hung with dental instruments and topped by a brass lathering bowl. Later, as a concession to sanitation (or possibly to prevent theft), bowl, bandages and instruments were replaced by a painted replica.

The familiar blue and white Rexall sign is a modern symbol of superior and dependable pharmacal service. There are more than 10,000 independent, reliable drug stores, conveniently located throughout the country, which display this sign. It assures you of drugs laboratory checked for purity and uniformity under the rigid Rexall system of controls—and of selected pharmacal ability in compounding them.

REXALL DRUG COMPANY

LOS ANGELES, CALIFORNIA

PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS

why Dexedrine is so beneficial in menstrual dysfunction









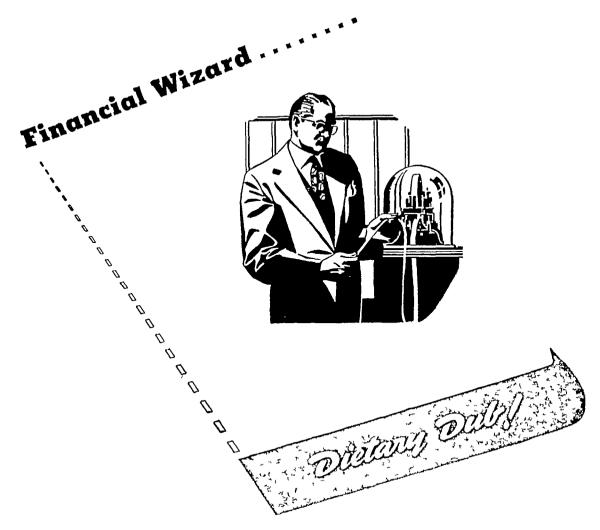
"The Central Nervous Stimulant of Choice"

Dexedrine therapy not only alleviates

the mental depression and psychogenic fatigue which ordinarily accompany dysmenorrhea, but also, through its marked amelioration of mood, beneficially alters the patient's reaction to pain Smith, Kline & French Laboratories Philadelphia, Pa-

Dexedrine Sulfate tablets

(dextro-amphetamine sulfate, S.K.F.)



He may not be one of your patients, but you know his dietary counterparts Men—and women—too deeply immersed in "important" affairs to take time to eat properly With them, scanty breakfasts and hasty, badly balanced lunches are the rule, dinners which fail to compensate for the defects of earlier meals, far from uncommon The in evitable result is an increase in the ranks of the self made victims of borderline vitamin deficiency. You know them the ignorant and indifferent, food faddists, persons on self imposed and badly balanced reducing diets, alcoholics, excessive smokers and many others • You know, too, that

since the bodily reserves of the vitamin B complex group are not large, even in patients whose diets are good, the more frequent results are deficien cies of the B factors • This is one of the three important reasons why we think you will wish to know about Surbex, a pleasant tasting, high potency vitamin B complex tablet. An even more important consideration is that Surbex contains all of the B complex factors in therapeutic amounts. The third reason is the availability of Surbex to your patients through good pharmacies everywhere Remember the name, Surbex Abbott Laboratories, North Chicago, Illinois



EACH TABLET CONTAINS:
Thiamine Hydrochloride, 6 mg; Riboflavin 6 mg;
Nicotinamide, 30 mg, Pyridoxine Hydrochloride 1 mg;
Pantothenic Acid (as calcium pantothenate) 10 mg;
Liver Concentrate * 5 grs
and Brewer's Yeast, Dried, * 2½ grs.
*For other B complex factors.

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THE following VALE products are accepted by the Council on Pharmacy and Chemistry of the American Medical Association

TABLETS THIAMINE HYDROCHLORIDE

1 mg, 3 mg, 5 mg and 10 mg

TABLETS SULFATHIAZOLE 0.5 Gm

TABLETS SULFADIAZINE 0.5 Gm

TABLETS PHENOBARBITAL

16 mg (¼gr), 32 mg (½gr) and 01 Gm. (1½gr)

TABLETS HIACINAMIDE 5

50 mg

TABLETS AMINOPHYLLINE:

0 1 Gm (1½ gr)

0 1 Gm (1½ gr) Enteric Coated Yellow

0.2 Gm (3 gr) Enteric Coated Purple

TABLETS DIETHYLSTILBESTROL

01 mg, 05 mg, and 10 mg

All of these products are supplied in bottles of 100, 500, and 1,000 — and are available through your local pharmacy

THE VALE CHEMICAL CO

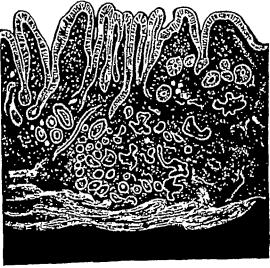
INCORPORATED

Pharmaceuticals

ALLERTOWN

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COLUMAG

REG U S PAT OFF

An efficient medicament for use in neutralizing gastric acidity without causing "rebound" secretion

Indicated:

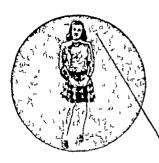
Before the oral administration of penicillin, where rapid reduction of gastric acidity is desired, and in treatment of peptic ulcers

Supplied:

Tablets—bottles of 50 and 100 Liquid — bottles of 1 pint

premo
pharmaceutical
laboratories, inc.

443 BROADWAY NEW YORK, N Y



"Disposed" to Hypochromic Anemia

Nutritional Deficiency





'During growth, pregnancy and menstruation increased intake (of iron) is necessary. If any condition interferes with absorption, there will be a deficiency of iron for the manufacture of hemoglobin. *

The frequency with which in women hypochromic anemia is associated with nutritional deficiencies (promoted by finicky appetite poor absorption gastrointestinal upset) suggests the need for combining hemoglobin regeneration therapy with B-complex reinforcement.

Licuron B—the bi active antianemic—provides folic acid choline and other B complex factors as present in liver augmented by the crystalline vitamins thamine ribofiavin and niacinamide.

Licuron-B acts rapidly to restore hemoglobin to normal while concurrently it raises the patient s nutritional status.

Sugar-coated tablets in bottles of 100 500 1000

*Cocii, R. L. A Textbook of Medicine, Philadelphia, W. B. Saunders Company, 1943, pp. 963-66.

LAKESIDE LABORATORIES, INC., Milwaukee 1, Wisconsin



CLAIMS

VS.

DIFFERENCES

WHAT value have claims of superiority unless there is a difference in formula or process to justify such claims?

Take cigarettes for example

PHILIP MORRIS Cigarettes are <u>made</u> differently In the clinic as well as in the laboratory, the <u>advantages</u> of Philip Morris have been repeatedly observed, repeatedly reported by <u>recognized authorities</u> in leading medical journals Yes, Philip Morris <u>claims</u> superiority <u>and that superiority</u> <u>has been proved</u>*

May we suggest that your patients suffering from irritation of the nose and throat due to smoking change to Philip Morris—the one cigarette proved definitely less irritating



PHILIP MORRIS

PHILIP MORRIS & Co, Ltd, Inc, 119 Fifth Avenue, N Y.

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149 154 Laryngoscope, Jan. 1937, Vol. XLVII. No. 1, 58 60 Proc Soc Exp Biol and Med., 1934, 32, 241 N Y State Journ Med., Vol. 35, 61 35, No. 11, 590 592

TO THE DOCTOR WHO SMOKES A PIPE We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE Made by the same process as used in the manufacture of Philip Morris Cigarettes.



And now Beech-Nut introduces VEGETABLES with BACON

A flavor most babics enjoy

Most babies like the taste of bacon This new Beech Nut food has a pronounced bacon flavor It is a tempting combination of good wholesome foods contributing to a good diet for bables.

Hom it is made

Fine bacon is ground and mixed with choice vegetables. All are then strained, vacuum pressure-cooked and sealed in glass jars for final processing

What it is made of

Water, carrots tomato purée, bacon pota toes, milk, rice, barley, celery, onions, and salt Ingredients listed in order of decreasing amounts



PACKED IN GLASS A most important fact to remember when you recom mend baby foods to mothers

Beech-Nut

Foods for Babies

CONTRACTOR TERMINATED THE MANAGE

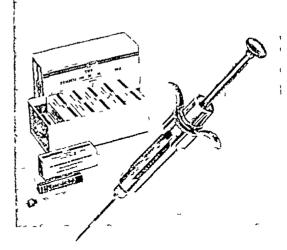
In many varieties of vegetables, meat combinations, soups, desserts and fruits.

PENICILLIN ADMINISTRATION

is safe, simple, and fast with TUBEX®



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NEW YORK STATE JOURNAL OF MEDICINE

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VOLUME 47

MARCH 1 1947

NUMBER 5

Editorial

Important Information for Physicians

Veterans' Medical Service

In this issue on page 510 will be found a highly important report to the 27,000 doctors of this State who are eligible participants in the veterans' medical service care plan. The report contains suggestions regarding procedure to be followed when reporting medical care given to veterans.

The Veterans Administration has made every effort to speed and facilitate the authorization of treatment, has reduced the paper work and "red tape" to a minimum, but can only depend on the doctors rendering the treatment for prompt, correct, and adequate completion of the simplified report forms If these are promptly completed and returned, payment for services rendered will be prompt.

The report tells in detail what to do as well as what not to do Careful reading will aid participating doctors of the State in the avoidance of errors Needless delays will thus be avoided to everybody's satisfaction

A word from the Editors of this JOURNAL to physicians participating in the medical service care plan for veterans' service-connected disabilities

 Service connection must be established by the Veterans Administration before treatment can be authorized (2) After authorization reports must be filed promptly for services rendered (3) Changes in procedure may be made from time to time (4) The Editors will attempt to publish information concerning these changes when they are made, as rapidly as possible for the guidance of participating doctors. (5) It is therefore highly important that all doctors in the State read the editorial section in each issue, and also the special department in the JOURNAL devoted to veterans' medical care Preserve your Journals containing this information.

Read carefully the extensive report The fee schedule will be circulated at a later date

Costs of Illness

Repeatedly in these columns we have commented on the threat to high quality, moderately priced, modern medical service which is inherent in the increasing unionization of the nonmedical ancillary services ¹

The continuity and cost both direct and indirect of these nonmedical but essential supportive services are vital. Their continuity is the life line of the helpless sick, their cost is the largest item entering into the complex thing that is modern medical service. Professional medical fees are a relatively minor item.

It is doubtful whether the public, even when it is economy minded, troubles to analyze carefully the thing it refers to broadly as "medical care" Because the public does not usually dissect carefully the phrases it employs, there is created an assumption that "medical care" refers to the professional medical services of doctors and This assumption is confirmed by the motion picture industry when it depicts operating rooms, hospital scenes, and the like Only doctors and nurses are portrayed Seldom if ever in their professional roles is the motion picture audience aware that in addition to the medical professional personnel (doctors and nurses) there is the vast army of the nonprofessionals the suppliers, the builders, the engineers, the electricians, elevator operators, building service employees, clerical help, technicians of all kinds, whose services are essential to the actual, if not to the pictorial production of "medical care" in its modern meaning

This nonprofessional army is not restrained by professional ideology, but is motivated by economic necessity to adopt modern methods of collective bargaining in dealing with its various employers employers are not the doctors and nurses except in rather isolated instances Nor have the doctors or the nurses for that matter any control over the working conditions, wages or other possible matters of dispute between the employers and the employed matter of fact, the scene of the disturbance² may be remote from any location directly related to the popular conception of a place where "medical care" is rendered The effect on the continuity of medical service of work stoppages by nonprofessional groups either local or remote may be profound. Also the cost of medical service will reflect rising labor costs in the ancillary or nonprofessional services, while professional fees or salaries remain at nearly the same levels

The educational program of the medical profession has been inadequate if not entirely neglectful of discussion for the information of the public, of the components of "medical care," and their relative effects on the continuity and costs of modern medical service. It is time now to analyze these carefully and to present the facts. If this is not done it is highly probable that in the public mind the rising costs of "medical care" will be laid at the door of the professional component, since the term "medical" is associated in most peoples' minds only with doctors and nurses.

The Importance of the General Practitioner

We have just read an article in the Wisconsin State Medical Journal under the title "Is Overspecialisation a Threat?"

Our answer is an unqualified "Yes"

We happen to be a Diplomate of a Speciality Board so that the remarks that follow may be accepted as coming from one looking from the inside out, and not, enviously, from the outside in

The article is so good and the questions it poses of such general interest that we should like to have it reprinted in full. Unfortunately, this is not possible because of the paper situation

But with or without the complete text we

¹ Aug 1, 1946, p 1687, Sept 1, p 1912, Sept 15, p 2024

¹ Work stoppages, slow down strike jurisdictional controversy or walk-out

¹ Dawson, C A. Wisconsin Med J 45 1045 (Nov) 1946

feel that in this article there are certain generalities that we may present for our readers' thoughtful consideration

- 1 A doctor is (should be) a person who can look upon an ailing human being and, with the advantages of a more or less standardized education, make a fairly good guess at what is the matter with him
- 2 In the history of any profession or trade there have always been outstanding individuals who attracted followers because there was no dispute whatever as to their superior ability. Such men were allowed scope for their genius because no authority could keep the public from them.

They drew to themselves disciples, and disciples drew to themselves disciples, and as generation followed generation the individual strain of the original genius petered out. When that happened the anemic survivors began to gather together for mutual protection into "schools" Thus we have today those hornd survivals of Mediaevalism—"do you belong to the London, the Edmburgh, the Dublin, the Paris, the Vienna, the Berlin, the Mayo, the New York, the California School?"

- 3 Every closed organization exists because of the instincts of the insecure to put a fence around themselves for the purpose of keeping out people of whom they are afraid. We used to think that clubs existed for the purpose of making their members happy. After some experience with such organizations, we now believe that they sometimes achieve the purpose of making those who do not belong to them unhappy. No doubt there is also an opportunity afforded for self glorification.
- 4 We believe that organizations such as the American College of Surgeons and the various Speciality Boards were founded in the sincere desire to prevent the unskilled from preying on the general public
- 5 We believe that they had not long existed before the general practitioner began to see the tremendous professional, social, and financial advantages that might accrue to him could be crash their barriers. We believe that it was not long before their barriers were, and have been since, increasingly crashed
 - 6 We do not believe that any such Board

of Examiners, however admirable and impartial, can properly judge of the qualifications of candidates proposed to them by necessarily biased proposers and seconders. Any examinations candidates may take are futile. Any examination may be passed by a well-coached man with a good memory. No examination will disclose the answer to the all important question "Has this man any sense?"

We know that Sir James Paget and Sir Astley Cooper could no more pass an examination to become a Diplomate of the American Board of Surgery than they could fly, yet how much happler should we feel in their hands than in those trained in the latest wrinkle of that branch of carpentry

Time was when the qualifications of a doctor were judged by his peers in his own community. If a man were a good surgeon he needed no more certification than the esteem of his community and his fellow practitioners.

Time was when if a man felt himself unqualified to do an operation he would say so and we think he lost the respect of no man by so doing. Time was if help was far away or not available at all and he knew that if he did not operate that the patient would due he would explain that at the best his unskilled hands could do no more than hasten the inevitable doom and very often such a man would save the patient. As the news of his skill at some particular operation, and the fame of his courage and skill spread, he might eventually find himself a specialist

But, before everything, such a man was a doctor We are profoundly depressed by what we read and hear of doctors rushing out of the Army into specialities because they think there is more money to be made that way

As the years roll by we may become more and more uncertain as to the dignities and rewards of the medical profession. We did not go into it because we wanted to make money

We acknowledge the necessity for special ists. We are one ourself and we call on others all the time.

But we insist that the crying need is for doctors. A doctor is a man who can deal with emergencies himself. A doctor is a man

who looks at another man's wife's face and explains to an Industrial Court why that particular man never got over his backache A doctor is either a married man or one who has grown up in such a household that he is just as well acquainted with the ordinary burdens of life as any of his patients are A doctor is a whole man, if any whole man still exists, who can look at his patient as a whole man and make a fair estimate of his condition

As he talks to him, examines him, "sizes him up," as we used to say, he will gradually come to the conclusion that one part of that man is much further out of whack than the rest of him. If the man's eyes, kidneys, heart, spine, or whatever it may be is obviously the presenting abnormality and so abnormal as to be beyond his skill, he will then send the patient to a

specialist with a full history of the patient Under such circumstances the chances are that the patient will get good treatment at small cost and, what is most important, will not, after making the rounds of specialist after specialist return to his home penniless and distracted, convinced that he is a collection of disassociated parts, none of which is functioning very well and which he is quite sure will never again become harmoniously associated

The general practioner is not a man who has spent his life in the cloistered pedagogy of full-time medicine, where the professors have nothing to do but hand down their wisdom to their inferiors

We are 100 per cent behind the general practioner who, second, knows what he knows, and first knows what he doesn't know

The Common Man

The "Common Man" is a popular phrase these days, much mouthed by phrase makers and their ilk What does the term mean? The hireling of any sort, the agricultural laborer, the migrant worker—to go back a short eighty-three years, the slave?

He is the man whom certain of the master minds of our present government think they can conciliate, wheedle, spoil, or bully into voting them into power year after year

Their philosophy, it seems to us—if they may be permitted to dignify their doctrine of expediency by that title—displays a complete distrust of humanity—That in order to gain "security" the "Common Man" is willing to take from the rich as much as the tax law will give him, providing he doesn't mind acknowledging that he is poor and quite willing to be the complacent recipient of bounty

In the old days, when party lines were sharply classified between the rich and the poor, Robin Hood frankly stole from the rich and gave to the poor. He undoubtedly felt himself to be the first champion of the "Common Man". But there was no nonsense about what he was doing. He and everybody else called it stealing. Though Robin Hood was a popular character we doubt very much, even in those bad old days in England, that the poor man thought of himself as the

"Common Man" The archers who won the battle of Agincourt may have been known as "villeins" but they were not common

When Hampden and Cromwell rose in the House of Commons to assert their rights they did not think of themselves or of those they represented as "Common Men" When they persuaded their constituents to such an assertion of their powers as cutting off their King's head they did not think of themselves as common

If you have any trace of faith in the doctrine of Democracy you cannot afford to think of any man as common. The slave, whom many Southerners resented as an intolerable burden, was certainly the "Common Man" But even the slaves resented the title and were not content with their security. In their dark African minds they knew that no man dependent on another is a man. And they were continually running away even from their kindest masters to prove it. Some of them, at least, wished to be responsible for their own selves and their own families.

In a democracy we can think of nothing more debasing than self-styled Representatives of the People talking down from their self-erected thrones about, and to, the "Common Man" The moment that we abandon ourselves and look to our Government to shoulder our individual responsibilities, to make us secure from cradle to grave, to provide for us and our dependents in health and in sickness, in youth and old age, we are relinquishing the only quality on which man may pride himself—his dignity

Incidentally, we blushingly enquire, upon what ment do these Representatives of the People feed, that they are grown so great? Are they not human beings like ourselves?

If you prick them do they not bleed? If there are those in these United States sufficiently deluded to believe in Government with a capital G we say to them "Si monumentum requiris, circumspice" The Wagner Act—strikes—strikes—strikes

This is not a political speech, out of place in a medical journal. It is a reminder to doctors and through them to the people, that under a democratic form of government those who rely on others and not on them selves for sustenance will not long endure

Current Editorial Comment

Fatal Aplastic Anemia Following Use of Tridione Recent medical literature contains two reports, each describing the rapid development of fatal aplastic anemia in a woman with epilepsy treated over a consid erable period of time with tridione. In each case the anemia was progressive, apparently irreversible, and not responsive to any form of treatment Tridione (3,5,5-Trimethyloxazolidine-2,4-dione, Abbott) has recently been made available for general prescription It has been found beneficial in the treatment of convulsive disorders including epilepsy, its most dramatic effects being observed in petit mal of childhood. Its toxic manifestations previously reported were few, and included relatively unimportant skin rashes, hemeralopia (visual sensitivity to bright light), nausea, drowsmess, lightheadedness, and disturbances of color vision

The fatal case of aplastic anemia reported by Francis F Harrison et al 1 had received tridione and dilantin (methylphenylethyl hydantom) each in doses of 0.1 Gm. three times daily for a period of six months. On admission to the hospital, the 16-year-old girl had pallor, palpable posterior cervical lymph glands, a few petcahial hemorrhages and ecchymotic areas in the skin, and three small necrotic areas in the mouth essential laboratory finding was the evident pancytopenia" hemoglobin 76 Gm per cent, red cells 3,100,000, and a leukocyte ∞unt of 1,000 The differential count showed polymorphonuclears 5 per cent, lymphocytes 89 per cent, monocytes 5 per cent, and eosmophils 1 per cent The platelet count was 42,000, bleeding time was over fifteen minutes, capillary clotting time ten minutes, sedimentation rate 56 mm. per

hour, hematocrit 25 per cent, and the cor-

rected rate 22 mm per hour. The patient was treated with penicillin streptomycin, pentinucleotide, crude liver extract, folic acid, and blood transfusions. A persistent menorrhagia, developing on the sixth hospital day, could be controlled only temporarily by repeated uterine packing. An infection followed, resulting in death of

the patient on the thirty-eighth hospital day
The autopsy showed the ribs to be like
dried honeycomb and devoid of marrow
The fat of the sternum and midfemur showed
only the "barest suggestion of hemopoietic
tissue" The cellularity and redness of the
marrow of the first lumbar vertebra was
about 50 per cent of normal

The fatal case of aplastic anemia reported by Mackay and Gottstein² was that of a woman 23 years old who during the previous ten months had received no drug except tridione and phenobarbital. The latter had been administered to the patient for nineteen years without apparent ill effects. The dose had varied but was usually 4 grams daily The dose of tridione during the ten month period had varied from 0.9 to 1.5 Gm, daily

On admission to the hospital, the patient compliance of headache, vomiting, general weakness, and fatigue. Her skin was pale, face puffy, there was a large retinal hemor rhage and several purpure spots in the skin. The hemoglobin was 48 Gm per cent, red cells 1,550,000, leukocytes 4,250 of which 79 per cent were lymphocytes and 15 per cent neutrophils. The platelet count was 17,050, coagulation time four minutes, and the bleeding time was indefinitely prolonged.

The treatment with tridione was discontinued In addition to the anticonvulsants

¹ Harrison, Francis F., et el.: J.A.M.A. 132, 11 (Sept. 7) 1946.

³ Maskay Roland P and Gottstein, Werner K.: J.A.M.A. 132:12 (Sept. 7) 1945.

(phenobarbital and biomides), the patient received liver extract, lextron (liver and iron capsules), ascorbic acid, folic acid, penicillin, and blood transfusions which caused increasingly severe febrile reactions. No form of treatment was beneficial, the course of the disease being rapid and overwhelming. She died on the twelfth hospital day, with a temperature of 107 4 F, pulse 148, and respiration 52

At necropsy the one general finding was hemorrhages throughout the body—subserous, submucous, and petechial—involving the organs of the digestive, respiratory, and genitourinary systems. A striking difference between the postmortem findings in these two cases is that in the 16-year-old girl, who had received smaller doses of tridione, the outstanding effect was on the bone marrow, while in the 23-year-old woman, who had received larger doses of tridione, "the bone marrow was not affected"

Mackay and Gottstein point out the interesting fact of the similarity of the chemical structural formula of tridione and aminopyrine known to have a destructive effect on leukocytes. Both tridione and aminopyrine contain a pentagonal ring with a carbonyl group at the same position in the molecule of each

In view of the facts presented in these two clinical reports on the toxicity of tridione. particularly on the hematopoietic system, it is well to restrict the sale of this popular drug to those for whom it is prescribed by a physi-And physicians should avoid giving it to patients with blood dyscrasias and to those whose convulsive disorders can be controlled by the use of drugs that are less dangerous It is hoped that further research on tridione will result in elucidating its metabolism in the body, in reliable clinical laboratory tests to indicate the approach of danger, and, perhaps, in alterations of its structural formula to reduce its toxicity and increase its therapeutic efficiency

The Rich Report At the meeting of the House of Delegates of the American Medical Association held in Chicago, in December, 1945, the Board of Trustees announced to the House of Delegates that it had employed a public relations counsel to survey the work of the American Medical Association in its relationships to the medical profession and the public The Raymond Rich Associates were employed for the purpose and

spent almost six months in an intensive study of the activities of the Association in its headquarters office and in sampling opinion from a variety of sources as to the public concept of the work of the Association in advancing the progress of medical science, in rendering medical service, and in exercising leadership in the medical field

Some misapprehension was expressed at the San Francisco session over the fact that the Board of Trustees did not at that time present to the House of Delegates the complete text of the Rich The portion which was presented to the report House of Delegates dealt with certain actions already in progress, to which the Board of Trustees had given careful consideration recommendations of the Board of Trustees were at that time accepted by the House of Delegates They included as their prime objective the establishment in the headquarters office of a division of public relations under a full-time, salaried public relations counsel, intensification of the activities of the Council on Medical Service leading toward prompt fulfillment of the desire to set up throughout the nation voluntary systems of prepayment against the costs of sickness which would cover vast numbers of people, and extension through the Journal and Hygera to the medical profession and the public of information regarding the progress of medical science and its good for the American people, with special emphasis on the celebration in 1947 of the one hundredth anniversary of the American Medical Association

Although the time has been short since the meeting in San Francisco during the first week of July, the Board of Trustees has already taken the necessary steps toward expansion of Hygeia, both in make-up and in circulation, toward expanding the radio program of the American Medical Association on a considerable scale, and toward a crowning celebration of the Centennial at the meeting in Atlantic City in June, 1947 The Council on Medical Service has intensified its efforts toward the extension of voluntary prepayment plans and has reported a rapid rise in the enrollment of people in such plans ferences have been held with representatives of nonprofit as well as of private insurance plans, and the establishment of acceptable standards is well under way The Board of Trustees in a meeting just completed has authorized the retaining of Raymond Rich Associates as a public relations counsel, as well as the employment of a full-time officer for this purpose in the headquarters office, with a budget adequate to the needs of the Association

¹ J A M A Vol 132 No 4 Sept 28 1946 p 214

THE OPERATION OF PORTACAVAL ANASTOMOSIS INDICATIONS, REPORT OF CASES

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(From the Department of Surgery of the Presbyterian Hospital)

HE principle of establishing portacaval A shunts to effect a reduction of blood pressure in the portal system in cases of portal hypertension is a sound one The first portacaval anastomous was performed in 1877 by Von Eck, a Russian physiologist. His operation upon dogs, anastomoung the portal vein to the vens cave, side to side became widely known as the Eck fistula

Surgeons early recognized the rationale of employing the Eck fistula to alleviate portal hypertension although we could find in the literature only a few reports of its attempted use. There were, no doubt, operations performed that were never reported I, myself, in 1930 performed a side-to-side suture anastomous of the ileocolic vein to the vena cava in a case of cirrhosis of the liver The anastomosis promptly became occluded by thrombus. In 1942 Drs Allen O Whipple and Louis M. Rousselot performed a su ture anastomosis between a large branch of the superior mesenteric vein and the spermatic vein. The anastomosis became occluded.

These two failures and the poor results reported in the literature are convincing evidence that suture anastomoses for the establishment of porta caval shunts have failed too frequently to make it clinically practical.

Surgeons interested in vascular surgery are cog nisant of the fact that greater precision in intuma coaptation is required for the successful anastomosus of veins than is necessary to the success of ar terial anastomosis. It seems likely that the varied technical difficulties, madequate exposure, etc., regularly encountered in the performance of por tacaval shunts will always preclude the certainty of accurate placement of each statch so necessary for a perfect intima to intima coaptation of the vein walls. The above uncertainties, inseparable from the suture technic, prompted Dr Whipple and me to try a nonsuture technic employing vi tallium tubes in the establishment of portacaval shunts. The outstanding feature of the nonsuture method of blood vessel anastomosis is that it af fords a broad intima to intima coaptation of the vessel walls without an intervening foreign body suture. The nonsuture method had proved highly successful in your graft bridging of arterial defects

Method

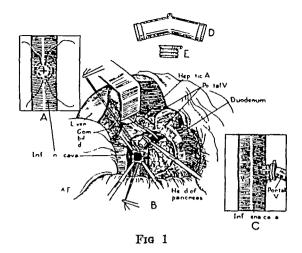
Vitallium a nonirritating alloy, is molded into tubes varying from 5 to 12 mm in diameter The type of tube adopted for use in the performance of portacaval shunts is slightly funneled at one end upon which is placed a holding tab. 2 and 4 mm, respectively, from the other end of the tube are two tving (holding) ridges.

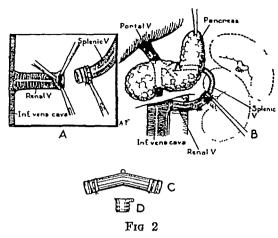
To perform the anastomosis, the portal vein is ligated and sectioned close to the liver (Fig. 1) The end of the vein is passed through the funnel end of a proper sized vitallium tube and everted (cuffed) over the other end well above the proxi mal tying ridge on the tube. The vein is then secured upon the tube by a ligature of 3 zero dek natel silk placed proximal to the tying ridge. The vens cave is next mobilized from the renal veins to the undersurface of the liver. A comfortable site on the anterior surface of the vena cava is selected for the anastomous. A purse string of zero deknatel silk is introduced and the vena cava promptly occluded above and below the purse string with rubber shod clamps. A cruciate inci sion, sufficiently large to admit the tube is made in the vena cava within the purse-string area and the tube bearing the everted portal vein is promptly inserted into the opening. Finally, the purse string is tied tightly around the tube proxi mal to the distal tying ridge, thus completing the end to-side ansatomosis.

A splenorenal portacaval shunt may be effected by removing the spleen and left kidney (Fig. 2) The stump of the splenic vein is mounted on a vitallium tube and the latter is introduced into the stump of the renal vein. These anastomoses afford intima to intima contact only and can be performed considerably quicker than suture anestomoses.

The question very properly may be asked at this point what chance has a portacaval anastomosts remaining permanently open though the anastomosis be done in an ideal mannernamely intima to intima approximation? The answer to this question is that there is a very ex cellent chance of a portacaval anastomosis re maining patent when performed in the presence of portal hypertension. It must be remembered that in cases of portal hypertension the pressure 13 3 to 5 times greater than normal The establishment of a portacaval shunt under these conditions connects a high pressure portal circuit with

Presented at the 140th Annual Meeting of the Medical Sociaty of the State of New York, Section on Surgery May 3 1946





a low pressure caval system The result is an extreme increase in the rate of blood flow through the portacaval shunt which, in turn, helps to prevent the initiation of thrombus at the site of the anastomosis. In the above respect, portacaval shunts are similar to arteriovenous fistulae although the pressure differences are of a greater magnitude in the latter. All are aware of the tendency of traumatic arteriovenous fistulas to remain permanently patent even though they be caused by blunt missiles, e.g., bullets

The importance of a high pressure differential between the portal and caval systems as it affects the sustained patency of portacaval shuntsis borne out by the following experimental observation. In dogs a side-to-side anastomosis of the portal vein to the vena cava is prone to close off after a matter of weeks. If, on the other hand, one increases the rate and volume of blood flow through the anastomosis by ligating the portal vein between the fistula and the liver, the anastomosis will remain open permanently.

Clinically, portal hypertension may be classified in accordance with the location of the obstruction in the portal system The obstruction may be intrahepatic due to portal cirrhosis or extrahepatic with a normal liver The most common site of extrahepatic portal obstruction is in the portal vein The cause of the obstruction may be cavernomatous transformation or atresia The spleme vein is a less common site of obstruc-If the coronary vein should join the splenic vein distal to the site of obstruction in the splenic vein there results, in addition to congestive splenomegaly, hypertension in the branches of the These cases of extrahepatic coronary vein portal bed block are commonly referred to as Banti's syndrome Hypertension in the coronary

system of veins with resulting esophageal varices is a common finding in Banti's disease

Venous pressure readings, taken at the operating table, are an indispensable aid in localizing the site of obstruction in the portal system in cases of Banti's disease If the liver appears normal, e g, an elevated pressure reading taken from a known branch of the superior mesenteric vein signifies obstruction in the portal vein itself The obstruction may be due to atresia or cavernomatous transformation If, on the other hand, the pressure is normal a second pressure reading must be taken, this time from a known branch of the coronary vein If the coronary vein pressure is elevated in a case having a normal pressure in the superior mesenteric vein, the proof is absolute that the coronary vein joins the splenic vein at a point distal to an obstruction in the splenic On the other hand, one does see cases of congestive splenomegaly in which pressure readings from the superior mesenteric and coronary veins are entirely normal In such cases the obstructive site is in the splenic vein but at a position distal to the junction of the coronary vein Or, as is so often the case, the coronary vein may join the portal vein and thus be unaffected by an obstruction in the splenic vein I wish to emphasize at this point that carefully taken venous pressure readings afford the only positive guide to the site of obstruction in cases of extrahepatic portal block Knowing the site of obstruction is essential to determine the correct surgical procedure in a given case

It has long been known that the removal of a congested spleen fails to effect favorably portal hypertension due to cirrhosis of the liver Observations have also been made to show that splenectomy fails in the majority of cases of con-

gestive splenomegaly due to extrahepatic portal block. And, finally, we know that splenectomy alone is indicated only in those few cases of congestive splenomegaly with obstruction in the splenic vein in which the coronary vein pressure is normal

In view of the above facts then, it is obvious that a surgical procedure which will reduce pressure in the coronary van and other portal radicals is indicated in the vast majority of cases of congestive splenomegaly i.e., some type of portacaval shunt is the rational procedure

The portal vein to venn cava and splene vein to renal vein are the logical vessels concerned in the establishment of portacaval shunts. It so happens that in cases of portal hypertension due to extrahepatic portal block the portal vein but rarely can be used to effect an anastomesis. This leaves us entirely dependent upon the splenorenal shunt of relief except in the relatively few cases having splene vein obstruction with normal coronary vein pressures in which splenectomy alone will suffice.

Herein lies the importance of correctly diagnosing the site of obstruction at the operating table and being prepared to proceed with a splenorenal anastomesis when indicated immediately

following splenectomy

It is reasonable to assume that thrombosis of the splenic vein stump frequently takes place following splenectomy and the chances of using the vein stump to effect an anastomosis at a second operation are not good

We have explored 8 of these unfortunate cases which had had previous splenectomies, and in only 4 cases the splenic vein stump was

patent.

If a surgeon is in doubt about the site of obstruction in a given case, or is unprepared to undertake a portacaval shunt operation at the time, he should, under no circumstances, jeopardize the patient's future by performing a splenectomy alone. To do so would destroy the one best vein available for the performance of a portacaval shunt.

Indications for Portacaval Anastomosis

The indications and use of the splenorenal shunt for the relief of portal hyportension due to extrahepatic portal block have been discussed in detail Removal of the spleen alone is indicated only when carefully made pressure readings on a branch of the superior mesenteric and coronary veins prove normal

Episodes of massive hemorrhage and recurring ascites are so much a part of the clinical picture of portal cirrhosis of the liver as to make anyone at first thought, to view with outstanding favor any operation which affords a prespect of reducing the portal pressure. On the other hand, the surgeon upon whom the responsibility rests of deciding that a portacaval shunt is indicated in a given case must exercise excellent judgment if calamity is to be avoided

It is the surgeon's duty to evaluate accurately the role (if any) of portal hypertension as the causal factor of hemorrhage or ascites in a given case of cirrhous under consideration for porta caval anastomosis. It is now known that epi sodes of hemorrhage and/or ascites may occur in cases of portal cirrhous with little, if any, clovation of the portal pressure.

To illustrate A short while ago it was our pleasure to admit to the hospital for study the wife of a Boston physician. Cirrhosis of the liver was first discovered in this case at the time of a hysterectomy operation for unexplained uterine bleeding. Liver chemistry studies at the time revealed a high prothrombin time and otherwise badly depressed liver function At this time there were no esophageal varices demonstrable by x ray During the ensuing months the patient's appetite and nutrition failed when suddenly in July, 1045 she suffered a massive hematemesis. During the next five months, until December are episodes of hemorrhage occurred, The hemorrhage attacks became so prolonged as to require continuous hospitalization of the patient for five months. Since the cessation of her last bleeding attack in December however the patient sannetite has improved with the intake of increasing amounts of protein. She was admitted to the Presbyterian Hospital for study and consideration of a porta caval anastomosis operation in April. Examina tion on admission revealed the patient to be in a good state of nutrition. The liver was hard and enlarged moderately The spleen was not palpable. There was no ascites present. The superficial abdominal veins were not appreciably distended but x ray studies revealed questionable small esophageal varices upon carrying out Valsalva s experiment The total blood proteins were normal including the albumin-globulm ratio The bromsulfalem test showed slight impairment of liver function and the prothrombin time was thirty seconds.

A review of this case reveals quite clearly that the initial bleeding from the uterus in this case was due to the lack of prothrombin, a result of severe liver damage. Absence of demonstrable ecophageal vareces during the ensuing attacks of hematemesis make it seem likely that the high prothrombin time continued as the primary cause though the presence of some perportal fibrosis must be conceded.

We did not perform a portacaval anastomosis on this patient during this hospital admission for the following reasons. (1) It is our opinion that the uterine bleeding and subsequent episodes of hematemens in this patient were primarily due to a deficient production of prothrombin on the part of the liver. There is evidence of progressive improvement in this liver function during the past three months (2) There has been marked improvement in the patient's appetite and nutrition on a regimen of high protein and carbohydrate intake, liver extract injections, and large doses of vitamin B-complex

We realize that this patient will, in all probability, hemorrhage again. But if her liver function in the formation of prothrombin continues to improve to normal, we will know, if she does hemorrhage, it will be solely on the basis of a progression of her portal hypertension. Under the above circumstances, the indication for a portacaval shunt operation would be clear-out.

A somewhat similar case to the above is that of a 17-year-old girl whom we sent back to Minneapolis This girl gave a three months' without operation history of anorexia and weakness On examination she was found to have a palpable, hard liver, a very large spleen, and ascites. She was jaundiced and extremely pale. There were no prominent abdominal veins or any esophageal varices demonstrable on Though she gave no history of bleeding other than menorrhagia, during three of her four weeks' stay in the hospital, the stools were guarac positive Her prothrombin time was in the high fifties and the rest of her liver function studies equally bad, including a reversal of the albumin-globulin ratio

During her four weeks' stay in the hospital she was given two transfusions. After three weeks on a high protein, carbohydrate diet, liver extract injections, and brewers' yeast her appetite began to improve and the ascites disappeared. The stool examinations became guaiac negative. At the time of discharge from the hospital her blood proteins had returned to normal and the prothrombin time had decreased remarkably.

We did not perform a portacaval shunt operation on this girl for the following reasons (1) She had a short history of onset and marked response to conservative therapy, (2) We considered her bleeding to be on the basis of a prothrombin deficiency due to liver damage rather than explain it on the basis of portal hypertension. Likewise, we considered her ascites to be associated with her low proteins, because of its prompt disappearance with improvement of the blood proteins, rather than attribute it to portal hypertension.

Comment

These two patients, both of whose lives had been threatened by hemorrhage, constituted a test in judgment concerning the employment of the portacaval operation. It would not have been a serious error in judgment to have operated upon the first case. She had evidence of portal hypertension. Her prothrombin time was only slightly elevated and her general condition was good. She would have tolerated the operation well. The second case, on the other hand, would amost certainly have died should she have been operated upon

It is well to emphasize at this point that there are many cases of portal cirrhosis of the liver which

do bleed severely, primarily because of an extreme elevation of the portal tension. The bleeding point is most frequently from esophageal vessels and the episode is often initiated following a cough, sneeze, or any type of effort that suddenly increases intrathoracic pressure. In such cases there is likely to have been a long history of cirrhosis and the prothrombin time may be but slightly, if any, elevated

The bleeding episode may be quickly fatal Others may be controlled for a time with multiple transfusions during which some evaluation of the liver status may be determined. There are occasional cases with persistent bleeding in which one feels compelled, with the aid of massive transfusions, to carry out a shunt operation as a lifesaving measure—such has been the case with three patients in our series all of whom fortunately survived.

Under what conditions should ascites be considered an indication for the establishment of a portacaval shunt? This question may also be best answered by citing the following cases

In late January, 1946, a 49-year-old man with ascites due to alcoholic cirrhosis of the liver was admitted for operative consideration had been under the care of an excellent internist and was thoroughly studied at the Lakeside Hospital of Cleveland For four months he had followed an excellent medical regimen for cirrhosis of the liver without any apparent beneficial effect upon the ascites However, upon his admission to the Presbyterian Hospital he volunteered the information that he believed his ascites was less, although the time for paracentesis was a week overdue The patient's observation proved correct, during the ensuing several weeks the ascites disappeared A four months' liver regimen had effected a turning point in his ascites just at the time a portacaval shunt operation was under serious consideration Ascites over a five months' period, because of the large amount of fluid formed, had constituted a great handicap to this man He had been unable to work and was most anxious to have a portacaval shunt operation the patient's liver was hard and nodular and the bromsulfalein excretion was below normal, we advised against operation at this time for the following (1) There had been no episodes of bleedreasons ing (2) His total blood proteins were normal with a normal albumin-globulin ratio The improvement of this patient's protein values in comparison with a previous study at the Lakeside Hospital plus the disappearance of his ascites lead us to conclude that portal hypertension was not an important factor in this case at this time

It must be kept in mind, however, that in spite of the excellent response to a dietary regimen in the above case periportal fibrosis may continue and, in time, a portal hypertension of such magnitude develop to cause a recurrence of the ascites

The following case well illustrates this point A 55-year-old.woman, having a long alcoholic history, in January, 1945, began to have anorexia and weakness,

TABLE 1 -PROTRIES

				I	reoperativ			ostoperati	V0
Cases	Age	Sex		Total Proteins	Albumin	Globulin	Total Proteims	Albumin	Globuln
1 2	47	M	Esophageal varices, apisnorenal shunt Esophageal varices Eck fistula	6 6 7 8 8 1	2 9 4 3 3 0	3 7 3 5 4 2	7 1 5 6 6 6	3 6 3 4 4 1	3 0 2 2 2 5
:	5	F	Ascites esophageal varices, splenorenal abunt	8 0* 8 2	4 1 4 5	3 9 3 7	6 1 7 4 7 2 7 3	3 8 3 5 3 7 4 1	2 4 3 9 3 5 3 1
4	28	И	Esophageal varices Eck fistula vein graft	8.5	a 3	5 2	7 3 6 0 7 1 7 9 8 8 6 2	3 8 2 6 2 4 2 2 (1 5)	3 5 4 3 4 7 5 7 6 3 4 7
5	43	F	Ascites, esophageal rarices plenorenal hunt	7.5	3 5	4 0	7 4 6 2 6 8	2 2 3 5 2 6	5 1 3 7 4 2
	55	M	Esophagest varices Splenorenal shunt	5 7 7 1 6 4	3 2 3 8 3 5	2 5 3 3	6 5 8 4 7 2 5 8	2 6 3 7 4 1 3 1	3 0 2 7 3 1 2 7
7	49	М	Ascitos Lek fistula	5 3	2 3	3 0	5 5 5 0 5 4	3 6	2 8 2 3 2 8
8	58	M	Ascites, Lek fiatula	5 2	2 U	2 3	5 7 4 5 4 9 4 7 5 0 5 0	3 1 2 5 3 9 1 9 2 9 2 9	2 6 2 0 2 4 2 0 3 1 3 0 2 8
							5 0	3 0	3 2 2 5

^{*} Numbers below rules indicate averages.

followed in a few weeks by the appearance of ascites. She was hospitalized and a thorough liver chemistry study made. The total blood proteins were low and the albumin-globulin ratio reversed The bromsulfa lein and other liver function tests revealed scrious impairment of liver function The liver was hard and greatly enlarged X rays of the esophagus revealed no various. The patient was placed upon a Patek liver regimen and after a few weeks her appetite and strength began to improve The ascites more gradually disappeared as her blood proteins rose. Through the summer months the patient was in excellent condition and free of ascites. Although her appetite nutrition, and strength remained excel lent, in October the patient began to develop ascites A study of the blood proteins at this time revealed them to be excellent, however and the liver function tests better than before. The liver had shrunk con siderably over a six months' period From October through December the ascites became worse requir ing paracentesis of increasing frequency Evidence of increased portal pressure was observed for the first time with x ray demonstration of esophageal varices. In the early months of 1946 whereas the patient's appetite remained good she could not eat adequately at any one feeding on account of the ascites. Although it was demonstrated that this pa tient a liver could make albumin in normal amounts, the ascitic fluid contained a fair percentage of protein and the removal of large quantities at five-day intervals finally began to lower her total blood proteins and spell her doom. The recurrence of ascites in this case paralleled the development of evidences of severe portal hypertensian. Therefore, this patients one and only chance of survival rested upon the successful control of her accites.

The lesson we learn from this case is that the patient became doomed to die not through liver insufficiency but from a wasting ascites due to portal hypertension. I am told by a prominent internist, who heads one of the largest medical services in the country, that wasting ascites is the predisposing factor leading to death in the majority of cirrhotic cases.

Observations and Statistical Results

The modern medical and dietary regimen will often do wonders in reviving a damaged liver in varying degrees of decompensation. A sustained improvement in liver function may result. On the other hand, there is no reason to necessarily expect that such a regimen will affect fibrotic contraction of the liver or periportal fibrosis. These are pathologic processes of a predetermined course based on damage already done

The subject of indications for portacaval shunt in cases of portal curhosis may be summarized and clarified by classifying cases of cirrhosis in three groups as follows *Group I*, cases in which ascites or a tendency to hemorrhage is based on the inability of the damaged liver to form albumin or prothrombin in adequate amounts. Portacaval anastomosis is not indicated in this group

TABLE 2-Percentage of Die Excreted after 30
Minutes

MINUTES				
Cases	Pre- operative Percentage	Post- operative, Percentage		
3	10	5 10 		
1 5	70 60 (Serum bilirubin 15 mg %)	38 65 (S B 25 mg %)		
	45	10 30 — 20		
4 6	42 20 (Serum bilirubin 3 5 mg %)	40 22 (S B 10 mg %)		
	2 2 2 4 707	25 35		
	35 (Serum bilirubin 4 mg %)	27 35 (S B 3 mg %)		
	1 116 /01	20 (S B 3 mg %) 27 (S B 3 mg %) 61 No jaundice 55 No jaundice 39		

^{*} Numbers below rules indicate averages

Group 2, cases of cirrhosis in which the liver function is adequate to furnish the required amount of protein and prothrombin but as a result of fibrotic contraction and periportal fibrosis a severe degree of portal hypertension has supervened Wasting ascites and severe hemorrhage can be controlled in this group by the portacaval shunt Group 3, cases of cirrhosis having varying degrees of depressed liver function plus evidence of considerable elevation of the portal pressure Such cases are candidates for the portacaval shunt operation, but the question is when? It is our present policy to study the individual case with exceeding care whenever possible over a sufficient period of time to become thoroughly familiar with the behavior of the liver before bringing the case to operation This is always possible in cases which are not subject to recurring hemorrhages The idea is to improve liver functions to its maximum, employing a comprehensive liver regimen energetically applied for as long a period as necessary

Portacaval anastomosis has been accomplished by us in 17 patients. In this group there were two postoperative deaths. In 6 of the 17 cases the site of portal obstruction was extrahepatic. Ten of the 11 remaining cases had portal cirrhosis of the liver. In one case a splenorenal shunt was performed on the basis of a biopsy diagnosis of thrombosis of the hepatic veins

Sufficient time has elapsed (one or more years) since operation to have some follow-up significance in 8 cases of cirrhosis. These cases are presented with pre- and postoperative protein values in Table 1

Ascites disappeared following operation in the

TABLE 3 -HIPPURIC ACID LIVER FUNCTION TEST

(Norr	nal Excretion One or More	Grains per Hour)
Cases	Preoperative	Postoperative
7	0 62 Gm 1 hour	0 82 Gim I hour
4	0 8 Gm 1 hour	1 1 Gm 1 hour 1 5 Gm 1 hour
		1 5 Gm I nour
		1 3
	CEPHALIN FLOCCULATIO	n Test
Cases	Preoperative	Postoperative
1	4+ 3+	0
2	3 <i>十</i>	2+ 0 5
		0 5
		1 25++
Ł	4.1	
} 4	4+ 1+	ŏ
	1+	0 0 0 0
		Õ
		0
		0
5	3+	
ŭ	• 1	2+ 3+ 0 2+
		o '
		2+
8	Negative	1 75+ 4+
Ü	••	
	Proturombin Tim	IE;

Those cases with elevated prothrombin times usually have returned to normal

4 cases in which it was present, namely, Gases 3, 5, 7, and 8 Operation was done as a lifesaving measure to control persistent hemorrhage in Cases 3, 4, and 6 Case 3 died of uremia due to polycystic disease and chronic nephritis some two and one-half years following operation Systemic arterial hypertension developed and toward the end there was one episode of hemorrhage causing tarry stools but no hematemesis as had occurred before In Case 4 there has been one slight episode of hemorrhage over a one and one-half year follow-up In Case 6 there have been several episodes of hemorrhage since operation. In this case a splenorenal shunt was accomplished with the aid of a segment of superficial femoral vein which, in our opinion, may have become occluded The remaining cases are doing well except for Case 5 who died one year following operation, apparently from sudden liver decompensation following The patient's a high fever of unknown cause physician kindly sent to us the portacaval anastomosis specimen which proved to be patent

A summary of the protein values before and after the formation of portacaval shunts in the 8 cases of cirrhosis is as follows. In 1 case (No 1) having esophageal varices but no ascites, there was a rise in total proteins and albumin following operation. In 2 other cases (6 and 7) there was a slight rise in total proteins and albumin following operation, whereas, in the remaining 5 cases (2, 3, 4, 5, and 8) there was a slight fall of these Cases 3, 5, and 8 had ascites before operation. The disappearance of the ascites following the establishment of portacaval shunts in these cases, in spite of the lowered proteins, emphasizes the

^{*} Numbers below rules indicate averages

role of portal hypertension as a causative factor

Table 2 records the bromsulfalein liver function tests in 7 cases of cirrhods before and after the establishment of portacaval shunts. The accuracy of the test must be discounted in the 3 cases hav ing varying degrees of laundice

The behavior of the hippuric acid liver function test, the cephalin flocculation test, and the pro-

thrombin time in the cases tested before and after operation are listed in Table 3

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RADIOACTIVE IODINE ARRESTED CANCER IN HYPERTHYROID MAN

Radioactive iodine was effective in the treatment of a man with a malignant thyroid gland tumor according to three New York investigators writing in the December 7 issue of the Journal of the American Medical Association

The authors are 8 M Seidlin, M.D L. D Marl nelli, M.A., and Eleanor Oshry B.S. from the Medi cal Division and Department of Medical Physics of the Montefiore Hospital and the Physics Department

of the Memorial Hospital.

The investigators state that the patient, who in 1923 had his thyroid removed "was in apperent good health for 15 years. In 1939 he suddenly showed all the symptoms of an overactive thyroid, such as nervounces, loss of weight, and a rapid beating of the heart. In addition, we was native and depalement in the heart. In addition, severe pains developed in the lower back and radiated down the legs. Examina-tion revealed a malignant tumor which had spread from remaining thyroid tissue

Subsequently, other cancerous tumors were found in the lungs, thigh bone, second rib on the left aide small intestine and skull. In 1943 treatment with radioactive iodine was begun after x ray and drugs proved ineffective It was administered by mouth in the form of sodium lodide in water "Definite and lasting clinical improvement followed state the authors.

In 1944 and in 1945 additional treatment with radioactive iodine was given with a "resultant disappearance of pain, increase in weight and pro-gressive change in all clinical oritoria in the direction of hypothyroidism [decrease in thyroid activity] Roentgenographic [x ray] evidence pointed to an arrest if not a regression of the disease' states the Journal article

In conclusion the investigators say that "radioactive lodine seems to be an effective therapeutic agent in the control of this type of tumor '

MISSISSIPPI VALLEY MEDICAL SOCIETY 1947 ESSAY CONTEST

The Seventh Annual Essay Contest of the Mississippi Valley Medical Society will be held in 1947 The Society will offer a cash prize of \$100 a gold medal, and a certificate of award for the best unpublished essay on any subject of general medical interest (including medical economics and education) and practical value to the general practitioner of medicine. Certificates of merit may also be granted to the physicians whose essays are rated second and third best. Contestants must be members of the American Medical Association who are rendents of the United States. The winner will be invited to

present his contribution before the Twelfth Annual Meeting of the Mississippi Valley Medical Society to be held at Burlington, Iowa, October 1 to 3, 1947 All contributions shall be typewritten in English in manuscript form, submitted in five copies, not to exceed 5,000 words, and must be received not later than May 1 1947. The winning cessays in the 1946 contest appear in the January 1947 issue of the Management of the Management of the Management of the 1946 contest appear in the January 1947 issue of the Management of the Management of the Management of the Management of the 1946 contest appear in the January 1947 issue of the Management of the 1946 contest appear in the January 1947 issue of the Management of the 1946 contest appear in the January 1947 issue of the 1946 contest appear in the January 1947 issue of the 1946 contest appear in the January 1947 issue of the 1946 contest appear in the January 1947 issue of the 1946 contest appear in the January 1947 issue of the 1946 contest appear in the 1946 contest appear i

sussippi Valley Medical Journal (Quincy, Illinois)
Further details may be secured from Harold Swanberg, M.D., Secretary, Mississippi Valley Medical Society, 209-224 W.C.U Building, Quincy Illinois.

EVALUATION OF THE TRANSDIAPHRAGMATIC APPROACH FOR UPPER ABDOMINAL SURGERY

JOHN D STEWART, MD, Buffalo, New York

URING the past five years the transthoracic transdiaphragmatic approach has come into common use in the surgical treatment of certain upper abdominal lesions, although as recently as three years ago, single case reports in which the method was used were still appearing in the surgical literature The technic came into wide application in military surgery, particularly in the handling of penetrating missile wounds. and no doubt such experience will influence postwar civilian practice The advantages and disadvantages of this approach and its proper choice over celiotomy will be analyzed in this paper, as there is considerable difference of opinion on the In general terms, the choice of the transthoracic approach should depend on the nature and site of the surgical lesion to be dealt with, the anatomic type of the patient, and the experience of the surgeon

Technic

The approach is almost always on the left, so the patient is placed on his right side with knees drawn up and a pillow between them are stabilized so the transverse axis is vertical and pillows are placed under the thorax and head to take weight off the downward shoulder ninth rib is resected from chondral junction as far back as the articulating transverse process, although some surgeons prefer to make an incision in the eighth or ninth intercostal space intercostal incision is made more quickly but the exposure it gives is somewhat less satisfactory and with it meticulous closure of the parietal pleura is impossible At the anterior end of the rib bed the thin anterior costal attachments of the diaphragm are encountered and the incision After opening the parietal should be stopped pleura the wound edges are protected with gauze pads and rib spreaders are inserted It is rarely necessary to transect the necks of adjacent ribs to improve the exposure

If there are basal pleural adhesions these are freed and the lower lobe of the lung is displaced upward and mesially The phrenic nerve is then blocked over the pericardium with 2 per cent procaine solution A radial incision is made parallel with the muscle fibers of the diaphragm across the tendinous portion to the esophageal

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Surgery, May 3, 1948

The diaphragmatic branches of the left pericardiophrenic vessels must be ligated and two or more traction sutures placed in each margin of the incision in the diaphragm If the lower esophagus is to be freed up, the pulmonary ligament is sectioned In case the lesion is in the stomach or cardio-esophageal junction it is helpful to transect the left triangular ligament of the liver and retract the left lobe medially spleen tends to protrude into the diaphragmatic incision and it must be held back with gauze packs and retractor In some instances, its removal to facilitate exposure of the pancreas, kidney, adrenal, or stomach is justifiable surgical problem lies entirely within the abdomen the phrenic nerve is only temporarily blocked with procaine However, in case of diaphragmatic hernia, trauma to the diaphragm, or lesions of the lower esophagus requiring anastomosis of the esophagus with stomach or jejunum, the phrenic nerve is crushed just above the diaphragm to produce paralysis of four to six weeks' duration

The closure of the incision in the diaphragm is important, for postoperative incisional dehiscence and herma have been observed It has been my custom to place a continuous catgut suture through the cut edges of the diaphragm, using care to include the peritoneum and parietal pleura, and this is followed by a row of interrupted silk stitches The closure must be made with particular care in the region of the esophageal hiatus, for here the diaphragm is less well Before closing the pleura of the chest wall, the intercostal nerves above and below the incision are blocked posteriorly with 2 per cent procaine solution A number 22 catheter with an extra eye cut in it is left in the uppermost aspect of the pleural cavity and kept on gentle suction during closure of the pleural cavity thetist increases the positive pressure to inflate the lung before the catheter is removed forceps, such as "hon-jaw forceps," are used to hold together the adjacent ribs while the rib bed is closed in two layers. The transected muscles and fascia of the chest wall are anatomically restored in layers In most instances I have not drained the pleural cavity In about half the cases small amounts of air and serosanguineous fluid are aspirated from the pleural cavity postoperatively

Ether anesthesia administered through an intratracheal catheter has been used routinely in

my cases. Others have obtained satisfactory results with ethylene or cyclopropane, and a closely fitting face mask for maintaining positive pressure.

The patient should be well atropinized, when the esophagus or mediastinum are subjected to any manipulation, to reduce the likelihood of reflex vagal cardiac block and ven tricular fibrillation

Preoperative and Postoperative Care

In elderly patients preliminary digitalization has been recommended. Where the lesion does not be preclude doing so a misognature tube should be put down before the operation. Physiologic salt solution and blood are administered during the operation through an ankle vein. At the conclusion of the operation the bronchial tree is cleared of any secretions by suction through the bronchoscope. The patient is given oxygen therapy usually by means of an oxygen tent, for twenty four hours or so postoperatively. Peni cillin is administered for a week before and a week or ten days after operation.

A major objective in postoperative care is early, complete re-expansion of the left lung. As mentioned above, aspiration of any remaining air or pleural fluid hastens the process. In some instances intercestal procaine block is performed twenty four hours after operation to favor free use of the muscles of resouration.

The patients are encouraged to get out of bed as early as their strength permits, which is usually within a week after operation. X-ray check up of the chest is made within three days after the operation and at appropriate intervals thereafter.

Indications for the Approach

The operation is used chiefly for left-sided exposure of the upper abdomen and for bringing up the stomach or jejunum above the diaphrigm following resection of the esophagus. On the right ade the hepatic mass interposes itself and prevents access to the abdominal viscers. Before selecting the approach for lesions lying below the diaphrigm the position of the patient's diaphrigm in relation to the thoracic cage should be studied by x-ray at inspiration and expiration. The diaphrigm varies in different individuals in relation to the ninth rib, and if its dome is below the level of the tenth rib in the midaxillary line at expiration, the abdominal route is probably to be preferred

1 Bengn Gastric Lenons—For high penetrating ulcers and for chronic gastritis subtotal or total gastreetomy is readily performed I have experienced no difficulty in turning in the ducdenal stump, the only modification of the usual technic being the use of a right-angle clamp

The access to the body of the pancreas, the left lobe of the liver, and the left gastric artery in high penetrating ulcers is particularly satisfactory. The operation obviously should not be used for duodenal or prepyloric lesions.

- 2 Malignant Gastric Lesions —The usefulness of this approach in gastrectomy for malignant disease occupying all or the upper aspects of the stomach and cardia is beyond question 2.1 The entire abdomen can be readily palpated for metas tases, including the reaches of the pelvio peritoneum. The great omentum, the gustrocolle ligament, and the gastrohepatic ligament and their lymph nodes are readily removed with the stomach. In cancer of the cardiac orifice, this approach is obligatory, for the lower esophagus may be involved above or below the diaphragm and esophagojunostomy in the chest may be required.
- Lessons of the Lower Half of the Thoracac Esophagus and the Subdiaphragmatic Esophagus -For cancer, stenosing benign ulcer stricture, diverticulum, cardiospasm, and other lesions of the lower esophagus the approach is essential in that it allows the stomach or rejunum. whichever is appropriate, to be anastomosed to the esophagus following resection or plastic operation 4 Furthermore, cancer of the esophagus tends to spread in its wall and a lesion arising in the supradiaphragmatic esophagus may extend below the diaphragm. The lymph nodes below the diaphragm and in the region of the left gastric artery are often involved in cancer of the lower thoracic esophagus Cardio-esophagoplasty for cardiospasm can be done satisfactorily through the transdiaphragmatic approach, but in 2 cases I recently operated upon the left subcostal abdominal incision was used, as in both instances the diaphragm was relatively low in the chest.
- 4 Splenectomy—The spleen presents in the diaphragmatic incision and is readily exposed By standing in front of the patient the operator can manipulate the splenic pedicle with ease. As previously mentioned, incidental splenectomy is sometimes of aid during gastrectomy
- 5 Left Kidney and Adrenal.—Easy access to these organs can be obtained with the approach, but I have not had personal experience in this field except to note the fact during other applications of the technic.
- 6 Tail and Body of the Pancreas—The left half of the pancreas is quite accessible through this approach, as are the spleme artery and vein coursing above the pancreas. This is of advantage in the surgery of penetrating benign gastric ulcers and in cancer of the stomach.

7 Diaphragmatic Hernia—In the repair of histal hernia, laceration of the diaphragm, and traumatic herniation, I believe the advantages lie on the side of the transthoracic approach, though this is a matter of opinion. Freeing the abdominal viscera adherent in the pleural cavity, crushing the phrenic nerve, and overlapping the diaphragm in closure seem to me technically simpler when working above the dome of the diaphragm than by laparotomy. It has been pointed out that the right-sided transthoracic approach is obligatory in the repair of herniation through the right half of the diaphragm, as the liver prevents access from below.

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- Penetrating Thoracico-Abdominal Wounds -The value of the approach in the management of penetrating and perforating thoracicoabdominal wounds was well established during the past two or three years 7 8 In the presence of a transdiaphragmatic wound of uncertain extent the approach permits satisfactory exploration of the upper abdomen as well as The repair of wounds to upper the hemithorax abdominal viscera, closure of the diaphragmatic wound, and surgical treatment of the thoracic lesion are quickly effected, and, if necessary, perforated colon can be brought out through a short incision in the upper abdominal wall with the erratic and unpredictable body wounds of high explosive missiles the broad usefulness of this technic was found invaluable
- 9 Lesions of the Splenic Flexure and Distal Transverse Colon —This part of the colon is well exposed through the transdiaphragmatic operation. However, this approach is undesirable for intrinsic colonic lesions, in my opinion. Mobilization of the descending colon, complementary eccostomy, or exteriorization of the diseased segment may be required and the abdominal approach is therefore more generally suitable.

Contraindications

The conditions which render the approach by laparotomy preferable to transdiaphragmatic exposure of the upper abdomen may be summarized as follows

- 1 Presence of extensive abdominal adhesions from previous operations
- 2 Lesions which, though primarily situated in the left upper abdomen or epigastrium, may nevertheless necessitate surgical procedures elsewhere in the abdomen
- 3 The presence of an abnormally low diaphragm, as in an emphysematous thorax
- 4. Suppuration or chronic inflammation in either lung or pleural cavity
 - 5 Intraperitoneal infection
- 6 Extensive left pleural adesihons, as from previous empyema, operation, or trauma

- 7 Greatly reduced cardiorespiratory reserve
- 8 Upper abdominal procedures for which local anesthesia is the anesthetic method of choice

The objection has been raised against the transdiaphragmatic operation that by it two body cavities are invaded rather than one. It is agreed that pre-existing infection in either the pleural cavity or the upper peritoneal cavity creates a hazard which renders this approach unjustifiable Furthermore, the operation takes somewhat longer than does approach by langrotomy and there is the likelihood of somewhat greater loss of blood General anesthesia administered in a closed system with provision for positive pressure and endotracheal aspiration are required, which may constitute a disadvantage if anesthesia facilities and experience are limited On the other hand, patients are more comfortable than after laparotomy, and it is easier to mobilize them early after operation It is said, also, that respiratory function is less crippled and sputum is more easily raised, and that anesthesia need be less deep 7

There are two prime advantages in the method, however. One is that when properly selected a much better exposure can be obtained of the operative field in the upper abdomen than by laparotomy, and adequate exposure is always an essential in good surgery. The second advantage of chief importance lies in the fact that upper abdominal and lower thoracic exploration and operative procedures can be combined in the same field.

Several brief illustrative case reports follow

Case Reports

Case 1—A H, a 60-year-old woman was admitted to the hospital, giving a history of epigastric pain, nausea and vomiting, constipation, and weight loss. Three years previously, there was a period of epigastric pain radiating down both arms. Her gall-bladder had been removed eight years previously X-ray studies showed the stomach and duodenum to be normal. An esophageal diverticulum 1 cm in diameter was found 3 cm above the diaphragm and pressure in the area was painful. There was also a small hiatus hernia.

At transpleural transdiaphragmatic operation the upper abdomen was explored, the esophageal diverticulum was freed up and unfolded, and the hiatal hernia was repaired. The phrenic nerve was crushed, the pleural cavity was not drained. Post-operatively, the left pleural cavity had to be tapped several times to remove sterile serosanguineous fluid.

Case 2 —W B, a 70-year-old man, came into the hospital, complaining of epigastric distress, vomiting, weakness, constipation, and loss of 20 pounds in weight during a period of four months. An epigastric mass was palpable, and the x-ray study showed diffuse infiltration of the stomach by tumor. Free hydrochloric acid was absent from the gastric juice, and occult blood was present in the stools, the red

cell count was 3,900 000 per cmm., the serum protein concentration was 3.9 Gm. per 100 ec

Transdiaphragmatic transpleural operation was performed through the bed of the ninth rib stomach was involved almost completely in a scir rhous cancer the liver, peritoneum and regional nodes appeared free from spread. Total gastreetomy with removal of the great omentum gastrocolic ligament, and gastrohenatic ligament was performed and anterocolic ecophagojejunostomy with enteroenterostomy followed. The phrenic nerve was not crushed, the pleural cavity was not drained. Convalescence was uneventful, the pleural cavity did not require tapping. The pathologist found one lymph node to show cancer and the growth in the stomach was of the linitis plastica type.

Case 3 -W K a 26-year-old man, was admitted to the hospital with a story of intractable mid epigastric pain of several months duration. There was gastric hyperacidity, and x-ray studies disclosed a deep penetrating ulcer high on the posterior wall of the stomach near the cardia.

At operation by the transdiaphragmatic route, a penetrating pleer was found 6 cm below the gastroexophageal junction it had perforated the stomach wall proper to involve the splenic artery and vein, the pedicle of the spleen and the tail of the pancreas. About four fifths of the stomach was removed including the ulcer, and anterocolic Hoffmeister gastrojejunostomy was performed The duodenal stump was closed by three rows of stitches the phrenic nerve was crushed Convalescence was without incident. The pleural cavity was not drained or tapped postoperatively

Case 4.--Y L., a 22-year-old man was admitted to the hospital within an hour after attempting to commit suicide by shooting himself in the left hypochondrium with a 45-caliber pistol. The bullet entered just below the rib margin and came out in the left midaxillary line, at which point the ninth rib was shattered.

At operation the ninth rib was excised completely from chondral junction to transverse process, the lower lobe of the lung was retracted, the disphragm was incised, and the upper abdomen was explored A perforation in the spicule flexure of the colon was closed the spleen which had been fragmented was removed and the blood in the peritoneal cavity was aspirated. The wound and the incision in the diaphragm were closed the phrenic nerve was not crushed the pleural cavity was closed without drainage. Convalescence was complicated by malaria and by a small basal empyema on the left which was treated by rib resection.

Cass 5 -W W., a 50-year-old man gave a twoyear history of upper abdominal distress loss of 15 pounds in weight, occasional vomiting, and recent hematemeels. There was no free hydrochloric acid in the gastric juice and x ray studies suggested deformity of the greater curvature of the stomach near the cardia, with a tenative diagnosis of carcinoma.

Using the transdianhragmatic approach, the upper

abdomen was carefully examined. There was diffuse soft thickening of the gastric wall, but though the omental bursa and the stomach were opened to complete the examination, no evidence of tumor was present. Instead there was obvious hypertrophic enstritis involving most of the stomach. Biopey was taken. The phrenic nerve was not crushed the pleural cavity was not drained Convalescence was uneventful.

Case 6 -A L., a 50-year-old woman, presented a two-year history of recurring bouts of pain in the left hemitherax coughing, dyspnes, and dysphagia. On several occasions straw-colored fluid had been withdrawn from the left hemithorax, and a diagnosis of "lung cyst" had been made in another hospital X-ray studies showed a large structure filled with gas and fluid, thought to be presenting above the dome of the diaphragm on the left, and barium outlined a distorted gastric fundus.

At transthoracic approach through the bed of the ninth rib the upper half of the stomach and the splenic flexure of the colon were found trapped above the diaphragm in the posterior mediastinum. The neck of the sac was densely adherent and definitely constricted the contained organs. The hernia was reduced, and the defect including the histus was repaired by overlapping the edges. The phrenic nerve was crushed above the diaphragm. Convalescence was uneventful, except for pain in the chest wall incision which was relieved by intercostal nerve block.

Case 7 -P T., a 63-year-old man, came into the hospital with a bleeding penetrating gastric ulcer high on the lesser curvature and posterior wall of the stomach. The red cell count was 2.800,000 and the serum protein concentration 8 9 Gm. per 100 cc. Bleeding continued under observation in the hospital and accordingly transthoracic transdiaphragmatic total gastrectomy was performed had eroded the pancreas. An anterocolic jejunoesophagostomy with jejunojejunostomy was done The phrenic nerve was not crushed, the pleural cavity was not drained. Recovery was rapid and without incident.

Summary

The technic, indications and contraindications advantages and disadvantages of the transilioracic transdiaphragmatic approach for upper abdominal surgery are discussed Illustrative cases are reported.

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THE PREVENTION OF COMPLICATIONS FOLLOWING SURGERY ON THE URINARY TRACT

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HE mortality rate in urologic surgery has Lundergone progressive and remarkable improvement in the past years devoted exclusively to this type of surgery, so that relatively, in comparison with general surgery, considering the type of patient, the degenerative processes in the urmary tract, and the average age, the statistical results are most commendable This study was undertaken, not to provide an additional series of low mortality rates, but, rather, to obtain a crosssection of the type of complications that arose. with or without fatal termination, and their pre-It is our belief that many of the distressing complications following urologic surgery can be avoided, the comfort of the patient materially enhanced, his general welfare improved, his hospitalization markedly diminished, and, in the final analysis, the death rate additionally improved below its present commendable average

Surprisingly, there has been a paucity of information with reference to the subject, and since our interest was aroused a few years ago and meticulous attention given to the preparation of the urologic patient for surgery, his follow-up scrutinized and covered for complications, our statistical results have been most satisfactory, the patient responding with a very smooth, uncomplicated convalescence

The complications we have found most common in the candidate for this type of surgery are almost textbook in appearance. They can be listed as infection, evidence of renal insufficiency, diabetes, gastrointestinal, cardiac, pulmonary, blood dyscrasia, thrombosis or embolism, hemorrhage, and postoperative shock

MacKenzie and Seng, in a review of 1,100 urologic cases with 265 deaths, found upon autopsy that the respiratory system showed a larger percentage of involvement than any other system. The incidence of these complications was a total of 17 60 per cent, and cardiovascular lesions form 10 per cent of the total

Hyman and Mencher,² in a study of 168 deaths, state that the analysis discloses that infection, uremia, pneumonia, peritonitis, shock, cardiovascular disease, pulmonary embolism, sepsis, hemorrhage, and cerebral accident were the

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Urology, May 2, 1946

common causes of death, that they were either primary or contributory factors in death, and in their conclusions they disclose that of the 168 cases the causes of death were renal infection, 45, sepsis, 23, wound infection, 12, pneumonia, 11, peritonitis, 11, shock, 11, cardiovascular, 10, pulmonary embolism, 9, hemorrhage, 7, and cerebral accident, 3. Their study also emphasized that complications may arise which are unavoidable, despite careful preoperative care, the chief factors of which are pneumonia, cardiovascular disease, cerebral accident, and pulmonary embolism.

In December, 1944, we published a preliminary report on the use of ascorbic acid in the prevention of pulmonary complications following prostatic surgery ³ In the series reported, the preparation was used only after the complications had developed. Since that date, we have used this product prophylactically with most spectacular results, so that the incidence of pulmonary complications since November, 1944, has been entirely eradicated. I will elaborate upon this series in more detail somewhat later.

However, it is also of great importance, because of the findings of the authors above-mentioned, that many other grave and significant complications may arise Therefore, we have made very careful and thorough studies of every patient presenting himself for surgery, and we have found, much to our amazement, innumerable complications which can be listed as causes of death already present before surgery Therefore. the preparation which we have instituted as routine consists of complete blood studies, first, to discount the possibility of severe dyscrasias and anemias which cannot be determined by the florid complexion of an alcoholic prostatic, careful clotting and bleeding time, a prothrombin time, differential white counts and blood smears to discount the possibility of plasmodian disease, and infection reaction time of the patient, thorough blood chemical studies to determine the renal threshholds, diabetes, blood ureas, nonprotein nitrogens and carbon dioxide combining power, blood chlorides, and acid and alkaline phosphatase, careful measurement of the intake and output of fluids, and in selected cases where renal deficiency is suspected, either Mosenthal or Volhard tests Because a large percentage of the cases seeking surgical relief are males in the

TABLE 1 -RE-ESTABLISHMENT OF ACED-BASE BALANCE

Alkalosis	CO ₁ Combining Power Percentage of Volume 90-1*0	Treatment of Choice CaCl = 5% solution HCl	Donage 01 cc./ib (i v) (CO, = 70) × 013 × lb. = cc required (5 cc./l00 cc. salisb.
	75-00	Paline +5% dextrose	,,
		Calcium gluconate 10 colution	5 10 cc
Acidoeia	40-55	Ringer s *5% dextrose, i v *21/2% de trose subcutansously	
	25-40	Lactate-linger's solution 1/e Moiar sodium lactate	
	15-75	1/ Molar sodium lactate I terstitial fluid (L45% NaHCO)	(55 - CO ₂) lb = co, required 1/2 i v and 1/2 subcutaneously
	Below 15	5% NaHCO solution	(55 - CO₂) × lb × 0.24 = ee. required

declining years of their life and entitled to the possession of cardiovascular disease because of their age, careful delineation of this system by electrocardiography and a cardiologist will save many a sleepless might and has been material in supporting this system with freedom from complication and cardiovascular death

Many of the patients seen especially in the latter years of life, have a disturbed water equilibrium. As a result of this process many are dehydrated, or, as a result of renal impairment, the acid ammonia ratio is disturbed with the creation of acidosis and, conversely, a marked loss of carbon dioxide through fevers improper lagestion of foods vomiting and loss of chlorades creates a tendency to alkalosis. All these studies are important to prepare the patient for his surgery and to tide him over the postoperative days. We have found the tables of Chapman's most beneficial. A patient disclosing an alkalosis or an acidosis as enumerated above can be determined most readily from Table 1

The maintenance of necessary proper camesis is assured by the use of sodium chloride and other electrolytes in a form of calcium magnesium and potassium. The imbalance which occurs in disease altera the concentration of fluids either toward the acid or alkaline side. The reaction of the body fluid is close to pH 7.4 and this must be maintained carefully for proper metabolic processes.

Careful urnalysis, blood studies, and a deter mination of acidosis or alkalosis according to the table of Chapman above enumerated will prepare the patient for eventual surgery and carry him through his critical period. As stated above, many of these patients are either on the alkaline or acid side. If there has been a marked disturbance in the protein output, this can be main tained by the use of amino acids intravenously At the present time our favorite is a solution of amigen. Where severe alkalous is present, the use of ordinary saline solution either in combination of isotonic glucose, 5 per cent with saline 0.85 per cent, is frequently sufficient. However,

if the condition present is of the more severe type, concentrations up to 5 per cent may be given intravenously, and, as seen according to Table 1, calcium chloride or calcium gluconate i v is of immediate importance

In acidosis the replacement of sufficient fluid to overcome the additional dehydration may be all that is necessary, but there may be added according to the seventy of the condition, Ringer s solution, sodium lactate with Ringer's solution 1/4 Molar sodium lactate solution, or in extreme cases, 5 per cent sodium bicarbonate. It has been our plan, when an additional deficiency of renal output is noted, to increase the concentration of the glucose from 5 per cent to 10 per cent, and it has been noted that by increasing the same to 10 per cent, increased diurems is established Amino acids have been mentioned intravenously where there has been basic protein loss. These can be combined with glucose or isotonic saline The amount of amino acid administered depends upon the illness of the patient and the febrile Patients with prolonged febrile reaccondition tions vomiting or blood loss can be carried safely through this period by their use

The use of intravenous fluids is to be recommended most emphatically over the ingested or subcutaneous methods. It can be regulated, the exact volume controlled, the only serious barrier to their use being a cardiac condition of the patient. If there is no serious failure, it has been our plan in many of these cases to administer small doses of digitalis with most beneficial results until such time as the cardiography or the cardiologist has offered something more ad vantageous to this routine. The use of intra venous fluids before and after operation has been our sheet anchor, and is I believe, the one outstanding factor to smooth convalescence and prevention of complications. But indiscriminate use of intravenous fluids is condemned until such time as careful blood chemistries and studies have delineated the type of solution necessary, and then following Table 1, administered in sufficient quantities to overcome toxemia.

17

Total

TABLE 2

	Number	Deaths	Percentage
0	283	17	6 04
Open operations Closed operations	280	17	0 04
(transurethral resec- tions)	266	8	3 02
Complete total mortality	549	25	4 72*

Bladder 83 5 One stage prostatectomy 40 1 Two stage prostatectomy 47 6 Nephrectomy 55 1 Nephropexy 12 0 Pyelotomy 4 0 External ureterotomy 11 0 Perinephrito abscess 2 2 Pernneal prostatectomy 4 1 Ureteral transplant 4 1		
	Recovered	Died
Bladder	83	5
		ī
Two stage prostatectomy		6
Nephrectomy	55	1
Nephropexy	12	0
Pyelotomy	4	0
External ureterotomy	11	0
Perinephritic abacess	2	2
Permeal prostatectomy	4	1
Ureteral transplant	4	1
Nephrotomy	4	0

66

Infections of the urinary tract complicating surgery are today, I believe, a less formidable factor. With the proper administration and supervision of the sulfa drugs, the antibiotics which are now readily accessible in any form, especially penicillin, and undoubtedly streptomycin, now obtainable with some restrictions, have been a great factor in the reduction of this complication, especially if an obstructive lesion has been eliminated

Preoperative and postoperative hemorrhage is also being controlled by careful blood studies, above enumerated, and by the use of thrombin as recommended by O'Connor following prostatic resection or fibrinfoam. The development of a serious embolism is still a matter of grave concern, but if all the precautions of careful clotting and bleeding time, and prothrombin rates are accurately determined, even this serious factor is becoming inconsequential, and, more lately, we have had the addition of dicumerol as another factor in the prophylaxis of this condition.

I have deleted the question of pulmonary complications in these patients for a more elaborate discussion, as this study we have undertaken for the past six years has been of especial interest and has been so satisfactory that in all the surgical cases we have seen there has not been a single death from this complication In December, 1944, when the original article appeared, we were using only ascorbic acid in 25 mg doses, four times daily, after the complication had de-The entire study was actuated by the veloped development in patients previous to that date with clinical signs of moisture in the lungs, patches of consolidation, rise in temperature and respiratory rate, and with pulmonary deaths In none of the cases autopsied was there any evidence of frank pneumonia, but, rather, a socalled wet chest or bronchopneumonia Ascorbic

TABLE 4 -TYPE OF DEATHS

	Number
Open operations Uremia	3
Pulmonary embolism	1
Shockwith fractured pelvis	i
Chronic myocarditis	4
Coronary thrombosis	1
Paralytic ileus Hypoinsulism	ĵ
Hemorrhage	į.
Pneumonia	4
Closed operations (transurethral	•
resections)	
Uremia	1
Myocarditis	3
Pyelonephritis Pneumonia	1
Pentonius	i

acid was then instituted, and, much to our gratification, the 40 some odd patients who, previous to December, 1944, had stimulated this study and received the same, entirely cleared up within forty-eight hours in a most spectacular fashion Since that date, we have used this preparation as a prophylaxis preoperatively and postoperatively, and in a series of some 170 cases we have not had a single postoperative pneumonic complication or death This procedure, therefore, is recommended most highly, especially in the aged, debilitated, prostatic patient, or the patient with chronic urinary infection who spends a great deal of time in bed. It is interesting to note that at the present time, as originally determined, the blood levels of this preparation are of no value or consequence, that this additional regimen was apparently necessary to tide them over this serious complication

A statistical study of 549 cases in thirty months has shown that careful preoperative and post-operative treatment has paid us the following dividends. However, when occasionally through carelessness, or when another service did not follow the advocated regimen, results varied quite markedly.

It is needless, I believe, to add that in the preparation of patients for surgery the use of plasma and whole blood is still one of our main sources of safety, and the use of either, depending upon the preoperative findings, is a source of great satisfaction

To illustrate the factors which have been enumerated in the preparation of the patient to mitigate a smooth convalescence and reduce still further the already existent low mortality, a survey was made of the operative cases in the urologic service at our hospital for a period of some thirty months, and it was of great interest to note that where inadequate preparation was the rule, postoperative complications and one or two unnecessary fatalities resulted. All patients reviewed were not treated similarly, and that, I believe, is the crux of this entire presentation. During this period, there were

TABLE 5 -- Complications with Peroperative Studies Electrocardiogram and Cardiology

	Yumbe
Open operations (83 cases)	
Temperature with rales	4.
Paeumonia	7
liemorrhage	•
Infections	4
Closed operations (266 cs. es.	-
Closed operations (266 cs. es, transurethral resections)	
Parumonia	1
Hemorrhage	Â
Infections	10

* All cases controlled by postoporative therapy and recovered

TABLE 6 — COMPLICATIONS AND DESTINA FOLLOWING PER OPERATIVE USE OF ASCORDIC ACID AND COMPLETE CARDIOGRAPHIC STUDIES AND CARDIAC THERAPT

Open operations (169 cases	Number
Open operations (169 cases controlled):	210000
Pulmonary	0
Cardiac Urinary infections and wound Closed operations (185 cases controlled; transurathral resections)	ő
Pulmonary Cardiac	2

283 major open operations, and 266 prostatic resections Tables 2 to 7 graphically describe the postoperative record with and without the routing use of ascorbic acid, and the comparative death rate Study of these graphs is self-explana tory and emphasizes the importance of this careful preparation The figures speak for them selves in establishing the value and importance of these studies.

Summary and Conclusions

Considering the type of patient who presents himself for urologic surgery, namely, that 60 per cent are in the declining late years of life with concomitant degenerative processes in other organs of the body, the death rate compared to elective general surgical cases is extremely low and probably cannot be improved through the present highly technical skill of our surgical technic developed in this type of operation.

TABLE 7 -Conflications Without Preofessive on Postofesative Studies

2	Numbe	or o
Closed operations ("66 cares,		
transurethral rescetions):		
Pneumonia	4	No arcorble acid
Alkaloris	3	No chemistry
Hemorrhage	2	No blood examina
THE	-	tions
Card'ar failure	4	No electrocardiagram
Open operations (283 cases)	-	110 4100110(21422
Preumonitia	13	No ascorbic acid
Bron hitis	• • •	No sacorbic acid
Alkalonis	-	No micorpic acid
	7	
Hemo rr hage	7	No clotting or bleed ing time
Cardiae fallure	2	No electrocardiagram
Dehydration (gremia)	2	
Angina	ĩ	No electrocardiagram
Pyelonephritis	â	tio electrocutmattan

Therefore, any further improvement in the statistics must occur in the prevention of complications following such surgery and the possibility of eradicating all those lesions except the true surgical accident or unfortunate fatality that invariably arises Certainly, pulmonary lessons can, by our studies, be entirely eliminated and would account for about 11 per cent of the deaths Ascorbic acid used before and after operation is definite proof of this contention. The curdiovascular accidents, constituting about 10 per cent, can be anticipated by the cardiologist, and with the present control of infectious complications by our newer therapeutics, additional favorable results should be expected

In the final analysis, therefore, a marked fur ther reduction can and should be expected in the prevention of complications arising the discomfort, and the final death rate in surgery on the urmary tract.

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THE LOUIS LIVINGSTON SEAMAN FUND

The New York Academy of Medicine announces the availability of the Louis Livingston Seaman Fund for the furtherance of research in bacteriology and sanitary science Two thousand five hundred dollars is available for assignment in 1047 Fund has been made possible by the terms of the will of the late Dr Louis Livingston Seaman and 18 ad ministered by a Committee of the Academy under the following conditions and regulations

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A CONSIDERATION OF THE EFFECT OF ANDROGEN CONTROL TREATMENT OF CARCINOMA OF THE PROSTATE

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(From the Urological Department of the Roswell Park Memorial Institute)

RIOR to the introduction of androgen control therapy for cancer of the prostate, the only treatment of inoperable cancer of the prostate was to offer relief of urmary obstruction and the control of pain by narcotics Radiation was of dubious and, too often, of little help Relief of obstruction was accomplished by various surgical means ranging from suprapubic cystostomy, partial suprapubic or perineal prostatectomy, or transurethral resection procedures accomplished just that and nothing The introduction of castration or estrogen administration gave rise to the hope that carcinoma of the prostate could be combatted more successfully in the future However, with further experience, in a large number of patients and with prolonged observation by various investigators, it has become apparent that this method of treatment does not fulfill completely the hopes that initial or early experience suggested

Increased experience has shown that androgen control treatment does not, in all cases, prove Recurrent symptoms developing in many other cases which initially responded favorably make it obvious that androgen control treatment, as applied in its present form, does not invariably influence nor indefinitely retard the course of the disease It will be necessary to make further investigations for the purpose of determining whether our present results can be improved, and if so, how

Nevertheless, in spite of these considerations, it is the consensus that androgen control treatment is by far the most often effective and most valuable procedure now at our disposal for the treatment of patients with inoperable and rapidly progressing cancer of the prostate In these patients the method is now indispensable as a means to relieve pain, to prolong life, and to restore many to temporary usefulness

Androgen control treatment has been employed at the Urological Department of the Roswell Park Memorial Institute since September, 1941 In addition, when present, obstructive symptoms were treated by the usual surgical methods as were indicated in each individual case

About two years ago, we presented a study of

a series of 130 patients with prostatic cancer who

Presented, by invitation, at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Urology, in a Symposium on Cancer of the Prostate, May 1,

received androgen control treatment and were followed for up to two and one-half years believe that a subsequent follow-up study of the same closed group of patients will offer more information as to the proper evaluation and the present status of androgen control treatment than a study which would include material of more recent date Thus, the following presentation is based on a series of 130 patients whose treatment dated back to from two and one-half to four and one-half years

It is now generally accepted that the immediate results of androgen control treatment, when effective, are regression and softening of the prostatic tumor, disappearance of pain from metastases, weight gain, as well as increased wellbeing, and resultant prolongation of life has been our experience that these results follow castration and estrogen administration in a little more than one half of the patients At the present time, it is not so much the question as to whether or not patients with prostatic cancer whom we have treated will derive any immediate benefit from androgen control treatment increasing experience, we have become interested in questions dealing with certain details of treatment and the possibility of improving or prolong-To enumerate only a few ing efficacious results

- How long will the beneficial effect of treatment persist?
- In what type of case will orchidectomy be more effective than estrogen administration?
- Should both orchidectomy and stilbestrol be used simultaneously or should one follow the other?
- Will castration yield results in patients who show unsatisfactory response to stilbestrol, and vice versa?
- Will androgen control therapy in comparatively early cancer of the prostate prevent occurrence of metastases?
- Should hormone therapy be started immediately or should it be delayed until symptoms develop which indicate locally advancing or metastatic disease?
- Finally, are additional supplementary methods of treatment available which may prolong the beneficial effect of androgen control treatment or bring increased relief to patients with resurgent symptoms, etc?

We believe that sufficient time has clapsed by now to present fairly accurate answers to all but the last question. A worthy opinion on the last question will be available only after further in vestigations which, as we understand are under way in many of the leading institutions of this country.

In carrying out androgen control treatment in the group of patients to be reported, we followed the plan in general to employ orchidectomy singly or in combination with estrogen administration in patients with demonstrable or suspected metas tases or in patients with rapidly progressing icsions. In contrast, exclusive stilbestrol medication was favored in patients with apparently very slow-growing malignant tumors in whom little or only slow progression of the lesson took place. This latter group was comprised to a large extent, of patients who had been under observation for months and years prior to the introduction of androgen control therapy without revealing symptomatic or objective evidence of progressing disease. If stalbestrol medication proved ineffective, then orchidectomy was per formed

In determining the daily dosage of stilbestrol we have mainly used doses not to exceed 1 to 3 mg. It is our opinion that daily doses of 1 to 3 mg of stilbestrol will be effective in susceptible cases, masmuch as secondary breast changes such as enlargement of breast tissue increase in size and increased pigmentation of the nipples developed in most of the patients treated. These changes occurred after an average of 50 mg had been administered in the group of castrated patients, while in the group of noncastrated patients, an average of 70 mg was required to produce similar changes.

We are aware that Moore, Wattenberg and Rosel have pointed out that the degree of second are breast changes gives no indication as to the amount of benefit to the prostatic cancer, how ever it is our opinion that the occurrence of secondary breast changes can be taken as astifactory evidence that sufficient amounts of still bestrol were administered to exert its influence on the hormonal balance.

It has been our experience that large doses of stillestrol were poorly folerated by many patients. Anorexia, nausea general malaise, and excessively painful enlargement of the breasts developed as a result of prolonged use of dosage in excess of these amounts. Regression of such symptoms occurred after the dosage of stillestrol had been reduced to 1 or 3 mg daily. When response to therapy was satisfactory, maintenance dose ranged from 1 mg daily to 1 mg, three times weekly

In determining the success or failure of treatment we were guided only by the entire clinical picture and not necessarily by the effect of treatment on one or more signs and symptoms, such as improvement of the primary lesion, weight gain, decrease in obstructive symptoms, or decline in serum acid phosphatase activity, and the like. This is important because it has become apparent during the course of prolonged observa tion that resurgent symptoms and deteriori zation of the patient's condition do not always coincide with deteriorization of any of the single signs and symptoms aforementioned other hand, we are of the opinion that a patient should be regarded improved also if pain from bony metastases regresses or disappears in spite of roentgenologic evidence of progression of metas-

Our material, consisting of 130 patients, was composed of 76 patients who presented no evidence of metastases at the start of treatment, and 54 in whom metastases were demonstrable from the beginning. Of the latter 40 had metastases to the bones 4 to lymph nodes, and 1 to the lungs

TABLE I -CLINICAL IMPROVEMENT FOLLOWING HORMONE THEBAPY IN 130 CASES

	Metastasea on Admission	No Metastases on Admission	Total
Improved Temporarily Sustained Continued Progression	31 7 14	22 10 6	83 17 20
No effect without hange in 6 months plus	2	38	40
Total	54	76	130

In Table 1 above, we have summarized the results obtained as to the effect of treatment on the patient's general condition. The figures show that the end results accomplished are becoming worse with increasing length of observation. Seventy patients responded with varying degrees of improvement 20 cases were complete failures, and in the remaining 40 patients there were no indications which would suggest any change in the patient's condition for the duration of at least swing that the patient's condition for the duration of at least same that the patient's condition is not the causes.

Of the 70 patients who benefitted from treatment improvement was obtained more frequently in the group of patients with metastatic lesions. Seventy and four tenths per cent of the 54 metastatic cases showed improvement, while improvement developed in only 42.1 per cent of the 76 nonmetastatic cases. Improvement was of tem porary duration in 53 patients and has persisted to the time of writing in but 17 cases.

TABLE 2-End Results Obtained at Various Time Intervals

F	1/1-1 Year Percentage	1-21/2 Years, Percentage	21/2-41/2 Years Percentage
Alive in improved condi- tion without evidence of advancing disease Alive in improved condi-	31 7	13 0	10 8
tion with disease ad vancing		15 4	2 3
Alive in deteriorating condition No apparent change Died of disease Died of other causes Lost trace of	18 3 32 9 12 2 4 9	26 2 10 8 25 4 6 9 2 3	4 6 13 1 51 5 10 8 6 9
Total	100	100	100

In the 20 patients whom we recorded as complete failures, neither castration nor estrogen administration, nor both, had any effect in staying the progressive course of the disease. Most of these cases were either patients with locally far advanced disease or patients with widespread and extensive metastatic lesions.

Of the 40 patients who revealed no perceptible changes following more or less prolonged androgen control therapy, 38 belonged to the non-metastatic group and only 2 were patients with metastatic lesions. The latter 2 patients had paralysis of the lower extremities due to metastatic involvement of the spinal column. Both lived for more than one year without apparent benefit from treatment and without showing evidence of rapid deterioration.

In Table 2 we are presenting the end results obtained in our series of 130 patients divided into intervals of from one-half to one year, one to two and one-half years and two and one-half to four and one-half years It is of interest that the number of patients who died of the disease multiplied at each of the three time intervals by about 100 per cent (12 2 per cent-25 4 per cent-51 5 On the other hand, the number of per cent) improved patients declined particularly after two and one-half years had elapsed (317 per cent-28 4 per cent-13 1 per cent) A precipitous drop was apparent also during the two and one-half to four and one-half year period in the group of patients who were alive in deteriorating

condition (18 3 per cent—26 2 per cent—4 6 per cent)

For the purpose of more detailed and comparative study, Tables 3, 4, and 5 are presented in addition. In the latter two tables, the end results have been listed separately for every six months' interval for the group of 76 patients who had no demonstrable metastases prior to androgen control treatment and the group of 54 patients who had metastases at the time when treatment was started

Clinical improvement, when it occurs, is most spectacular in the group of patients with metastatic disease, who are suffering acutely from the On the other hand, it is often quite difficult to determine the effect of androgen control treatment in the group of patients with nonmetastatic disease Experience before introduction of androgen control therapy showed that many patients of this latter group may live with little or no discomfort for many years without any treatment In this latter type of lesion it is almost impossible to appraise the effect of hormone therapy because it cannot be determined whether or not a state of apparent mactivity or nonprogression of the primary lesion is maintained or can be prolonged as the result of such therapy

This is especially so in the group of patients with metastatic disease In a study of 1,000 patients with carcinoma of the prostate treated at the Mayo Clinic prior to the introduction of hormone therapy. Bumpus² found that 66 6 per cent of the patients who had metastases when first examined were dead within nine months results have been substantially improved by the use of androgen control therapy Of 54 patients in our series who belonged to this category, 40 were dead at the time of writing Only 9 of them (167 per cent) died within the first nine months and the average time elapsed until death was eighteen and two-tenths months in the entire Of 10 patients who are still alive, the average period of survival was forty-two and eight-tenths months, 4 patients died of other causes

TABLE 3 -End Results in 130 Cases (21/2 to 41/1 Years)

	No Metastases Demonstrable Number of Cases	Metastases Present on Admission Number of Cases	Metatases Developing During Treatment Number of Cases	Cases	tal
Alive in improved condition with out evidence of advancing disease Alive in improved condition with	9	4	1	14	10 8
disease advancing Alive in deteriorating condition	1	2 4	1	8 6	2 3 4 6
No apparent change Died of disease	17 12	39	16	17 67	13 1 51 5
Died of other causes Lost trace of	11 6	3 2	1	14 9	10 8 6 9
Total	57	54	19	130	100

TABLE 4 —End Results in 76 Patients Who Had No Metabtases at the Time of Start of Treatment

	0-1/s 1 car	1/1-1 Year	1-11/2 Years	11/s-2 Years	3-21/s Years	21/s-8 Years	3-31/2 Yours	31/2-4 1 cars	4-41/s Years	
Alive in improved con- dition without evi- dence of advancing disease	19	13	16	12	10	8	7	6	4	
Abre in improved con- dition with disease advancing	9	5		5	4	1	1			
Allys in deteriorating	2	8	8	10	7	6	2	2	1	
to apparent changes Died of disease Died of other causes	36 5 4	29 5	27	23 1	22 4	18 5	15 4	13	8	
Lost trace of	_î_	3	4	<u>ī</u>	_ =	_1_	3	_1_		
Total	76	66	56	53	51	89	32	34	13	

It is in the group of 38 quiescent cases where castration and estrogen administration have net one of their tests. If androgen control therapy would actually "control" cancer of the prostate one would expect that at least the nonmetastatic cases will remain quiescent. Our observations were, however, that this is not the case. Sixteen of the 38 patients of this group (who were originally nonmetastatic) developed metastatic bone lessons after varying lengths of time, although they received continuous and as we believe adequate stilbestrol medication for months or several years.

Bumpus¹ places the average survival period for the group of patients with nonmetastate and more or less asymptomatic disease before or without androgen control treatment at thirty-one months after the diagnosis was established. The average time until death in 27 of our patients who belonged to thus group was thirty and eightenths months. Nesbit and Cummings¹ reported an average of thirty-one and three-tenths months two years ago. The striking similarity of these results seems to indicate that the effectiveness of prophylactic androgen control treatment is of questionable value in this group of cases.

These observations raise the important question of whether castration or stilbestrol therapy will prevent possible progression of the disease in patients with nonmetastatic and apparently quiescent disease who may live comfortably or unaware of the disease for years before symptoms of advancing disease manifest themselves ports in the literature (Neebit, 1 Nesbit and Cummings Stirling Emmett and Greene, etc) as well as our own observations, seem to indicate that the course of the disease is not substantially altered by "prophylactic" androgen control treatment. Although improvement of the primary lesion is common following employment of androgen control therapy, it must be kept in mind that sudden progression of the disease often does occur in spite of prophylactic therapy Nesbit and

Cummings' reported the incidence of metastases developing after castration to be 31 per cent in a group of 75 cases In the series of Emmett and Greene, the incidence was more than twice as much-67 3 per cent in over 200 cases own senes of 76 patients falling into this category, we observed 19 natients (25 per cent) who became metastatic, although they were nonmetastatic at the start of treatment. Eight of these 10 patients had orchidectomy done and the other 11 patients received stilbestrol administration Seven of the patients developed metastases by the end of the first year of treatment, 6 between the first and second year, 5 between the second and third year, and I patient after almost four vents

It is obvious that no statement can be made as to whether or not hormone therapy had caused any significant delay in the occurrence of metastases in these 19 cases However, we were im pressed by the rapidity of the downhill course which took place after spread of the disease had become manifest. Sixteen of the 19 patients were dead within an average of nine months. Two other patients are alive in the terminal states (two and three months) and only 1 patient, who developed metastases in the tibia in spite of stil bestrol medication for almost one year, responded favorably to subsequent orchidectomy He has remained alive in improved condition without evidence of progressing disease for another thirtyeight months. The diagnosis of a metastatic bone lesson was confirmed in this case by elevation of the serum acid phosphatase prior to orchidectomy and biopsy from the tibia

It can be concluded, therefore, that neither castration nor stillbestrol medication constitute an effective preventative measure against future development of metastases or local extension of the disease. Thus, the question presents itself whether its use as a prophylactic measure should be advocated at all in apparently quiescent non metastatic, or asymptomatic cases Considering

TABLE 5 —End Results in 54 Patients Who Had Metastases at the Time of Start of Treatment

	0-1/2 Year	1/1-1 Year	1-11/2 Years	1 ¹ / - 2 Years	2-21/1 Years	21/1-3 Years	3-31/2 Years	31/1-4 Years	4-41/2 Years	
Alive in improved con- dition without evi- dence of advancing disease	24	17	13	10	5	2	1	1	1	
Alive in improved con- dition with disease advancing	12	7	5	3	6	2	2	2		
Alive in deteriorating condition	5	14	11	10	4	5	2	1		
No apparent change	3	1								
Died of disease Died of other causes	8	4 2	12	6 1	7	1 1	2			
Lost trace of	2	1		•		2				
Total	54	46	41	30	22	13	7	4	1	

the fact that hormone therapy yields the most effective results in previously untreated cases, we agree with Stirling⁵ and Higgins,⁷ as well as Nesbit and Cummings,3 that this method of treatment should be delayed until its use will be required by the onset of symptoms arising from advancing or metastatic disease We regard it well within the realm of possibility that life may best be prolonged following such a procedure, so we do not favor carrying out orchidectomy as a routine procedure in apparently quiescent cases of prostatic cancer We believe that this procedure should be reserved until such time when its employment will produce the greatest amount of benefit

This line of thought is in agreement with Bugbee, 16 who, as quoted by Higgins, 7 stated as follows "If orchidectomy is carried out early in the disease, the relief it affords at a later period when it is most needed is denied the patient" Higgins, in a recent publication, 7 has expressed similar views

Nevertheless, it is the consensus that androgen control treatment should be employed without hesitation in patients with metastatic disease and in patients in whom evidence of advancing dis-More recent reports in the ease is apparent literature indicate that even in this group of patients a certain degree of conservatism has developed after the initial enthusiasm for performing castration has passed its crest immediate relief from intolerable pain is desired, estrogen therapy seems to be given preference with the idea in mind to save castration treatment as a last resort after estrogen administration has lost its effect. The effectiveness of stilbestrol as a method to relieve pain is well established, although its action is less spectacular because more time is required before appreciable relief from pain is obtained Higgins' stated that disappearance or marked improvement of pain occurs as a rule in seven to ten days if estrogen is given exclusively, while a similar degree of relief

was obtained following castration after twelve to thirty-six hours

In a group of patients who were not included in this report because they were treated more recently, we have made analogous observation. With increased experience we have become progressively hesitant in the employment of orchidectomy and we advocate its employment predominantly in patients in whom immediate relief from pain seems desirable, or in patients who do not respond satisfactorily to estrogen administration, or in patients who develop resurgent symptoms after temporary relief from stilbestrol medication

We do not see any advantage in simultaneous employment of castration and estrogen administration. The results obtained by such a combination treatment were rather worse than better. Study of our patients with metastatic disease revealed that the average time that elapsed after initial improvement until resurgent symptoms developed was eight and nine-tenths months in the group of cases who were treated with castration plus estrogen, ten and two-tenths months, if they were treated with estrogen exclusively, and thirteen and two-tenths months if they had orchidectomy only

These figures gain added significance if they are compared with figures obtained for the average survival time after the patient has developed into a delayed failure The average time elapsed until death was eight and three-tenths months in the group of patients who had been treated with orchidectomy plus stilbestrol was seven months in patients who received supplementary stilbestrol therapy after they developed into failures after orchidectomy the other hand, in the group of patients who did not continue to respond to prolonged estrogen administration, renewed relief from pain was obtained in most of the cases and life was prolonged for an average of eighteen and threetenths months by subsequent orchidectomy

These observations give evidence that still bestrol medication given in cases of failures following castration is more or less ineffective while failures which occur following axclusive stillbestrol therapy may be substantially benefitted by orchidestomy

The considerations aforementioned indicate clearly that in spite of androgen control therapy the ultimate outcome in each case is still being determined by the character of the primary lesion Hormone therapy, especially if carefully planned, may have a remarkable delaying effect on the progress of the disease if it is employed at a time when activity of the lesion manifests itself However, it must be kept in mind that the greatest degree of benefit is being limited to certain signs and symptoms of the disease while the course of the disease continues to progress. For example, disappearance of pain from metastases may be accomplished by hormone therapy yet senal x ray films reveal usually not only evi dence of continued progression of already existent metastatic lesions, but also development of new metastases in parts of the skeleton which were previously not involved Or, regression in size as well as softening in the consistency of the prostate, may occur to such a degree that rectal examination would not suggest the presence of carcinoma and yet the disease in general may continue to advance in spite of the patient's weight gain, well being, and freeness from pain. With increasing experience, we have become used to viewing with akepticism even the most spec tacular improvement in any patient because the same story repeats itself, namely, that patients, who had no complaints when last examined, so often return on the next revisit with severe pain and unable to walk without assistance.

In discussing the effect of hormone therapy on metastatic leanons, we disregarded the group of 19 patients who developed metastases while they were under treatment. The fact that metastases occurred in spite of treatment was interpreted as conclusive evidence that therapy was inaffective. Of the 54 patients who had metastases at the beginning of treatment, 49 had metastases to bone, 4 had metastases to lymph nodes, and 1 patient had metastate lung involvement. In one of the patients, metastate bone and lymph node involvement were present simul taneously.

Of the 49 patients with bony metastases, 8 had no pain throughout the course of observation in 3 patients, the intensity of pain remained essentially unchanged and further increase of pain in spite of treatment developed in 5 patients.

In the remaining 33 cases, more or less marked relief from pain was obtained — In 29 of this latter

group, recurrent pain developed after an average of eleven and one-tenth months. The results in the other 4 patients were as follows Relief from pam has persisted for thirty four and fifty months in 1 case each, 1 patient died of other causes after seven months, and in 1 patient, relief from pain was due to a metastatic lesion in the second lumbar vortebra with resultant paralysis of the lower extremities and chord bladder

The effect of treatment on the metastases proper seems to depend to a large extent on the sate of the metastatic lesion.

Further progression of old and development of new metastases in proviously not involved parts of the skeleton was the rule. However, various degrees of improvement in the roentgenologic appearance of bone lesions was demonstrable in 8 patients. In 2 of them improvement has persisted to the time of writing, while it was temporary in the other 6. Complete disappearance of bone metastases was not observed in a single case in our series.

One patient with metastages to lungs died after treatment without responding to hormone therapy

Five patients had metastatic lymph node involvement, one of them had bony metastases in addition to lymph-node involvement. Diagnoss was confirmed by biopsy in each patient. Response to treatment in this group of cases was excellent. Hormone therapy was ineffective in only one patient who was admitted in the terminal stage. Complete disappearance of lymph node metastases was accomplished in the other cases. So far, none of them has developed recurrences. It is of interest that the patient with bony and lymph-node metastases responded with disappearance of the metastatic lymph nodes, while slow progression of the bone lesions continued.

During the course of our investigations (and for two years before hormone therapy was introduced), we have carried out serum acid phosphatase determinations at regular and frequent intervals. From our studies on our patients with carcinoma of the prostate the following conclusions were made.

Decrease in the serum and phosphatase activity following castration and stilloestrol ad ministration occurs almost invariably if elevation is present. Decline is more precipitous after castration, but gradual decrease to normal or almost normal levels is accomplished also by exclusive estrogen medication

Determination of serum and phosphatase activity is of limited diagnostic value in patients who were proviously subjected to hormone therapy

Consistently high acid phosphatase levels, and

particularly continued increase of acid phosphatase activity, in spite of androgen control therapy, should be interpreted as an unfavorable prognostic sign even if the patient seems to improve It has been our experience that improvement in this group of patients was of short duration only

On the other hand, delayed failures may occur in spite of decrease of serum acid phosphatase to persistently normal values. Re-elevation of the acid phosphatase need not develop even in the terminal stages of the disease, however, during the course of prolonged studies we have observed subsequent elevation of the serum acid phosphatase to levels which exceeded the initial values.

In spite of its short-comings, which have become more and more apparent as time progresses. it can be stated that hormone therapy represents the most effective therapeutic measure available for patients with advanced and metastatic pros-A certain degree of disillusiontatic carcinoma ment, which has developed lately. stimulus not only act 88 8. plan androgen control therapy in accordance with certain indications, but it will also stimulate investigation to attempt to find supplementary measures which will improve or prolong the effect of this method of treatment

It becomes increasingly apparent that emphasis is being placed again on surgical procedures such as transurethral resection for relief of obstructive symptoms and perineal prostatectomy to try to accomplish cure in suitable cases cent reports by Scott and Benjamin, as well as by Parlow, are of interest in this connection These authors advanced the idea to attempt perineal prostatectomy after regression of an initially inoperable lesion has been accomplished by hormone therapy Scott and coworkers claim to have employed this procedure success-Although the time elapsed fully in some cases is too short to permit conclusions, it may be that this measure will offer future possibilities in patients with nonmetastatic disease However, in spite of sometimes very pronounced improvement of the rectal findings, it will be extremely difficult to determine whether or not extension of the disease into the periprostatic tissues with resultant fixation has regressed sufficiently to justify an attempt at surgery for the purpose of accomplishing cure

Investigations for the purpose of accomplishing more prolonged beneficial effect from hormone therapy are also under way in the field of endocrinology. It is well known that androgen activity does not entirely cease following castration, neither can it be depressed indefinitely by the action of estrogen.

Experiments of McCullagh and Daoust¹⁰

published as early as 1940, are of interest in this connection. They found that transient reduction of comb growth-stimulating androgenic hormones in the blood of rabbits took place following castration. However, it was demonstrated also that the amount of comb growth-producing hormones was restored, and remained restored one month later. McCullagh and Daoust concluded that these extragonadal hormones originated in the adrenals which were found enlarged with their average weight increased from 340 to 864 mg.

It is generally believed that the adrenals are the main source of androgens in the body, after orchidectomy. Certain evidence suggests the pituitary gland plays a leading part in the control or stimulation of androgen production, after castration. Following this idea we have attempted to depress this activity of the pituitary by giving external irradiation over the pituitary, particularly in patients who developed into delayed failures following castration therapy X-radiation treatment over the pituitary has also been employed by Herbst, 11 Angrist and Khoury, 12 Beatty, 13 etc.

Two hundred ky x-radiation (half value layer. 09 mg Cu, 50 cm skin target distance) was given and the pituitary was irradiated from two lateral and one anterior field A total of between 1,000 and 3,500 r was delivered into the region of Transient improvement from the sella turcica pain was obtained in about 50 per cent of the cases, but in none of them were we able to alter the course of the disease materially been our impression that the downhill course in delayed failure patients was slowed down substantially in some of the cases treated average survival time until death was twelve and three-tenths months after resurgent symptoms became manifest in a group of 20 patients who received x-radiation treatment over the pituitary, while an average of only seven and seven-tenths months elapsed until death occurred in an analogous group of 43 patients who received no such treatment

These results are by no means spectacular, but in our estimation they are sufficient to warrant continued investigations in this direction

Summary

A study of results obtained by hormone therapy in a series of 130 patients with prostatic cancer is presented. Treatment in these cases dated back to from two and one-half to four and onehalf years.

After initial benefit, resurgent symptoms develop in the majority of the cases after variable periods of time. This indicates that hormone

therapy in its present form does not cure nor does it retard the disease indefinitely

March 1, 1947]

In giving estrogen, small daily doses of 1 to 3 mg of stilbestrol are being recommended

Indiscriminate use of orchidectomy in patients with prostatic cancer is decried Castration should be reserved for patients in whom immediate relief from pain is desired or patients in whom estrogen administration has lost its effectiveness

Estrogen administration given in cases of fail ures following castration is usually ineffective while failures occurring following exclusive estrogen therapy show fair response to subsequent castration.

Androgen control therapy does not prevent formation of metastases in patients with apparently quiescent disease. Its value in this type of case is questioned and it is suggested to reserve hormone therapy until the disease shows signs of progression

Results accomplished by employment of x radiation over the pituitary are reported

certain degree of palliation with prolongation of life was accomplished by this procedure.

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STATE MEDICAL SOCIETY DUES IN U.S.

A study of dues paid to state medical societies has recently been completed by the Oklahoma State Medical Association.

There is particular interest in that part of the tabulation which shows changes in assessment in 1945 and 1946 and increases proposed for 1947

		-DUES		-A88	E88MI	-TAS
STATE	1945	1946	1947	1945	1946	1947
Alabama	\$ 5.00	\$ 5 00	\$ 5 00			
lrisona.	30.00	30.00	30.00	•		
Arksons	8.00	5.00	8 00			
California	20 00	100 00	100 00			
Colorado	18.00	16.00	50.00			7
Connecticut	20.00	20.00	7			7
Georgia	7 00	7.00	7 00			
Idaho	12.00	12.00	12 00			10,00
Illinois	8.00	8.00	10 00			
Indiana	15.00	18.00	10 00			
Iowa	10.00	10 00	15.00			
hanes	15.00	15.00	15 00			
Kentucky	5.00	15 00				
Louisiana Maine	5.00ء	25 00	25 00			
NI STATE OF CO.	12 00	12 00	35,00			
Namb DC	30 00	80.00	?			1
Michigan	12 00	12 00		10.00	3 5 00	ī
Minnesota	20.00	20.00	20 00			

\limmalestpps	5.00	500	5 00			
Missouri	8.00	8.00	8.00	~ 00	7.00	- oò
Nobraska	15.00	15.00	15.00			
New Hampshire	6.00	6.00	10 00			
New Jersey	22.00	20.00	25 00			
New Mexico	10 00	10.00	*0 00			
New York	10.00	10.00	10 00			
N Dakota	35.00	35 00	35 00			
Ohlo	7.00	7 00	15 00			
Oklahoma	12.00	12.00	22.00		-5 00	
Oregon	20.00	20.00	7	10 00	10.00	10.00
Pennsylvania	20.00	20.00	7			
Rhode Island	25.00	25.00				
R Dakota	15.00	15.00	50 00			
Tennamee	6 00	18.00	15 00			
Texas	20 00	20.00	20 00			
Utah	15 00	16 00	50 00			
Vermont	20.00	20.00	35,00			
Virginia	7 00	7 00		2 00	2 00	7
Washington	20.00	20.00	25.00			
W Virginia	10.00	15 00	15,00	8 00		
Wisconsin	83.00	33 00				7
Wyoming	7.50	7.80	25 00			

341-1-4--1

? Indicates figures not yet decided upon by meeting of House of Delegates.

-Connecticut State Medical Journal, December 1946 p 1033

UNSTABLE KNEE DUE TO TEAR OF EXTERNAL COLLATERAL LIGAMENT WITH AVULSION FRACTURES

MILTON J WILSON, MD, FACS, New York City

(From the Orthopedic Department, New York Medical College, Flower and Fifth Avenue Hospitals, Metropolitan Hospital Division)

THE patient, H S, a woman, aged 33, was admitted to the Metropolitan Hospital on May 11, 1944, with a history of falling down a flight of stairs injuring the left knee

Evamination showed "marked swelling, no abrasions, and extension limited to 170 degrees, flexion was not attempted. Lateral mobility was equal on the two sides, and there was no anteroposterior play. There was marked tenderness over the head of the fibula."

Roentgenograms (Fig 1), May 11, 1944, showed complete avulsion of the left tibial spine as well as a small portion of the articular margin of the lateral tibial condyle and a fairly large fragment of the provinal end of the fibula. The tibial spine was not separated but the other fragments were widely so She was treated by aspiration of the knee and skin traction. The following morning, the knee could be fully extended but there was 20 degrees of lateral play. A cast was applied from the toes to the upper thigh with knee extended. She left the hospital on the eleventh day, and returned for removal of the cast after seven weeks.

Films dated June 29, 1944, show the tibial spine to be united and the other fragments rounded off, but still separated At this time there was no lateral play found in the left knee Weight-bearing was permitted on crutches and three months later these were discarded

At four months post-trauma, she was seen in Follow-Up Clinic and apparently had a good functioning knee Flexion was to 90 degrees on the left, 70 degrees on the right

Five and one-half months following injury she returned, complaining of a sense of insecurity in the left knee but no pain. There had been full weight-

bearing for almost three months

Examination showed 10 degrees of lateral motion and the tibia could be displaced somewhat forward on the femur Knee flexion was definitely restricted due to the sense of instability There was good biceps and quadriceps function, and no peroneal involvement

Roentgenograms, November 27, 1944, (Fig 2) showed the left knee in adduction resulting in marked separation of the lateral tibial plateau from the lateral femoral condyle. The fragments off the fibula and the tibial articular margin did not change position.

Operative intervention was indicated and the joint was approached through a lateral parapatellar incusion. The cruciate ligaments and the lateral meniscus were found to be intact. A lateral incision, extending from the fibular head along the biceps tendon, was then made. The fascia, the lateral ligament, and the attachment of the biceps tendon to the small avulsed portion of the fibular head were found lying above the tibial plateau and loosely fixed with fibrous tissue to the snyovia of the kneel joint. The fibrous tissue was resected, the bony





Fig 1 Avulsion left tibial spine, lateral border of tibial plateau and fibula at the attachment of biceps tendon

fragments freshened up, and the bone fragment of the fibula was attached to the tibial condyle with two 1-inch Vitallium screws and chromic catgut. The wound was closed and a long leg cast applied with the knee in abduction and 15 degrees flexion. Postoperative course was uneventful. The cast was changed after seven weeks

Fig 3 shows the condition at this time, the fragments of the fibula and of the tibial condyle held in contact with the tibial condyle by two small Vitallium screws Films taken

February 19, 1945, appear the same

Progress note made five months after the last operation showed 5 degrees lateral motion, 175 degrees extension, and 90 degrees flexion. She walked well and had lost the feeling of instability. There was no pain and no limp

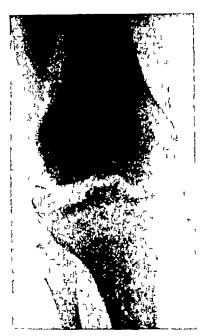


Fig. 2 Left knee in adduction showing widening of the joint space laterally

She returned to work seven months postopera tively and at fourteen months was found to have complete range of flexion and extension with no lateral instability

Fractures of the tibual spine are rather common, arulaion fractures of the fibula are rare and the combination of both is certainly extremely rare While knee instability is usually considered due to torn cruciate ligaments in this case it was due to avulsed lateral ligament and biceps tendon.

It is difficult to account for the mechanism of the injury. The anterior crucial ligament is attached to the tibial spine and the lateral ligament of the knee joint and the biceps tendon are inserted into the head of the flyula.

POSTGRADUATE COURSE IN RADIOLOGY

One hundred radiologists will be selected to attend the postgraduate course in radiology to be conducted March 30 through April 4 in Philadelphia by the American College of Radiology

Preference will be given to radiologists who served in World War II. Second preference will be given to qualified applicants who were unable to obtain admission to last year's course in Philadelphia. The course is spomsored



Fig 3 Postoperatively showing fixation of the avulsed fragments laterally and correction of the instability

The violence necessary to produce the injuries sustained in this case must have been either foreble adduction of the extended knee avulsing the lateral ligament and the biesps tendon with their bony at tachment and then foreible shifting forward of the tibla placing strain on the anterior cruciate and pulling off its bony attachment, or foreible internal rotation pulling off the biceps and its bony attachment, and the external femoral condyle knocking off the tiblal spine.

The patient walks without a limp has no complaints, and examination shows no residual disability

1000 Park Avenue

jointly by the American College of Radiology and the Philadelphia Roentgen Ray Society

Some of the subjects to be studied are certain neoplastic and inflammatory disenses, carcinoma of the head and neck, doesge calculation and tumor sensitivity in radiation therapy carcinoma of the breast, blood and hemopoetic diseases, carcinoma of the genital and urnary tract, bonign and malignant diseases of the akin.

CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors. A selected group of these conferences is published in an annual volume, Cornell Conferences on Therapy, by the Macmillan Company. The next report will appear in the June issue.

The Rational Use of Cathartic Agents, Part II*

DR HARRY GOLD The conference last week dealt with the subject of the rational use of cathartic agents Consideration was given to the choice of cathartic agents for particular problems. the methods of bioassay of these agents, the role of cathartics in the cause as well as in the relief of constination, the actions of the gum lavatives. the irritant lavatives, and the salines, their mechanisms of action, the problem of griping after cathartics, and some of the toxic effects which are not commonly considered in the routine use of ensom salts There seemed to be several points of interest in need of further discussion. but the time was too short to take them up hope to be able to explore these matters in the conference today

DR KIRBY A MARTIN In relation to Dr Heffner's discussion, I wish to point out that one should differentiate between bulk and roughage The literature is confusing on this point, since some authors use the terms interchangeably A stool may be large or small in volume depending upon the amount of cellulose in the food — It may be smooth or rough depending upon the kind of cellulose consumed

A few years ago Olmsted classified the cellulose content of a few of the common vegetables into cellulose, hemicellulose, and lignin ample, the pulp from sugar beets, carrots, and cabbage is composed of hemicellulose stance is hydrophilic, and in the intestinal tract it supplies an increased bulk to the stool that is smooth and resembles the effect of agar other hand, bran, classified as a lignin, produces a bulky but rough stool In the gastrointestinal clinic here, where we prescribe diets for constipation very frequently, a few years ago we coined the word "smoothage" to designate these smooth bulk-producing substances, because there was no word in the English language to portray the opposite of roughage

The gums referred to by Dr Heffner are hydrophilic substances, and in the intestinal tract produce a bulky smooth stool They may be used to advantage in selected cases, but why pay a high price at the drugstore for substances brought from the four corners of the earth when the same effect may be derived, in a more pleasant and economical way, by using the vegetables containing hemicellulose? Of the many vegetables that you may buy on the market that yield as good smoothage as anything that you buy at the drugstore, the first probably is the carrot smooth, hydrophilic, and it is like cold cream when it reaches the colon Cabbage is also excel-I horrify everybody when I say that I feed all of my ulcer patients raw cabbage, cole Cooked cabbage is less useful because cooking releases volatile oils which are irritant

It is strange that so little emphasis has been placed upon the organism itself as a bulk pro-For example, a patient taking no food by mouth may continue for days to pass a large, normal-appearing stool, the composition of which may be not unlike that of a patient on an adequate but low residue diet. Where does this voluminous stool come from? It is made up from the normal secretions of the intestinal tract plus Secretions and bacteria may each account for as much as 25 per cent of the dried weight of a low residue stool In certain cases, however, mucus is secreted in excessive amounts and it is said that the patient has "mucous colitis" This is now looked upon as an advanced state of a spastic colon The cause may be in the colon itself, but may be and frequently is due to a disturbed motility higher in the intestinal tract Observations also indicate the existence of the opposite type of patient, who seems to have too little intestinal secretion

If we knew more about the effect of foods and drugs upon the control of intestinal secretions, we might find a simple way of correcting certain types of constipation For example, the protein

^{*}Part I of this Conference appeared in the February 15 issue of the JOURNAL.

foods definitely stimulate intestinal secretion and increase the bulk of the stool

DR. THOMAS ALMY It seems to me that the use of high residue and low residue diets should be considered in relation to the kind of functional constipation which the patient has that is, whether it is atonic or spastic. The textbooks give us a simplified differential diagnosis of these two types on the basis of ago, body build mood tension, and vasomotor stability of the patient, together with the findings on proctoscopy and x ray visualization by a barium enema

In the atonic type of intestinal stasis the first matter of importance is to provide adequate indigestible bulk in the form of a high residue diet with a large quantity of fluid One need not issue extensive diet lists for this purpose most patients it will be enough to insist they have three pieces of raw fruit a day four servings of vegetables, and five or six slices of whole wheat bread, together with three quarts of liquids in twenty four hours, if there is no contraindication to the latter The amount of bulk in the intestine may also be increased by the use of one of the gums. I believe the most popular substance of this sort at present is a purified derivative of psyllium seed, of which there are several brands on the market. The standard procedure is to suspend one to two heaping teaspoonfuls of the material in a glass of cold water, to be swallowed rapidly and followed by another glass of water, one-half hour before breakfast However, the only type of laxative which we have used exten sively in this group of patients over long periods of time is milk of magnesia, which provides fluid bull. Occasionally, mineral oil has been found rather effective in making the expulsion of feces entier, and one to two tablespoonfuls may be taken nightly at least three hours after eating Separation from food is, of course, important in order to minimize the loss of the fat-soluble vitamins which Dr Travell has mentioned Some patients get along well on the use of a simple tap water enema, every third day if necessary

It is generally considered at present that in the majority of patients with spastic constipation the primary exciting cause of disturbed bowel function is nervous tension, and the first consideration is to remove the cause of the nervous tension with psychotherapeutic devices, which might be termed 'emotional catherss' To reduce the irritability of the bowel directly, first, provision should be made for a low residue diet to reduce the bulk of the fecal mass and, second, unnecessary irritation of the colon from spices, pepper and sauces, and especially from laxatives and irritant enemas should be avoided Jacobson has shown that the tone of smooth muscle is in some way related to the tone of skeletal muscle,

and has had some success in alleviating states of hyperirritability of smooth muscle, such as an irritable colon, by routines which establish skelotal muscle relaxation. This can be accomplished by physical therapy of the type available in the hospital and also by homemade physical therapy in the form of tepid tubs and unskilled massage Relaxation may be further augmented by mild regular exercise. Finally, the use of antispasmodics, such as belladonna and syntropan, or the use of mild sedation with phenobarbital, has, in the belief of many physicians, been attended by additional improvement in spastic constantion

I know that many doctors of experience use agar psyllum seed, and other such substances in spastic constipation, in order to provide smooth bulk. I have never tried this myself because I could not see the physiologic basis for it, since we are actually trying to diminish the stimulus to reflex hypermotility

DR TRAVELL There are two kinds of intestinal motility, first, the propulsive type, and second, the segmental or tonic contraction, and it is quite possible that an increase in bulk may increase peristals is without increasing spasm. The stimulus which normally initiates the propulsive wave is probably stretching of the muscle fibers of the gut.

Dr. Gold Let us see if we have that straight. Dr Almy would not use bulk in so-called spastic constipation because that tends to increase the stimulus to the gut which is something he tres to avoid Dr Travell's point is that if the stimulus is a propulsive one it might not be contraindicated in this type of constipation

DR. SYDNEY WEINTRAUB Are we not confusing bulk and roughage? I think that in the spastic colon it is not a question of how much bulk there is, but a question of how coarse the residue is Don't you agree with that?

DE TRAVELL That is exactly my point In creased bulk, it is smooth may stimulate peristalsis, whereas if it is rough, it may act as an irritant and set up spasm

DR WEINTRAUB And we usually give agar and similar materials to increase the bulk because it gives not roughage but smoothage, as Dr Martin calls it.

DR. ALLY I would say that obviously rough age is contraindicated, but one can see reactive spasm in the constipated bowel after two very bland agents which cause distention. One is barium and the other is air introduced through the proctoscope.

The sample blowing of air into the rectum of the patient with spastic constipation will often result in so much spasm that one cannot get past the rectosigmoid junction. I wonder, therefore, if the distinction which you have drawn between the

effect of smooth bulk and rough bulk is valid?

DR TRAVELL Sudden distention of the gut by blowing it up with air might produce an entirely different effect from the gradual distention which follows the introduction of material by mouth

DR MAURICE TULIN Most of the agents used to provide bulk are smooth only in comparison with the whole fiber of cellulose Actually, microscopic examination of the feces frequently reveals small but intact particles of cellulose, and after a good many of the agents that yield smoothage, fairly large-sized particles are seen As yet I am unwilling to differentiate the rough uncooked vegetable from the smoother cooked vegetable because I doubt whether microscopically there is a significant difference at the time the meal has reached the colon

STUDENT Dr Almy spoke of the use of antispasmodics in spastic constipation. Does anyone have any success with the parasympathomimetic drugs such as prostigmine in atonic constipation?

DR ALMY I cannot answer that I would be glad to hear what Dr Weintraub has to say

DR WEINTRAUB We almost never see atonic constipation One should be able to demonstrate an atonic colon in the x-ray examination, but one very rarely sees the bowel atonic in these cases

DR BARR You mean that you don't use parasympathomimetic agents for constipation?

DR WEINTRAUB That would be my answer to the question

DR BARR Does anybody use them?

DR MARTIN No

DR TRAVELL No, except in the intestinal stasis of postoperative ileus

DR WEINTRAUB Yes, I think that is the only time you would use them I would like to ask Dr Almy what he thinks are the proportions of patients with the two kinds of constipation, atonic and spastic, as he sees them in the clinic?

DR ALMY Most of our patients are quite young, and I think that we see more spastic than atonic constination

DR WEINTRAUB I asked that question because there are some who maintain there is no such thing as atomic constipation. They say that stasis is always due to some spastic phenomenon somewhere along the gastrointestinal tract

DR BARR Are you one of those?

DR WEINTRAUB I am one of those I say that atonic constipation is very, very rare, except in debilitated people who are in bed and have some chronic disease

DR BARR How about Dr Martin?

DR MARTIN The literature is very confused as to the meaning of the terms atomic and spastic colon in relation to constipation I am con-

vinced that this classification serves no useful There are no atonic colons in constipation except the few congenital anomalies Otherwise, the colon is always spastic in constipated persons This confusion came about early in the use of x-ray studies of the colon authors studied the colon by a motor meal and others by a barium enema. The colon which appears overstimulated or spastic as judged by a motor meal may appear atonic by a barum The first technic is useful to study function, whereas the second is useful to rule out the presence of organic disease The two technics are not comparable Furthermore, by means of a barium enema, one cannot differentiate radiographically a spastic colon with constinution from a colon in which diarrhea is present both spastic

STUDENT I would like to hear a definition of chronic constipation in the ambulatory patient in whom organic disease has been ruled out

DR. BARR Who will give us such a definition? DR ALMY I think that for the most part we should take the patient's word for it, because if the patient comes here complaining of constipation, he needs an explanation of what is wrong with his bowels as he sees it — In the patient who is mildly constipated that usually means insufficient quantity of feces — Of course there will be a certain number of patients who are having one or two perfectly adequate bowel movements a day, and to whom after a reasonable investigation one has to say that he is not constipated

Hurst has defined constipation as a failure of ingested charcoal to be passed within about forty hours. We use carmine as a marker in studying delay in passage of fecal material, but it is rarely necessary to study the actual passage in order to decide whether treatment is necessary.

Dr. Martin I knew that someone was going to ask the question, "What is constipation?" so I looked it up in Webster's dictionary, Cecil's, Alvarez', Winkelstein's, and in several other texts, one of which I had something to do with, and they left me hopelessly confused I would be ashamed to read the definitions that I found, and I won't waste your time in doing so

In relation to this question, I would prefer to answer it another way. It helps if one regards constipation as a change in the bowel rhythm A disturbance in function may manifest itself, first, as a change in the rate of flow, that is, either diarrhea or constipation, second, as a change in the character of the contents, that is, an increase or decrease in fluid, or third, by the presence of blood, mucus, or pus. It should be noted that the spastic colon may result in either diarrhea or constipation.

Dr. LAWRENCE W HANLON Hurst says that

the patient usually regards himself as constipated because he takes physics, and is really suffering from "a self induced diarrhea." He describes the sufferers as hypochondriacs who have their own idea of ideal stool size, and must learn there is no standard size, shape, color, or consistency He says that they "should learn to follow the example of the dog instead of the cat, and never look behind them."

STUDENT How long may a patient go without a bowel movement and still be considered normal?

Dr. Martin We had a 17-year-old boy who had normally a rhythm of one bowel movement every fourteen days brought to the clinic by his mother A gastrointestinal x ray series was reported as normal after castor oil preparation. Motor meal studies after one, three, five, and six hours as well as a barium enema, showed nothing abnormal We were unable to get further studies. This patient was entirely satisfied with the attuation and had no symptoms

DR ALLY I think cases are recorded in the literature in which patients have gone six months without a bowel movement and did not come to

any violent end

DR. TRAVELL Reports on survivors on life rafts in the Pacific contain accounts of many weeks without a bowel movement.

Dr. Gold It would almost seem as if having a bowel movement is not essential

Dr. Martin Dr Hauser made a report on the people on life rafts and many of them had a normal movement every day, even though there was no food That is easy to understand if you appreciate what the bulk of the stool is made up of one-third bacteria, one-third secretion and probably one-third food residue If you cut out one-third by the absence of food, the remainder may still be enough for a simble stool.

DR WEINTRAUB Actually, constipation of itself does not hurt most of these patients, but it is their reaction toward constipation induced by what they read about it on the subway cards, what they read about it on the subway cards, what they hear over the radio, as to the terrible things that happen to people when they are constipated, that is harmful They are told that they are full of poison, and they begin to believe it and worry about it That is the point that Dr Almy tried to bring out, and that is why these people come to the doctor and to the clinic seeking relief It is because of their fear I think that Dr Houston's definition of constipation is a good one, namely, it is the colonic manifestation of a psychoneurosis

Dr. Goto I should like to ask Dr Almy again what he does specifically to relieve the constipation in a patient in whom, for one reason or another, dictary regimen, exercise, and psychologic measures have not solved the problem

DR. Alarr In the hospital we do leave a standing order for milk of magnesia and mineral oil if necessary If that is ineffective, we use an enema.

Dr. Gold What does one do in the outpatient department, or in the cases of ambulant patients one sees in the office?

DR. ALMY The enema is still the best answer DR GOLD The patient might have to take one three times a week. Is that all right?

DR ALMY Yes

DR. MARTIN Dr Bastedo, in reviewing the subject a few years ago, said, 'Why upset 35 feet of intestine when the trouble is within 8 inches of the rectum?" As Dr Almy has pointed out, the use of an enema is often more rational than a cathartic

DR CATTELL Does not constipation usually take care of itself?

DR ALMY It depends upon how willing patients are to follow advice. Many patients are incapable of accepting the idea that they may go more than one day without a bowel movement. Sometimes they will never restore the normal pattern of their bowel function because they are afraid

Dr. Gold What proportion of patients who complain of constipation end up still having constipation after you have prescribed dietary regulation, extra fluid, bulk factors, and psychotherapy? How many end up with constipation and need a laxative for relief?

DR WEINTRAUB I would say very roughly, based on experience in private practice, at least 25 per cent, or maybe more These patients may follow the regimen for a while, and it works But when they seem to let down, they stop taking the agar, stop exercising Then they decide one day they need a good cathartic, so they take one, and then the whole cycle is started all over again. There is no bowel movement for two or three days after the cathartic, so they take another dose and come to you again, with the story, "I am back in the old bad habita." Then you have to start explaining things and putting them on the regimen all over again.

DR. GOLD I should like to ask the question in another form In what proportion of the chronic constipators that come to your office do you prescribe a laxative?

DR. WEINTRAUB As a rule only to elderly people, who have taken cathartic pills all their lives and who have found if they take 10 or 15 grains of cascara or some other favorite pill they get along all right.

I have learned from experience that it is usually hopeless to try to put these people on a general regimen, so we allow them to take their pill Honever in the younger people and intelligent people

you can correct constipation by physiologic measures

DR Gold When you say you allow them to take their pill, you mean you don't change the preparation?

DR WEINTRAUB I don't change it

DR GOLD There is no basis for choice among the pills for chronic constipation except the patient's own experience and preference?

DR WEINTRAUB That is right

DR MARTIN Dr Almy expressed a preference for milk of magnesia We have found that milk of magnesia produces cramps in many instances, and that cascara is better tolerated by the spastic colon

DR ALMY Why is cascara preferable to milk of magnesia?

DR MARTIN Because in average doses it does not ordinarily produce cramps

DR GOLD There is the point that cascara exerts its effect by virtue of local irritation in the large bowel, while milk of magnesia, like other salines, acts through osmotic retention of water, and the effect is that of bulk

DR TRAVELL It has been shown that as soon as cascara reaches the colon, the small intestine is also stimulated due to the coordinating reflexes of the gut

However, the stimulation of the small bowel after administration of cascara occurs later than after the administration of the saline cathartics. This could help to explain why the salines might cause cramps and cascara might not

DR GOLD I am certain that cramps may be caused by all of them if the doses are large enough Is drinking water of any virtue in constipation?

DR MARTIN I have never been impressed that, within normal limits, the amount of water a patient takes has any effect on constipation

Summary

DR TRAVELL The discussion this afternoon and in our conference last week dealt with one of the most common problems of every day practice, namely, the use of cathartics Among the various topics there were these questions When is a patient constipated? Is constipation a matter of frequency of stool, quantity of stool, or consistency of stool? How much validity has the classification of spastic and atonic constipation? Should constipation be allowed to right itself or should patients be encouraged to do something about it? When should one resort to laxative agents? What is the basis for a choice among laxative agents?

These and related questions were explored in the endeavor to crystallize a more rational

system for the management of constipation problems than seems to be the general practice

A satisfactory definition of constipation appears to be difficult to obtain. Perhaps the one which defines it in terms of a deviation from the individual's own bowel rhythm comes nearest to the true description of the constipated state. The view was expressed that the vast majority of cases of constipation are spastic and that so-called atonic constipation is only rarely encountered, and more often in relation to organic diseases.

That constipation is in a large measure a state of the mind is widely accepted. Patients have come to regard a deviation from their usual bowel rhythm with apprehension, and the harm which results from constipation seems to be largely a fear of harm and an anxiety concerning it rather than actual damage to health. Emphasis was placed on the need of educating the patient who complains of constipation with respect to the hygienic measures likely to lead to more regular bowel action, namely, systematic habits, diet, physical evercise, and psychic reactions

The numerous types of lavative agents were considered, namely, the irritant cathartics like cascara, senna or phenolphthalem, the salmes, the bulk-producing gums, and mineral oil While there is need for several cathartic agents, the vast numbers of such agents and mixtures represent needless duplication and are a source of confusion

The few special indications for one or another of these agents were discussed, but, for the most part, little is known concerning, the mode of action, and the selection of a cathartic agent for any particular individual appears to be a matter of trial and error The patient's own preference is often allowed to play an important part in the choice of a cathartic agent was directed to the view that in most instances the dose is a more decisive factor in obtaining satisfactory results than the type of cathartic, for most of them appear to be capable of producing It was pain and griping in excessive dosage urged that more effort be made to establish the proper dose of any one agent than to shift from one to another as a means of securing the best Habituation to cathartic agents occurs, and the use of cathartics may itself promote constipation

There is great need for scientific comparisons of the potency of cathartic agents. Most animals are unsuited for such comparisons. The Rhesus monkey appears to respond in a manner similar to the human. The constipated human subject should be put to use more systematically than has been the case in the bioassay of cathartic agents.

IF YOU HAVEN'T SEEN THIS ELSEWHERE

Awakening of Our Sense of Duty

The most casual analysis of the results of the last election reveals how wide is the swing of the pendulum of public opinion. The time is here when medicine should give thought to and openly take part in the science of government, call it politics if you will. No group of men should be more interested in the government of this country. No group is more qualified to distinguish between the charlatan and the sincere politician. If we state that we fear soling our fingers by mixing in politics we are virtually saying to the ward-healers and corruptionists, "You run it." We should make it our business to assure ourselves that the men we choose to enact our laws and those we select to enforce them are clean able, and honest that they believe in America and in those principles of government which we call American.

The prestige of the doctor as an individual, and of medicine as a group is indeed great. What are we going to do with that prestige? Are we going to use it to help retain in this country the fundamental principles which made thus the greatest nation the world has ever known? Are we going to use that prestige for selfish purposes? Are we going to use that prestige for selfish purposes? Are we going to fail to carry the load of responsibility to society that this prestige has placed upon our shoulders? For surely prestige over carries with it a like responsibility

It is my firm conviction that we as a group will accept our responsibility Today, ideologists are striking at the very roots of free enterprise Socialization of medicine happens to be their immediate goal. It is but an incident in their program. It must be defeated, not for selfish reasons, but because it is a threat to our way of life. While the ideologists may have lost one battle in the recent

election we may be sure that they do not consider they have lest the war. They will be back with more ammunition and with more strategies for the next battle. Complexency on our part at this time may woull ultimate disaster.

may spell ultimate disaster

The welfare of society and the walfare of medicine
go hand in hand. They cannot be divorced. Society
depends upon medicine and medicine upon society
If we sublimate our own interests in our fight for the
interest of society we need not worry about the effect
on medicine.

The strength of medicine is not in the few who hold the higher offices, or in members of committees. Neither is the strength of medicine in the teachers and the scientific researchers. The strength of medicine is in the membership of the county sociotics, those men scattered throughout the state in the metropolitan areas and the rural districts. The prestige of medicine is built upon the lives of these men, and upon these men we must build our hopes of the survival of our present form of medical practice and free enterprise. It is upon the level of the county societies that the battle must be fought and wen.

We need an awakening of our sense of duty to our country along this line and it will be one of the objectives of this administration of your Society to do everything within its power to aid in such an awakening —C. A.Dawson, M.D.

everything within its power to aid in such an awakening.—C. A. Dawson, M.D.

—The Wisconsin Medical Journal, Vol. 45 page 1150 December 1946

Correspondence

In the January 1, 1947 issue of the Journal, page 69 the city of Rome was arroneously included as revealed by the following letter We are pleased to make the correction.—Editor

To the Editor

My attention has been called to the article in the January 1 issue of the New York State Journal Or Medicine on the new domestic coverage in work men s compensation I find that through an error in reading the 1940 census population of Rome, you have announced the law as applicable to 18 cities in the State instead of 17 cities, as the Board has an nounced

While I am of course glad to have employers of domestic workers in Rome take out workmen a compensation insurance if they wish to do so, I think you will agree that it should not be announced to them as mandatory and this the Board has not done.

Very truly yours,
(Signed) Mary DONLON
Chairman
Workmen s Compensation Board
New York State
80 Centre Street
New York City 13

Under the above caption, we plan to publish from time to time, excerpts from the editorial pages of our contemporary State Journals

DEPARTMENT OF THE VETERANS MEDICAL SERVICE PLAN, INC.

Report to Physicians with Suggestions Regarding Procedure

GEORGE HUNTER O'KANE, M.D., Med Sc.D., Coordinator Veterans Medical Service Plan of New York, Inc., and Frederick E. Lane, M.D., Chief of Outpatient Division, Veterans Administration, Branch Office No 2, New York City

A RECENT survey indicates that there are approximately 1,940,000 veterans in the State of New York while there are only about 370 physicians new York while there are only about 3/0 physicians employed by the Veterans Administration on a full-time basis. In addition, there are approximately 700 consultant and part-time physician employees Among the veterans in the State of New York, approximately 350,000 have service-connected disabilities It was obvious, therefore, that this small number of physicians in the Veterans Administration employ could not adequately care for the veterans in the State of New York. For that

veterans in the State of New York. For that reason, the medical profession was called upon. The Medical Society of the State of New York promptly cooperated by sponsoring the Veterans Medical Service Plan of New York, Inc. This nonprofit corporation entered into an agreement with the Veterans Administration on August 7, 1946. Under the terms of this agreement, the 27,000 physicians who are licensed to practice in the State of New York are automatically eligible to participate in the plan to treat veterans with service-constant. pate in the plan to treat veterans with service-connected disabilities From the time of the inception of the plan on September 16, 1946, up to January 1, 1947, approximately 50,000 veterans have received treatment under this plan at an expense to the Veterans Administration of approximately \$1,500,

The New York Plan differs from the plans in other states in that there is no administrative intermediary agent Instead, coordinators who are em-ployed by the Veterans Medical Service Plan supervise the ethical and professional conduct of the physicians participating and act as haison between the veteran, the Veterans Administration, the in-dividual doctor, and the Medical Society of the State of New York

The Michigan plan, for example, includes a surcharge of 8 per cent for administrative work. By the elimination of this administrative intermediary, the New York Plan has already realized a saving of over \$100,000

During the months the plan has been in operation, every effort has been made to minimize "red tape" However, a certain amount of paper work and conformity is required, masmuch as it involves the expenditure of government funds. In an effort to clarify and simplify the work of the participating physician, the following suggestions are made (1) It is apparent that the space allowed for clinical findings on the authorization form NY10-104 may often prove madequate In this case, the physician is urged to append a more complete report on his own letterhead similar to a letter he would write to inform a colleague regarding a patient's condition and prognosis

The individual doctor is urged not to undertake procedures, surgical or otherwise, which are not specifically authorized Prior authorization should

be obtained in each case so that the Authorizing Physician may determine the service-connection in advance This will further assure the doctor of payment for his authorized services When one doctor wishes to refer a veteran patient to another doctor for consultation or treatment, he should contact the Authorizing Physician in his locality so that separate authorization for the second doctor may be

issued directly to the latter

As it was stated previously, all licensed physicians are ipso facto participating physicians under the Veterans Medical Service Plan However, provecerais ineuroal service Plan However, provision has been made for proper financial recognition for services by specialists The standards of specialization are as follows FACS, FACP, certification by an American Board, or an S rating under the New York State Workmen's Compensation Bureau. Doctors who obtain recent certification by American Boards in their respective specialties or who secure an S (specialist rating) under the Compensation Bureau are urged to convey that information by letter to the Coordinator in their district so that their names may be added to the appropriate panel of specialists

Authorization for major surgical procedures is issued only for disabilities which have been adjudicated as service-connected with the exception of emergency conditions which appear to have a prima

facie service connection

The participating doctor may not transfer an authorization to another doctor Patient must obtain a new and separate authorization to consult another doctor if the original doctor authorized is unable to, or does not choose to accept him as a patient Authorizations are made out to the doctor of the veteran's own choice The Authorizing Physician is specifically instructed not to direct him to any particular physician In short, no channel-ling of cases is permitted

Doctors are urged to note the dates limiting the authorization and are urged to secure further authorization if continuation of treatment is indicated beyond the expiration date on the original authoriza-

Authorizations should be secured by the patient preferably by applying in person to the Authorizing Physician in his district Subsequent authorization for treatment of the veteran may then be obtained by his physician, preferably by a mailed request or

m case of emergency, by telephone

Prescriptions—Physicians authorized to treat
veterans under the Veterans Medical Service Plan
are also authorized to prescribe for them When
issuing a prescription, the physician must inscribe
the prescription with the following statement "I
am authorized by the Veterans Administration to am authorized by the Veterans Administration to treat and prescribe for this patient" Not more than one prescription should be put upon an R

[Continued on page 511, bottom]

POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Jounnal. The members of the committee are Oliver W H Mitchell M.D. Chairman (428 Greenwood Place, Syracuse), George Bachr, M.D., and Charles D Post, M D

Joint Meeting of Chemung County Medical and Dental Societies

DR. STUART L. VAUGHAN, assistant professor of medicine, University of Buffalo, School of Medicine, will speak on March δ in the Mark Twain Hotel, Elmira, at 6.30 p M

Dr Vaughan will discuss "The Hemorrhagic Disorders" before a joint meeting of the Chemung County Medical and Dental societies.

Instruction for Richmond County

O'N MARCH 6, Dr Samuel Klemberg, of New York City will present a lecture entitled 'Back Pain," to the Medical Society of Richmond County Dr William Goldring associate professor of medicine, New York University, College of Medicine, will speak on the subject of glomerulonephritis on March 13

"The Peptic Ulcer Problem will be presented on March 20 by Dr Albert F R. Andresen, professor of clinical medicine, Long Island College of Medicine.

These postgraduate instructions will be held in the auditorium of the United States Marine Hospital Stapleton Staten Island, at 3:30 PM.

VETERANS MEDICAL SERVICE PLAN, INC

[Continued from page 510]

blank. The doctor is not limited in the type of medication which he may prescribe, but only the following medical requisites may be issued on prescriptions insulinayingeand two needles, two hypodermic (insulin type) needles atomizer, nebulker, hot water bottle, fountain syringe combination hot water bottle and syringe, ice bag, ice cap urimal bed pan, enema can, foeding can and car and ulter syringe.

In conclusion the cooperation of the members of the profession to date has been wholehearted and this has been appreciated by both the Veterans Administration and the Veterans Medical Service Plan of New York State, Inc.

(For lack of space it is not possible to include here the 'fee schedule. 'This will be distributed to physicians at a later date)

Termination of Future Payments to Physicians for Drugs Dispensed by Them 10 Course of Treatment

THE following telegram from the Chief Medical Director, Central Office, is quoted for information and guidance of physicians

My attention has been directed to practice in a few states wherein fee basis and designated physicians claim and are reimbursed for drugs dispensed by them in course of treatment stop provision for payment to Doctors for drugs dispensed was considered only as expedient prior to completion of state pharmaceutical association agreements to supply prescription service to eligible veterans through participating pharmacies stop all states except Virginia, Delaware, New Mexico Novada, now under such agreement with VA stop last three states expected to cooperate soom stop last three states expected to cooperate soom stop Doctors normally dispensing own drugs should

consider routine nonexpensive drugs given to pattent as covered by their bade professional featop this is believed to be general practice of dispensing doctors with other than VA beneficiaries stop prescriptions may be written for any medication indicated for filling by VA pharmacy or participating pharmacy under State Pharmaceutical Association Plan stop practice of reimbursing physicians for drugs dispensed threatens with a featop the state Pharmacy Associations from plan which would deprive veterans of hometown pharmacy service stop request immediate attention to discontinue future payments to physicians for drugs dispensed by them.

FREDERICK E. LANE, M.D.

MEDICAL NEWS

Conference on the Medical, Legal, and Social Approaches to the Problems of Inebriety

N JANUARY 8, 1947, sixty city, state, and out of state leaders in medicine, law, welfare, labor and management, and religious groups convened at the New York Academy of Medicine at the invitation of The Research Council on Problems of Alcohol and the Academy's Committee on Public Health Relations

They discussed the recent study, "A Survey of Facilities for the Care and Treatment of Alcoholism in New York City," published by the Journal of Studies on Alcohol, Inc., conducted by the Committee on Public Health Relations of the New York Academy of Medicine, on the inadequacy of hospital and clinic facilities for the treatment of alcoholics in the City of New York. At the conclusion of the all-day conference, ten resolutions were passed calling for

Continued attention to the medical problem of alcoholism on the part of the New York State and

County Medical Societies of the City of New York.

2 The practical implementation of the recommendations of the Academy of Medicine report and of the joint study on "Institutional Facilities for the Treatment of Alcoholism," prepared by the American Hospital Association, by the State and County Medical Societies of Greater New York

The appointment of a continuous interagency committee with representatives from the American Hospital Association, the New York Academy of Medicine, and the New York State Medical Society

The appointment of a state commission to

study this problem

The creation or revival of the Board of Inebriety in amended form in the City of New York for the purpose of establishing suitable facilities for the care of alcoholic patients which will serve as pilot plans or guides for the rest of the State

A larger and more representative conference with the view of further public implementation of

the recommendations in the Academy report

The reactivation of the Committee on Hospital Treatment of Alcoholism of the Council of Professional Practice, American Hospital Association, to cooperate with The Research Council on Problems of Alcohol in the formulation of constructive programs of hospital care for alcoholic patients

8 Such standardizing bodies as the American Medical Association and the American College of Surgeons to review and/or establish minimum stand-

ards of hospitalization for alcoholic patients
9 The New York State Hospital Association,
the American Hospital Association, the American College of Hospital Administrators, and the Greater New York Hospital Association to encourage their member hospitals to care for and treat alcoholics both on an inpatient and outpatient basis

Society for Study of Sterility to Hold Convention

THE third annual convention of the American Society for the Study of Sterility will be held at the Hotel Strand, Atlantic City, New Jersey, on June 7 and 8, 1947, preceding the annual A.M A. Convention.

The general theme of the meetings will be that of attempting to disseminate to the phy-

sician treating marital infertility an over-all picture of the latest advances in reproduction Registration for the sessions is open to members of the medical and allied professions

Additional information may be obtained from the secretary, Dr John O Haman, 490 Post Street,

San Francisco 2, California

Personalities

Dr Frank R. Ober, assistant dean of Harvard Medical College and professor of orthopedic surgery there, spoke at the recent third annual conference on the treatment of poliomyelitis at Sunny View Hospital in Schenectady Dr Ober discussed the acute treatment of poliomyelitis

Dr James F D'Wolf, Dr John R. Emery, and Dr Harry Klapper were recently reappointed to the Medical Board of the City of White Plains for twoyear terms

Dr Alden J Townsend, health officer of Dansville, outlined the disadvantages of socialized medicine to members of the Rotary Club in that town at one of their recent meetings

Dr John F Rogers, of Poughkeepsie, will become Dutchess County medical examiner when Dr Samuel E Appel, of Dover Plams, retires May 31 Dr Rogers is a diplomate of the American Board of Obstetrics and Gynecology and a Fellow of the American College of Surgeons He served in the Navy Air Force during World War I, and was a lieutenant colonel in the Army Medical Corps in the recent war

Dr James E Fish, director of Ellis Hospital, Schenectady, was recently named an associate professor of medical administration on the staff of Albany Medical College

Dr Fred F Pipito has succeeded Dr R H Juchli as authorizing physician for the Veterans Adminis-tration in Amsterdam Dr Juchli resigned the post on January 1

Dr I Irving Vies, of Albany has been named a Fellow of the American Academy of Optometry as a result of outstanding research and work in the field of telescopic lenses. The honor is the highest in the field of optometry

Dr B F Markowitz, of Albany, has been named a Fellow of the American College of Allergists. Dr Markowitz served in the Army for three and a half years with the rank of major

Dr John A. Cetner of Albany was recently named a Fellow of the American College of Surgeons at Cleveland.

Dr Leslie A. Osborn of Buffalo has been promoted to full professor of psychiatry and mental hy giene on the staff of the University of Buffalo School of Medicino Dr Osborn, who has been acting head of the department of psychiatry and mental hygiene and director of psychiatry at the Meyer Memorial Hospital is a native of Australia. He came to the medical school in 1941, after several vears of general practice in Binghamton and on the staff of the Willard State Hospital.

Dr G Newton Scatchard, of Buffalo, was recently made acting head of the department of radiology at the University of Buffalo, School of Medicine. He received his degree from Harvard Medical School in 1934, interned at the Buffalo General Hospital, and has been on the medical faculty since that time. Before his promotion he was assistant professor of radiology at the medical school

Dr. Stafford L. Warren professor of radiology at the University of Rochester School of Medicine and Dentistry and during the war chief of the medical division for the entire atomic bomb project under the Manhattan District, has resigned to become dean and professor of biophysics of the new medical school of the University of California at Los Angeles

A member of the University of Rochester Medical School Faculty for twenty-one years, Dr. Warren began his new duties on February 1. He will supervise plans for the medical school buildings and university hospital of 500 beds to be built on UCLA's Westwood Campus, and assemble a faculty and staff for the new institution.

Dr L. L. Forehheimer, of New York City who served from 1942 to 1948 in the Medical Corps of the Army in this country as well as the European Theater returned with the rank of major and has resumed his practice of ophthalmology

Dr Richard H. Lyons, medical research scientist, has been named to head the department of medicine at Syracuse University's College of Medicine. Associate professor of medicine at the University of Michigan, Dr Lyons will begin duties in June in the first step of a planned reorganization of the clinical medicine branch of the University

After gaining his medical degree at the University of Michigan School of Medicine, in 1935 Dr Lyons went to Harvard University for several years as instructor He later became medical director of Eloise Hospital Detroit, Michigan a post he held three years. In 1941 he returned to the University of Michigan to accept a position on the School of Medicine faculty

Dr William Vilardo has returned to his home in Ticonderoga where he will begin the practice of medicine and surgery

A graduate of the University of Verment, College of Medicine, in 1940, Dr Vilardo interned at St. Michaels Hospital, Newark, New Jersey and the Margaret Hague Maternity Hospital, Jersey City New Jersey He was a medical officer in the U.S Army from September, 1941 to September 1945 serving as a bettalion surgeon throughout the European campaign. Since his release from the Army, Dr Vilardo has completed a residency in surgery at St. Francis Haspital, New York City, and a postgraduate course in obstetries at the Margaret Hague Maternity Hospital.

Dr James L Lanzillo of Troy, has been appointed a deputy county commissioner of health in charge of mental cases.

Dr Iansillo is a veteran of World War II, serving overseas for more than thirty months

The physician served in the Army Medical Corps for more than three years, receiving a commission as major *

Dr Fred T Cavanaugh, of Troy, has been elected physician in charge of the Arthur Wight Benson child walfare clinic of the Day Home in Troy

He succeeds the late Dr. Benson for whom the clinic was named, and who had been physician in charge since his founding of the work at the Day Home.

Dr Cavanaugh has given his services to the child clinic for the last thirteen years.

His staff of nine volunteers consists of Dr William T Shields, Dr C. E. Davis, Dr A. A. Lequidare, Dr Walter Schwebel Dr Hilde Siering, Dr Maurice K. Grupe, Dr Irwin Johnston Dr Alan Totty Dr W I. Walsh, and Dr Samuel J Werlin.

Announcement has been made of the opening of a medical practice by Dr Charles Rosen, at Chatham Dr Rosen succeeds Dr J D Hexton who has re-

tired from practice to his home in Decorah, Iowa. Dr. Rosen is a graduate of McGill University, Toronto Canada, and did his post-graduate work at that institution. He later practiced in Schoharle. A veteran of World War II, he was commissioned a captain in the Medical Corps and served as assistant chef of Medical Service, at Tripler General Hospital Honolulu.

^{*} Asterisk indicates that Item is from a local newspaper

Dr Eleanor Kellogg Peck, of Poughkeepsie, who was associated with the late Dr Alice Stone Woolley, has reopened her office for the general practice of medicine and pediatrics

Dr Peck recently completed a three months' course of study in postgraduate work in diseases of children at the University of Chicago clinics

A veteran of World War II, Dr Peck returned to Poughkeepsie about a year ago after four years service in the European war theater Dr Peck was engaged for two years at the Hospital for Sick Children, Great Ormand Street, London She was one of 11 women physicians chosen by the American Red Cross for the "Doctors of Britain" program A captain in the Medical Corps, she served with the Eighth Air force in England, France, and Germany

Dr Peck was graduated from Wellesley College and the College of Physicians and Surgeons, Columbia University and interned for two years at Bellevue Hospital, New York.*

Dr Robert D Kelsey, having been discharged from service in the United States Army where he served for two years, will engage in the practice of

medicine in Franklinville

Dr Kelsey was graduated from the University of uffalo in 1943 He spent the following year as an Buffalo in 1943 intern at the Jersey City Medical Center followed by obstetric training at the Margaret Hague Maternity Hospital in Jersey City Dr Kelsey's military career consisted of service with the Army, which he entered as a first lieutenant in the Medical Corps, where he saw service both in this country and the Pacific Islands. During his service, he spent considerable time in Air Corps hospitals and was promoted to captain after eleven months of service *

Dr Otto Pfaff, dean of Oneida physicians, marked

his eighty-third birthday on January 9
On March 10, Dr Pfaff will observe his fifty-

ninth anniversary as a practicing physician
Forty-five years ago he assisted in formation of Madison County Tuberculosis Society and later helped to found Madison County Laboratory, now located in Oneida City Hospital

Dr Pfaff practiced in Turin, Lewis County, for two years and moved to Oneida in 1902

born at Naumberg, near Croghan *

Dr Gilbert G Lehv, a veteran of several years service in the Army Medical Corps, has opened an

office in Poughkeepsie.

While in the Army, Dr Lehv was awarded the mentorious service unit plaque, the American theater medal, and the World War II victory medal He formerly practiced in Nova Scotia.

He was a member of the staff of the Victoria General Children's Hospital, Grace Maternity

Hospital, and the Halifax Infirmary

Eighteen Syracuse physicians were awarded certificates of appreciation by the US Army on January 8 at a luncheon at the Veterans of All Wars Club

The certificates were presented the civilian medical men for "sacrificing private practice during the national emergency" to aid Selective Service through

"loyal and faithful service"

The physicians worked with the US Army induction team at the Armory before and during the war in examining inductees to determine physical and mental qualifications leading to acceptance in the military services

Physicians honored were Dr Jerome E Alderman, Dr Sidney W Bisgrove, Dr Aaron Burman, Dr Leon A. Chadwick, Dr Noble R. Chambers, Dr Neal J Conan, Dr Raymond E Fenner, Dr Arthur Fleiss, Dr H Ernest Gak, Dr Frank B Glasser, Dr F Ross Haviland, Dr Harold G Kline, Dr Ambrose T Lawless, Dr Gregory D Mahar, Dr Dwight V Needham, Dr Albert B Siewers, and Dr William E Truex *

Dr Charles G Huntington, of Rye, former White Plains resident, is now associated with Dr Roy D Duckworth in the practice of radiology in the Medical Center

Dr Huntington studied at Columbia University and the New York University, College of Medicine He interned for six months at St. Agnes Hospital, then started a residency in radiology at Lenox Hill Hospital, New York City

Dr Huntington entered the Army in 1942 and after thirty-five months in Europe he was separated last January with the rank of captain and returned to Lenox Hill to complete his residency *

Dr John Settineri, recently discharged from the armed forces, has opened a practice in Jamesville, and is serving the Fabius-Pompey area Dr Set-tineri is a native of Seneca Falls

Another veteran, Dr N M Paul, is also serving residents of the Fabius-Pompey area where a shortage of medical facilities has existed Dr Paul 18 also an anesthetist at the Crouse-Irving Hospital *

Dr Harry A Steckel, formerly senior director of the Syracuse Psychopathic Hospital, and professor of psychiatry, Syracuse University, College of Medicine, has been appointed neuropsychiatrist to the Regional Office of the Veterans Administration in Syracuse on a part-time basis He is also opening an office in Syracuse for the private practice of psychiatry Dr Steckel was affiliated with the New York State Hospital System for thirty-four years, and had been director of the Syracuse Psychopathic Hospital since July 1, 1930

County News

Chemung County

Socialized medicine was discussed by Mr Charles Barber, editor of the Advertiser, of Elmira, when he addressed members of the County Medical Society on January 29

Cortland County

Officers of the Cortland County Medical Society recently elected for the 1947 term are as follows president, Dr Fred A. Jordan, of Cortland, vice-[Continued on page 516]



to combat

depression characterized by

"chronic fatigue"

Depressed patients 'suffering from psychomotor inhibition complain of feeling tired of not being able to get started on their daily tasks, and of an abnormal inclination to procrastinate. They make up their minds that they are going to do a certain thing but they never seem to get to it. Everything seems too big for them

In the above quotation Kamman emphasizes chronic fatigue as a dominant symptom in the type of depression most frequently en countered in daily practice.

Benzedrine Sulfate is particularly valuable in the presence of "chronic fatigue. It will, in most cases help to overcome the depression and thus enable the patient to make a sincere and constructive effort to surmount his difficulties.

*Karaman G. R. Fatigue as Symptom | Depressed Patients, Journal-Laucet 65:238 (July) 1945.



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[Continued from page 514]

president, Dr W F Newcomb, of Homer, Secretary, Dr W A Wall, of Cortland, and Dr F F Sornberger, of Cortland The following committee members were also elected at the meeting Compensation-Arbitration Committee, Drs F F Sornberger, J E Wattenberg, and C I Kelley, Legislation, Drs P William Haake, Hans Hirsch, W A Shay, and R H Kerr, Public Relations, Drs D R. Reilly, W J Pashley, S A Ver Nooy, and A V Runfola

Livingston County

Dr Richard C Jaenike, of Rochester, was guest lecturer at a meeting of the County Medical Society on January 23 His topic was "Psychiatry in General Practice "

Dutchess County

Dr James J Toomey, of Poughkeepsie, was elected president of the Dutchess County Medical Society at its annual meeting at the Hudson River State Hospital January 8 He succeeds Dr George Jennings, of Beacon

New officers for the year include vice-president, Dr Louis W Stoller, of Red Hook, secretary, Dr John F Rogers, assistant secretary, Dr Joseph L

Drs Maxwell Gosse, Victor A Censors are Bacile, Reuben T Lapidus, John Turiga, and Thomas White

Drs Donald Malven and Alexis A Delegates Leonidoff, alternate delegates Drs Allan Larkin

and Harold C Rosenthal Leonard K. Supple, of Beacon, was elected counsel to the Society *

Greene County

A meeting of the Greene County Medical Society was held January 6 at the Saulpaugh Hotel, with the business session preceded by dinner

Wives of the doctors accompanied them, and considered the advisibility of forming an auxiliary

in Greene County

Guest speaker was Mrs Alfred Madden, of Albany, president of the Woman's Auxiliary of the State Medical Society *

Jefferson County

Dr Everett H Wesp, assistant in surgery at the University of Buffalo, School of Medicine, presented postgraduate instruction to members of the Jefferson County Medical Society on February 13 at the Woodruff Hotel in Watertown. His subject was "Surgical Measures for the Relief of Hypertension"

Kings County

At the annual meeting of the Brooklyn Urological Society, the following officers were elected president, Dr John F Griffin, vice-president, Dr Frank C Hamm, and secretary-treasurer, Dr Lawrence L Lavelle

Nassau County

The Annual Dinner Dance of the Nassau County Medical Society was held February 21 at the Garden City Hotel

Niagara County

At the regular meeting of the Medical Society of the County of Niagara held on January 14 a question and answer program on the Workmen's Compensation Law was presented Participants in the discussion were Mr Alexander Bradt, district ad ministrator of the Workmen's Compensation Board, Mr Harry Forehead, referee of the Workmen's Compensation Board, Dr Joseph C O'Gorman, the Compensation Compensation Forehead, proposed the Compensation Compensation of the Compensation chairman of the Compensation Committee of the Erie County Medical Society, Mr Joseph C Guariglia, secretary of the Workmen's Compensa-tion Board, Eric County, and representatives of various insurance companies

Onondaga County

"The Present Status of Thoracic Surgery" was the subject discussed by Dr Walter F Bugden at a meeting of the County Medical Society on January 7 The discussion was led by Drs Irl H Blaisdell, Herbert R Diaso, and Frederick S Wetherell

A meeting of the Central New York Association of Gynecologists and Obstetricians was held on January 14 at the University Club in Syracuse round table discussion of maternal and neonatal mortalities in Syracuse for 1946 was presented and colored movies entitled "Use of Kielland Forceps in Obstetrics," by Drs Wilbur S Newell and Lycyan Klimas, were shown

Ontario County

The following are the newly elected officers of the County Society for the 1947 term president, Dr County Society for the 1947 term president, Dr William C Eikner, of Chifton Springs, president-elect, Dr Leon A Stetson, of Canandaigua, secretary-treasurer, Dr Philip M Standish, of Canandaigua, editor of the Bulletin, Dr Albert G G Odell, of Chifton Springs Board of censors, Drs Samuel A Munford, C Harvey Jewett, and K Roswell Ward, delegate to State Society, Dr Homer J Knickerbocker, alternate, Dr James S Allen The following committees were appointed, the first named being chairman Workmen's Compensation, Drs Robert E Doran, K T Fairfax, pensation, Drs Robert E Doran, K T Fairfax, C Harvey Jewett, Public Health, Drs Don Griswold, B C Huributt, Charles R Richardson, Legislation, Dr H J Knickerbocker, James S Allen, Medical Economics, Drs James S Allen, J E. Howard, and John Crowther, Cancer, Drs Gustav Selbach, G W Winthrop, Maternal Mortality, Drs M Edgerton Deuel, Robert Currie, Public Relations and Publicity, Drs Henry Abbott, E C. Relations and Publicity, Drs Henry Abbott, E C. Merrill, and A G Odell

Queens County

At a meeting of the Medical Society of the County of Queens held on January 28, Dr Israel Weinstein, commissioner of health of the City of New York, addressed the members York City Department of Health and the Private Practitioner"

A scientific exhibit was also presented with the cooperation of the Department of Health

The Section on Internal Medicine and Pathology held the following program at its February meeting "Recent Advances in Hematology," with Dr Paul Reznikoff as the speaker Dr Reznikoff is professor of clinical medicine at Cornell University, Vork and attending physician at Bellevue and New York hospitals



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NECROLOGY

Selim H Dik, M D, 66, of Perrysburg, died on December 28 He was graduated from the College of Physicians and Surgeons, Columbia University, in 1909 For twenty-eight years he was in private practice, associating with Mt Sinai Hospital, New York City, in dermatology and syphilology, and with Brooklyn Hospital for twelve years in gynecology, obstetrics, and cardiac diseases He was also a member of the staff at Meyer Memorial Hospital, Buffalo For the past ten years Dr Dik worked in the field of tuberculosis at J N Adam Hospital, Perrysburg, Broadacres Sanatorium, Utica, and at the Onondaga County Sanatorium, where he was associated at the time of his death He was a member of the Kings County and New York State medical societies

Frank G Dye, M D, 54, of Skaneateles, died January 5 After graduating from the University of Maryland Medical School in 1919, he established practice in Jordan. From 1928 until he joined the Navy as a lieutenant-commander in 1942, he maintained general practice in Skaneateles Dr Dye was a member of the American Medical Association, New York State and Onondaga County medical societies, and a former member of the staff of Auburn City Hospital and the board of managers of the Onondaga County Sanatorium He was a specialist in tuberculosis

George Freiman, M D, 53, of Brooklyn, died January 3 He was clinical professor of ophthalmology at the Long Island College of Medicine, from which he was graduated in 1914 He was attending ophthalmologic surgeon at Long Island College Hospital since 1933 and chief of the outpatient ophthalmology clinic since 1931, and was on the staff of the Hospital since 1915 Dr Freiman was a fellow of the American College of Surgeons, a diplomate of the American Board of Ophthalmology, and a member of the Kings County and New York State medical societies, the American Medical Association, the Brooklyn Ophthalmology Society, the American Academy of Ophthalmology and Otolaryngology, and the Clinical Society for Ophthalmology of New York

Edwin A. Hatch, M D, 91, of Brooklyn, died on December 26 He was graduated from Long Island College of Medicine in 1881 Dr Hatch was a member of the Kings County and New York State medical societies, and of the American Medical Association.

G Emory Lochner, M D, 80, of Albany, died on January 29 Until his retirement several years ago, Dr Lochner had been a specialist in obstetrics in Albany since 1889, when he was graduated from Albany Medical College He served as surgeon of the Albany Fire Department many years, as chief of staff at Brady Maternity Hospital, and as clinical professor of obstetrics at Albany Medical College Dr Lochner was a member of the Albany County Medical Society, the State Medical Society, and the American Medical Association

John R. Lynch, M D, 56, of the Bronx, died on January 21 A graduate of Fordham Medical School, he was a practicing physician in the Bronx for the past thirty years He served in World War I as a lieutenant-commander in the Navy Dr Lynch was a member of the Bronx County, Dutchess County, and New York State medical societies, and the American Medical Association

Jerome A McSweeney, MD, of the Bronx, died on June 22, 1946, at the age of 58 He was graduated from Fordham Medical School in 1911

Charles D Miller, M D, 51, of Syracuse, died on January 8 He received his degree of doctor of medicine from the Hahnemann Medical College in Philadelphia in 1921 From 1923 until 1929 Dr Miller practiced medicine in Carthage, and since 1930 he had practiced in Syracuse Dr Miller was a trustee in the American Institute of Homeopathy and the Pan-American Medical Congress of Homeopaths, and a member of the Onondaga County and New York State medical societies, and of the American Medical Association

Frederick W Nueske, M.D., 39, of Bay Shore, Long Island, died on January 29 He was recently appointed medical consultant to the Suffolk Department of Public Welfare, and was a member of the staff of the Southside Hospital in Bay Shore Dr Nueske served three years in the Army Medical Corps

He was graduated from the Long Island College of Medicine in 1932 He was a member of the Nassau and Suffolk County medical societies, the American Medical Society, and the Medical Society of the State of New York.

Giovanni Paccione, M D, 60, of New York City, died on January 22 He had been an associate of the City Health and Welfare Departments since 1937, and a member of the staff of Columbus Hospital since 1927 Dr Paccione was a member of the New York County and State medical societies, and of the American Medical Association

Willard S Perrigo, M D, 68, of Antwerp, died on January 26 For nearly forty years he was a practicing physician of Antwerp, and for more than twenty-one years he was a member of the Jefferson County board of supervisors Dr Perrigo was health officer for the consolidated health district of Antwerp for many years He was graduated from the New York Homeopathic Medical College in 1904 He was a member of the Jefferson County Medical Society, the State Medical Society, and the American Medical Association

Felix Pfeiffer, M D, 83, of New York City, died on August 25, 1945 He was a graduate of Columbia University, College of Physicians and Surgeons, class of 1885 He was a member of the New York State and County medical societies, and the American Medical Association

George Walter, M D, 67, of Bronxville, died on June 11, 1946 He was graduated from the University of Maryland Medical School in 1910



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Salysal is clearly the drug of choice in the sallcylate treatment of rheumatic fever acute and chronic articular rheumatism, grippe, neuralgia, pharyngitis, tonsillitis and allied conditions. Salysal is indicated wherever sallcylates are beneficial, and where an analgesic and antipyretic action is desired

- Caravati C. M., and Whitm, C. B.: General Manifestations of Salleyl ism, South, M. J. 33:723-726 (Nev.) 1945.
- Litchfeld, E. B. A Clinical Study of Risematic Feror with Special Reference to Salyzal Thorapy Arch. Pediat. 55:133-143 (March) 1935.



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HOSPITAL NEWS

New York City to Have Increased Cancer Facilities

WITH the ground-breaking ceremonies that were held on January 24 for the construction of the 300-bed James Ewing Memorial Hospital, First Avenue, from 67th to 68th Streets, Manhattan, New York City has begun a program which at its completion will increase greatly the facilities avail-

able to cancer patients

James Ewing Memorial Hospital, to be part of the Memorial Cancer Center, will be operated and maintained by the City Its purpose will be the care and treatment of long-term cancer patients, and research in the disease The Hospital was named as a memorial to the late Dr James Ewing, eminent physician and pathologist, on recommendation of Commissioner of Health Edward Bernecker, "because of Dr Ewing's long association with Memorial Hospital, his outstanding position in the field of can-cer, and his many contributions to the various hospitals of our Department"

On the same day on which the ground was broken for the Ewing Memorial Hospital, the National Cancer Foundation began its program to make available adequate hospital care for the nation's advanced cancer patients. In New York City the Foundation is maintaining a unit of 125 beds at Manhattan General Hospital, 307 Second Avenue The beds will be available regardless of the patient's economic status, with the cost for those unable to pay cared for by the National Foundation Application for admission can be made through the patient's physicians, through accredited social service agencies, or by direct application to the medical Social Service Division of the Foundation at 85 Franklin Street The only requirement for admission to the Hospital will be that there are no other hospital facilities available to care for the person requesting admission

Clinics for the detection and prevention of cancer ere also opened in January Lenox Hill Hospital, were also opened in January Park Avenue and 76th Street, and Harlem Hospital. Lenox Avenue and 136th Street, have an evening clinic for those unable to leave their work during daytime hours Opened on January 6, the Lenov Hill Clinic is the first of ten to be opened throughout the city within the next few months Evaminations are by appointment and begin at 7 00 P vi

Harlem Hospital's clinic is open every Thursday night at 7 00 PM All applicants will continue to register through the Little Red Door of the New York Cancer Committee

Newsy Notes

"The Minimal Lesion in Pulmonary Tuberculosis" was the subject of the 37th Clinical Session on Chronic Pulmonary Diseases of the Tuberculosis Sanatorium Conference of Metropolitan New York held on Feburary 19 at the Cornell University Medi-cal College Amphitheatre, Manhattan The speakers were Dr Herman E Hilleboe, assist-

ant surgeon general, associate chief, Bureau of State Services, U S Public Health Service, Dr William H Roper, director, Research Section, Fitzsimmons General Hospital, Denver, Colorado, and Dr I D Bobrowitz, medical superintendent, Municipal Sanatorium, Otisville, New York

Discussants were Dr J Burns Amberson, visiting physician-in-charge, Chest Service, Bellevue Hospital, and Dr. H. H. Fellows, associate medical director, Metropolitan Life Insurance Company

The clinical conference held at the Mount Sinai Hospital on January 31, consisted of "Severe Nitrogen Loss in an Uncontrolled Diabetic," by Dr M Yohalem, with the discussion opened by Dr H Pollack, "Cerebral Vascular Anomaly with Subarachnoid Hemorrhage," by Dr A Goldfarb, Goldfarb, Washeley Washeley ("An Unarachnoid Hemorrhage," by Dr A discussion opened by Dr I S Wechsler, discussion opened by Dr 1 S Wechsler, "An Unusual Electrocardiographic Finding in Acute Coronary Insufficiency with Occlusion," by Dr M Volterra, discussion opened by Dr A M Master, "Acute Acquired Hemolytic Icterus in a Diabetic," by Dr H D Janowitz, discussion by Dr N Rosenthal, and a film "The Tattoo Treatment for Anogenital Pruritus," by Dr R Turell, with the discussion opened by Dr S M Peck approval to Albany's four principal hospitals Albany, Memorial, St. Peter's, and Brady Maternity

Albany Hospital was approved for graduate training in surgery, for intern training, and residencies by the American Medical Association's Council on Medical Education

Memorial and St Peter's hospitals also were approved for training interns, and Anthony N Brady Maternity Home was approved for residencies *

The merging of the Israel Zion Hospital and the Beth Moses Hospital, both in Brooklyn, will become effective as soon as the State Legislature adopts enabling legislation, it was announced recently by the presidents of the two institutions

In the face of questions raised by community leaders as to what hospital service would be available in Williamsburg after the merger, the statements an-nounced that "the purpose of this merger is to provide an integrated program of medical care, medical

research, and medical education of superior quality "
Beth Moses now provides 185 beds and Israel Zion 365 *

Flushing Hospital operated on a capacity basis

This was announced recently in a brief report made public by Official Referee John M Cragen, of Elmhurst, president of the Board of Trustees

There were 11,051 patients admitted during the year as compared with 9,274 in 1945

 Asterisk indicates that item is from a local newspaper [Continued on page 522]

The American College of Surgeons has awarded

Profenil* is a new synthetic, non-narcotic antispasmodic effective in the management of spastic conditions of the gastrointestinal, biliary and ureteral tracts

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[Continued from page 520]

Babies born during the same period totalled 2,461, a decided increase over the 1,952 figure for 1945 *

A \$1,000 contribution to the Veterans' Memorial Hospital drive in Ellenville has been received from . C W Hoff a former resident of the Ulster County village

Mr Hoff is now president of the University

National Bank of Chicago *

Hospital care of needy persons was first provided in Mount Vernon by the old Charity Department just fifty years ago Prior to that time all medical care had been confined to attendance by private physicians

Records show the old Charity Department sent its first case to the hospital on March 17, 1897, and from that time on, the city has provided its needy with proper hospitalization *

Syndenham Hospital, the interracial institution of New York City, has overcome its temporary

financial difficulties, it was announced February 1 Threatened last November with a shut-down because of a lack of funds, the Hospital reported that its appeal for \$300,000 had been answered by more than 20,000 contributors. The amount received up to February 1 was \$301,807, with contributions still coming in *

The \$2,500,000 building fund campaign of Beth-El Hospital, Brooklyn, will be headed by John Cashmore, the Borough President, who will serve as honorary chairman *

Seven New York hospitals, visiting nurse associations, and organizations for the care of crippled children cooperated during the last six months in the program of advanced preparation for orthopedic nursing conducted by the Nursing Education Division of Teachers College, Columbia University, Mrs R Louise McManus, executive officer, announced recently

Under the direction of Miss Delphine Wilde the program received considerable financial aid from the National Foundation for Infantile Paralysis program undertakes to prepare clinical teachers and supervisors for work in hospitals where poliomyelitis cases and other orthopedic conditions are treated as well as for orthopedic positions in public health

The cooperating institutions included New York Orthopedic Hospital, Knickerbocker Hospital Polio Unit, Institute for Crippled and Disabled, Depart-ment of Motor Disabilities, Neurological Institute, Fracture Service of Presbyterian Hospital, Brooklyn Visiting Nurse Association, and the Association for the Aid of Crippled Children *

Dr Colin MacLeod, professor of bacteriology at New York University, spoke on "The Relation of Viruses to Cells" at the monthly staff conference at Castle Point Veterans Hospital in January

At The Helm

Dr Otto D Sahler has been appointed radiologist of Mary Imogene Bassett Hospital, Cooperstown, to fill the vacancy made by the resignation of Dr Richard Kegel

A graduate of University of Rochester, School of Medicine, Dr Sahler served as a major in the Army Medical Corps and as chief of radiology of the 90th

General Hospital *

Responsibility for the care and treatment of sick and wounded veterans at the Veterans Administration Hospital at Sampson has been vested in Dr Adrian G Gould, former Cornell University physi-

cian and assistant professor of clinical medicine
Dr Gould assumed his new duties December 15 when the Sampson Naval Hospital, specializing in treatment of tuberculosis, was formally taken over by the Veterans Administration The new manager was transferred from the Saratoga Springs Hospital which he had directed since June 30, the day he terminated twenty-five years of service at Cornell *

Dr John E Groff was elected president of the Rome and Murphy Memorial Hospital, Rome, board of managers January 2 Dr John F Box was named vice-president

Dr Groff, previously served on the Murphy Memorial Hospital board and was president when the two boards were merged into one organization

He resigned in October, 1932, as a member of the board of managers after seven years of service

In July, 1946, Dr Groff was elected chairman of the board of managers of the Rome City Laboratory *

Dr Morris K Smith, formerly attending surgeon at St Luke's Hospital and assistant professor of clinical surgery at Cornell Medical School, has been appointed full-time chief of surgical service at Halloran General Hospital, Willowbrook, Staten Island, the Veterans Administration announced January 29

Nine New York specialists were named consultits to the hospital These include senior surgery ants to the hospital consultant, Dr Roderick V Grace, senior surgery consultant, Dr Roderick V Grace, senior attending surgeon, Dr Vansel S Johnson, orthopedic surgery, Dr David Marsh Bosworth, pathology, Dr Arthur Purdy Stout, neurosurgery, Dr E Jefferson Browder, urology, Dr George W Fish, chest diseases, Dr George G Ornstein, neuropsychiatry, Drs Harold Russell Merwarth, and Orman Clarence Parlans.* Orman Clarence Perkins *

Sydenham Hospital announced recently the appointment of Dr Sigmund L Friedman of Beth Israel Hospital, Boston, as executive director to succeed David M Dorin

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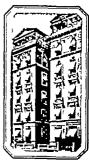
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WOMAN'S AUXILIARY

TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

County News

Albany County At the last general meeting of the Woman's Auxiliary to the Albany County Medical Society, the organization voted to adopt as one of its projects the Education Program of the Albany County Tuberculosis Association, and to assist in the campaigns for mass x-ray surveys in all Albany County communities

On January 30 a special committee met with Mr Robert Barrie, director of Education Services, Albany County Tuberculosis Association, and plans were discussed for the active participation of the committee in future campaigns to eliminate tuber-

At that time, Mrs John B Horner and Mrs Sheldon Church were appointed to the Education Committee of the Albany County Tuberculosis Association, to represent the Auxiliary at the meetings of

the Education Committee

The Auxiliary Committee which will be active in assisting Mrs Horner and Mrs Church consists of John J Clemmer, James A Moore, Charles E Betts, Darwin A. Bruce, Walter F Preusser, Albert M Yunich, and the Auxiliary president, Mrs William B Cornell The next regular executive board meeting of the Auxiliary took place on Thursday, February 6, at 10 00 A M at the Profes-

Thursday, repruary o, as sional Building in Albany

Greene County The Woman's Auxiliary to the Medical Society of Greene County was formed on January 7 Mrs Ray E Persons, of Cairo, was elected president, Mrs Mahlon H Atkinson, of Catskill, vice-president, Mrs William A. Petry, of Catskill, secretary, and Mrs Dean Miller, of East

Durham, treasurer

Mrs Alfred Madden, of Albany, President of the State Auxiliary, spoke and assisted in the organiza-

tion of the Auxiliary
Queens County The Executive Board meeting
was held Tuesday, February 4, at the Medical
Building with the president, Mrs Harold Foster, presiding

At the regular January meeting fourteen new members were welcomed to the Auxiliary the direction of the membership chairman. Mrs Michael Schultz, a reception for these new members

was held preceding the meeting
Mrs Thomas D'Angelo, chairman of Legislation, introduced the speaker for the evening, Dr Joseph Hallinan, whose topic was "Legislation" Mrs

Joseph De Sane, chairman of Wavs and Means, announced a proceed of over \$250 from the luncheon and bridge held in January A vote of thanks was given to Mrs De Sane and her committee for the enjoyable afternoon and the beautiful prizes presented at this affair

The program for the February meeting announced by the program chairman, Mrs Thelma Bresky, was given by Mrs T C Baldwin, representative from Beauty Counselar

The project of the Auxiliary for the coming year, n addition to supporting the Library, will be to raise funds for the soundproofing of the Doctor's Refectory Room in the Medical Building Three hundred dollars has been allotted to start this fund

Mrs Thomas Flanagan was hostess for the Feb-

ruary meeting

Schenectady County The January meeting of the Woman's Auxiliary to the Medical Society of Schenectady County was held on January 28 The meeting was most successful Members of the different organizations were invited to hear Mrs H P Van Wagenen speak on cancer control Over one hundred women attended

The tenth anniversary of the organization of the County Woman's Auxiliary was celebrated in Feb-

County Woman's Auxiliary was celebrated in February with a birthday party and a bridge Wayne County The Woman's Auxiliary to the Wayne County Medical Society was organized following a luncheon at the Hotel Wayne, Lyons, on November 3 The following officers were elected Mrs Robert W Harris, president, Mrs Irving M. Derby, vice-president, Mrs Raymond DeSmit, treasurer, and Mrs Edwin A Baumgartner, secretarv

Guest speakers were Mrs Herman W Galster and Mrs F Leslie Sullivan, of Scotia, who were introduced by the presiding officer, Mrs F C Donnelly Mrs Galster offered some constructive plans for organization, and urged the need of more study relative to impending legislation in the medical field Mrs Sullivan stressed the importance of being familiar with all types of prepayment health pro-

The March meeting was devoted to a presentation of the constitution and bylaws which had been prepared by the executive board. The speaker at this meeting was Mrs Gerald Cooney, State legislative

chairman

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method of war Air power, however manifested and armed, may decide a war, but alone it cannot hold a front on land Still, of all the deterrents against war now acting upon the minds of men nothing is comparable to this frightful agency of indiscriminate destruction.

While this supreme weapon rests in the hands of the United States alone, it is probable, though we cannot say it is certain, that a breathing space will be accorded to the world We cannot tell how long this breathing space will last Let us make sure that it is not cast away —Collier's Magazine, "The Highroad of the Future," by Winston Churchill, p 64, January 4, 1947



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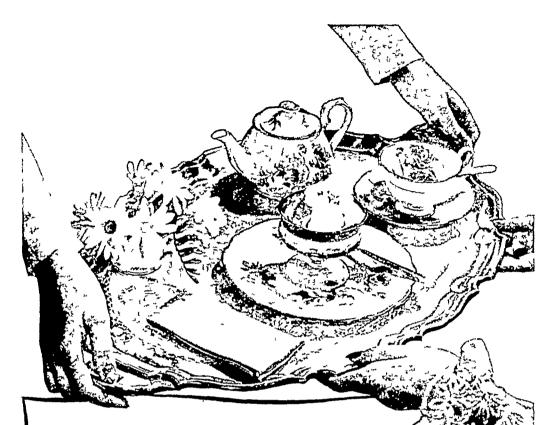


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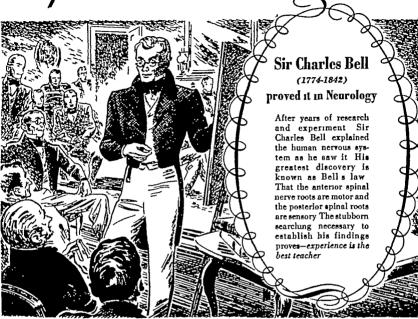
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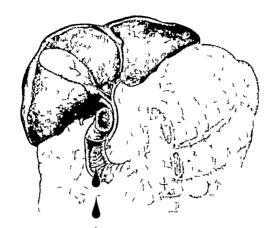
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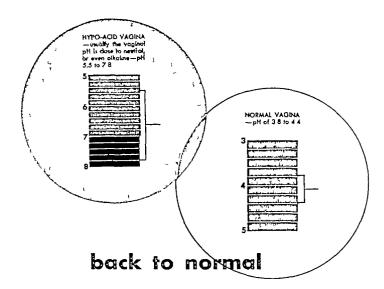
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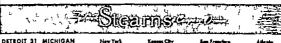
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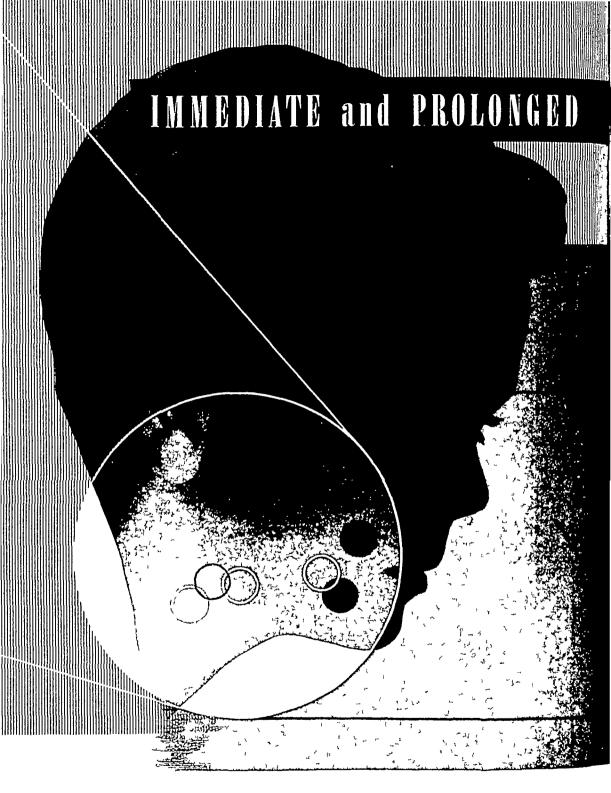


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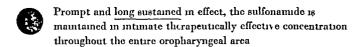
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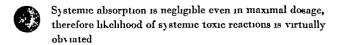


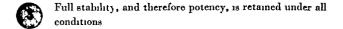
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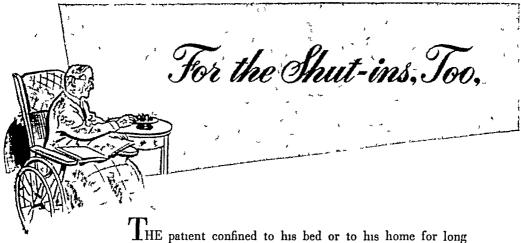




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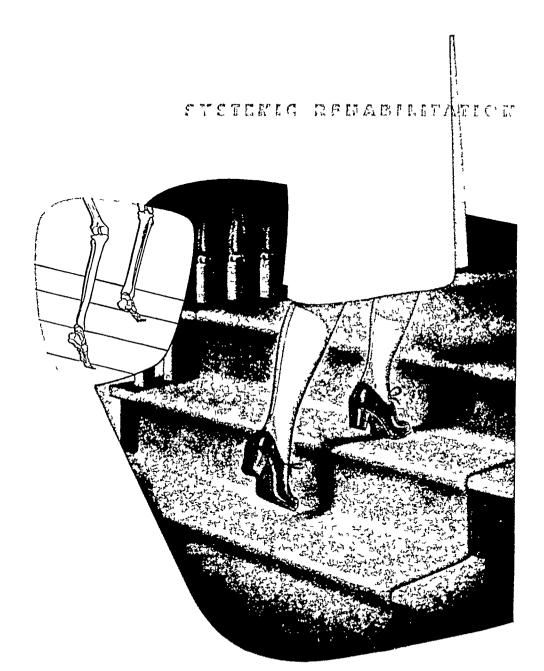
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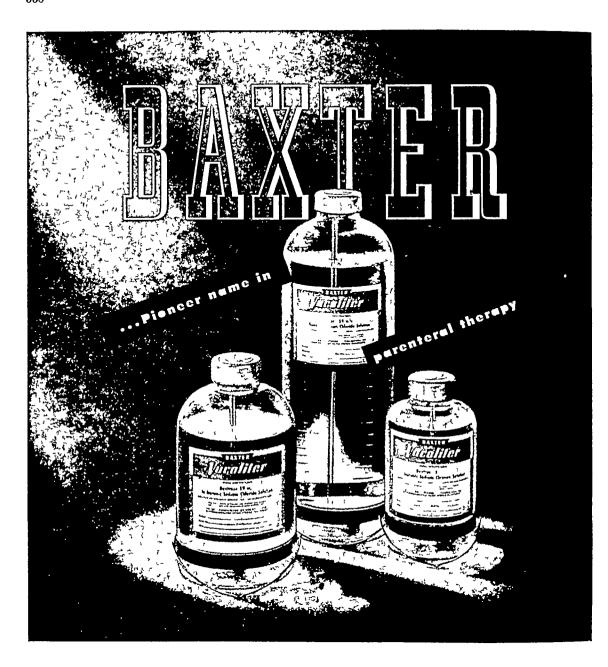
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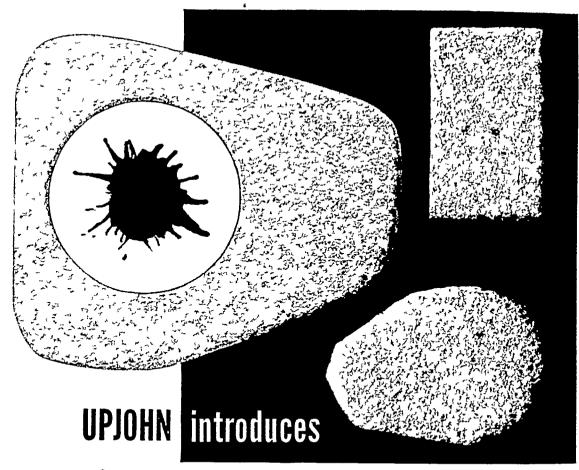
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Ruskin, S L. The Rolo of the Coenzymes of the B Complex Vitamins and Amino Arids in Muscle Metabolism and Balanced Nutrition, Amer J Dig. Dia., 13 110-123 (April) 1946.

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Siegler S. L.. Amer J Obstet, & Gyn 52, 1 (July) 1946

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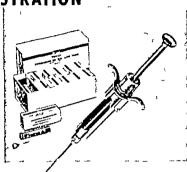
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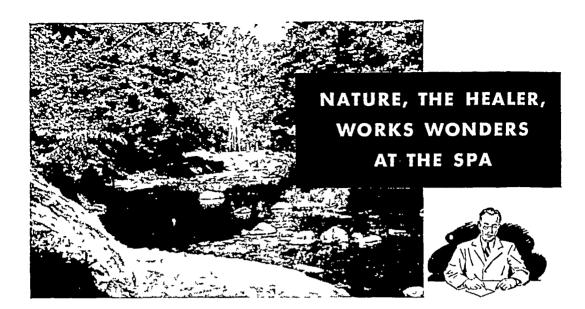
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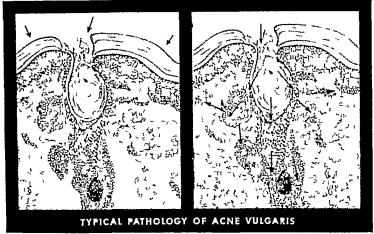
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MacKee Wachtel, Karp and Herrmann, Jour Invest Dermat 6 309 (1945)

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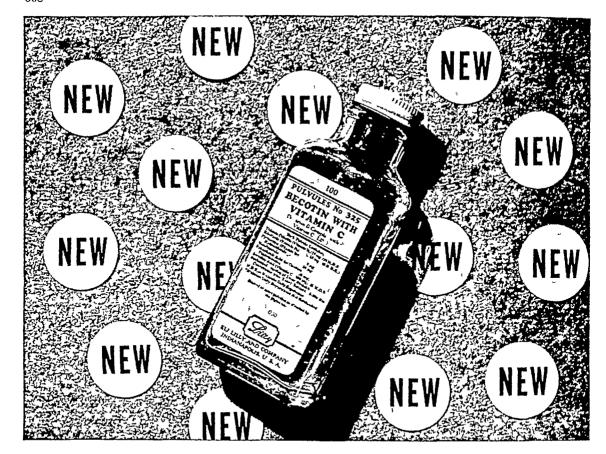
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VOLUME 47

MARCH 15 1947

NUMBER 6

Editorial

Honor To Whom Honor Is Due

Member physicians of the Medical Society of the State of New York who have practiced for fifty years or more will be honored at the Society's annual meeting in Buffalo, May 5 to 9, according to a resolution carried by the Council at its meeting of February 13

The resolution reads "Resolved, That the Medical Society of the State of New York at its next annual meeting bestow upon each member of the Society who has practiced medicine for fifty years or more a suitable certificate, to be signed by the President of the Society and attested by the Secretary in recognition of the service performed by each of these physicians for the benefit of the people of the State, and that the official

presentation of these certificates be made with appropriate ceremonies."

Since the passage of this resolution, the Society has been assembling lists which include the names of these practitioners, their addresses, telephone numbers, dates of medical school graduation, names of the schools, and pertinent biographic information to be used in stories for release to the press

Any additional information in this last category which readers of the JOURNAL feel might not have come to the attention of the Society would be welcome and may be mailed to Mr Dwight Anderson, Executive Secretary, Medical Society of the State of New York, 292 Madison Avenue, New York 17

The Kenny Treatment

We have long held the theory that for the average person the secret of success was to have no sense of humor and just one idea. The brain should be capable of embracing that idea and nothing more. Versatility is a terrible handicap because it leads you to wonder about the relative importance of

things. Einstein, for example, would doubtless have evolved his formula of relativity years earlier had he not been subjected to the distractions of his violin. The most superb example that supports our theory is Sister Kenny

Before proceeding further, we wish to

inform our readers that we have subjected ourself to grave personal risk on their behalf Always the conscientious reporter, we have attended both Sister Kenny's personal film and the more splendid and ambitious commercial production that features the beguling Miss Rosalind Russell, well though we knew what the two experiences would do to our blood pressure. We have read a great deal of literature on the subject. For our readers seriously interested in its scientific aspects we recommend an article by Dr. A Bruce Gill, recently president of the American Orthopedic Association.

We think it most important that every doctor, particularly the general practitioner, should have a clear picture in his mind of what the Kenny treatment is and isn't

A lay person seeing the film lately upon Broadway would come away with the conviction that doctors—while a great tribute is paid them as unselfish toilers in the cause of suffering humanity—were more than slightly dumb and fiercely resistant to any new idea, particularly when coming from a lay person

They would believe that the Kenny treatment would cure 80 per cent of the victims of anterior poliomyelitis. They would regard plaster of paris and braces as the most hideous instruments of torture to be devised since the Inquisition, Dachau, or Buchenwald.

Sister Kenny and her sycophants have reversed the field in the subject of pathology. The cinema stresses this point repeatedly. The sick muscles are the well muscles and vice versa. The flaccid, paralyzed muscles are the normal ones and those that maintain their normal tone and contract at the expense of the paralyzed, thereby causing deformities, are the sick ones. There is no point in bothering the public about pathology. We pass this over as relatively unimportant.

Anterior poliomyelitis is one of the most mysterious diseases in the world. In the course of thirty years' experience we have seen patients initially paralyzed from the neck down recover completely

We have seen cases afflicted with paralysis

of but a single muscle make no improvement whatever

We have no objection to the Kenny treatment provided it is not given until the first stage of the disease—which is the acute inflammation of the central nervous system—has subsided

We object passionately to the impression given to the public that if you have a child stricken with the dread disease and do not furnish him the Kenny treatment you are selfishly condemning him to a lifetime as a cripple

In the epidemic of 1916, in communities where no treatment was available many cases were put in plaster, their pain relieved and their deformities prevented Many cases so treated made complete recoveries Others did not

If a child of ours had the disease we should be glad to have him have the Kenny treatment provided it was available and its cost was not prohibitive. The patient is the subject of constant attention instead of being put in plaster and left to nature. Conversely, we should be equally sanguine of his recovery under the more conservative forms of treatment long advocated by orthopedic surgeons.

They recognize that the disease is one of the anterior horn cells of the spinal cord and that during the period over which those cells may reasonably be expected to recover, the essentials of treatment are rest and the prevention of deformity

We have presented our views as briefly But we leave this and clearly as we can question to our readers Isn't Sister Kenny a perfect supporter of the theory propounded in our opening paragraph? Start with a background of complete ignorance of your subject-your press agent will call this "open mindedness"—stumble upon something that doesn't do much harm and that sometimes seems to do much good, be completely free of a sense of humor and of any sense of comparative values and end up with the Hearst papers backing your appeal for a \$2,000,000 fund Big business

¹ Gill, A. B Journal of Bone and Joint Surg 26 87 (Jan.)

We Acknowledge a Debt

Dr Lee deForest, now 73 years old, was one of the men who fathered modern radio. This is not to minimize the pioneer work of Signor Marconi, or Dr Fleming, whose valve Dr deForest improved by the addition of a third element. Dr deForest's contribution of forty years ago to the science of communications, which made possible the later art of radio broadcasting and sound motion pictures, entitles him beyond question to make outery with a father's understandable solucitude.

What have you gentlemen done with my child? He was conceived as a potent instrumentality for culture, fine music, the uplifting of America's mass intelligence. You have debased this child, you have sent him out on the streets in rags of ragtime tatters of jive and boogie woogie, to collect money from all and sundry for hubba and hubba and audio interbug

You have made him a laughing stock of intelligence, surely a stench in the nostrils of the gods of the ionosphere, you have cut time into time subelets, called shorts (more rightly stains) wherewith the occasional fine program is periodically smeared with impudent insistence to buy or

try

The nation has no soap, but soap opera without end or sense floods each household daily

Murder mysteries rule the waves by night and children are rendered psychopathic by your bed time stories.

This child of mine has been resolutely kept to the average intelligence of thirteen years. Its national intelligence is maintained moronic, as though you and your sponsors believe the majority of listeners have only moron minds. Nay, the curse of his commercials has grown consistently more cursed, year by year.

¹N Y Times, Jan. 21 1947

We are entirely sympathetic to Dr de-Forest's inquiry and mild, courteously restrained comments addressed to the National Association of Broadcasters Modern, scientific, socially conscious American medicine now has many technics, research facilities, and communications facilities for which doctors and their patients should be profoundly grateful to Dr deForest and his coworkers. We acknowledge the debt, unfortunately accepted too much as a matter of course and with heretofore faint expression of gratified.

For his query to the National Association of Broadcasters we are now still further in his debt. He did not specifically include, as he might have, the nauscating "labberwacky" of commercial invitations to selfmedication, the endless piddle-piddle of the proprietary pluggers, the husky honking of the hormone and vitamin hucksters, the pain killers, the headache hushers, the short courses in pseudoscience, intestinal pathology, gastric malfunction, the biochemistry of the belch, the lush lowdown on the liver. the crafty stalk by a vibrant voice (with or without gun and camera) into the land of the "hairyanus," for example, in pursuit of the humble hemorrhoid, or how to agitate a limp or lissom libido

We must, we suppose, take the good with the not-so-good on the ground that there may be a fly in any ointment, but at least the fly doesn't buzz, sing jingles, or audibly irritate the customers, however much its presence there at all reflects, shall we say, carelessness in final inspection? This is no fault of Dr deForest's, but evidence of juvenile delinquency in his offspring.

The Spirit of Revolt

Lest anyone entertain a doubt that the spirit of revolt still burns fiercely in the hearts of traditionally free men, we call to the recollection of our readers some recent instances. For long resentment has been accumulating in the peoples' minds against the mept, prying, dictatorial, and at times

seemingly pathologic passion for governmental control and regulation of the minutiae of the lives and habits of everyone. The begats of Adam are awakening to the realization that they do not like the idea

Housewives revolted against government control of meat which produced everything the heart could desire except meat Many persons became hot under the collar at the President's philosophy when he stated over the radio that government seizure of the industry had been seriously considered and rejected only because the cattle were distributed so widely That, presumably, made seizure impractical

On the state level, many administrators have for long resented Federal invasion of their rights, Federal invasion of their tax prerogatives. Federal threat to carefully planned, well-tried state services for the advancement of public health, education, welfare.

Locally, people are in general revolt against ideas and governmental practices of foreign importation as represented by the CIO-PAC, the ICC, and such Many people are in revolt against being labelled reactionaries because they still believe in fair play, individualism, a free economy, the secret ballot, the two-party system, all the things which they consider American

The medical profession is one with the people it serves. It has for years in this country protested efforts to impose from Washington a national system of foreign origin of state or governmentally controlled medical practice upon the people. Against such an approach to the eventual police state, it is in continuous revolt on behalf of the helpless sick.

Revolt by doctors stirs also in temporarily Socialist Great Britain, open, raw, stark, and menacing Revolt is not a new thing to the British From the time of King John and Magna Carta to the present day they have practically specialized in it. To us comes word via the Lancet of the final outbreak of a long smoldering rebellion. Reporting the revolt, the Lancet comments editorially in part.

The designer of the bedpan is presumably long dead. Two things, however, are certain he had never been a patient and had never met a nurse. His pan has one virtue—thanks to its flat bottom and inward-curving brim it does not easily upset in the bed—but as Dr. Douglas McClean points out (p. 834) everything else is wrong with it. It is too shallow to contain deodorant, the feeble, the elderly, and the surgical

case have to be helped on and off it at the cost of great physical exertion, the weak cannot balance on it, the constipated cannot bear down, the whole ward is offended by the smell, and the patient with a bulky stool endures the sensation described by soldiers as being "jacked off the pan" A not uncommon way to die is from cardiac syncope or pulmonary embolism while on the bedpan

These drawbacks alone should be enough to condemn it, but, in addition, a series of objectionable practices surrounds its cleansing rooms, in most British hospitals today, are small and primitive, and methods of washing pans offend against the hygiene standards not only of a hospital but even of the ordinary household What local authority would countenance lavatory pans which splashed the housewife with dilute feces? What woman who had later to handle food would care to dip her hands in fecally contaminated water? The junior nurse often has to accept both experiences In too many hospitals she brings the soiled pan, covered by a cloth, through the ward and inverts it over a sink fitted with a small spray or jet intended to flush it, the pan is thus rinsed in dilute feces, and the nurse receives her share of splashes

Here is spirited revolution breaking forth The bill of particulars continues

After a final rinsing, the pan is left inverted on the draining board—often a wooden one which cannot be properly cleaned or sterilised smell from the sink is permanent, the clatter of the pans can be heard in the ward, the nurse washes her hands hurriedly and goes off to the next job—to move or lift patients, to make beds, or cut bread-and-butter The bedpan is not sterilised before it is given out again, it is not reserved for any one patient, usually bedpans are too scarce to make this precaution possible Pans are "sterilised" once a day, in the morning, by rinsing in lysol and water, and if the sluiceroom is small, this rite may be carried out in the patients' bathroom Urine bottles are rinsed in a similar manner, and the dangers of such a haphazard practice in a general ward need not be detailed

In the United States, Canada, South Africa, and a few British hospitals the tipper system is in use. The nurse presses a pedal with her foot, a flap in the wall drops open, she puts the bedpan in, closes the flap, turns a handle, and the pan is flushed with water and sterilised with steam Some such system must of course become universal, but in the present state of the building industry, many years will pass before all our hospitals are so equipped. Short-term measures must be less revolutionary

^{1&}quot;Revolt from the Bedpan June 1 1946 p 820

RDITORIAL

The Anatomy Department at Oxford was successful in designing a chair for a ship's gunner directing fire at an approaching aircraft, here is an equally difficult but more universal problem which needs solving at once Besides being easy to clean, the pan should be easy to slip under the helpless patient and so shaped that he is comfortable and able to use the necessary muscles during defecation The pan could be lightly filmed with an appropriate deodorant.

Britons are apparently as determined as ever, never to be slaves—even to a bedpan Sic semper turannis!

Current Editorial Comment

Check and Double Check. One of the most successful publications of the Medical Society of the State of New York, apparently, is the booklet "Check and Double Check on Sickness Insurance" by Mr J Weston Walch This booklet is a project of the Public Relations Bureau and appears, according to the Christian Science Moni tor,1 as an answer "to President Truman's renewed recommendation of a national system of compulsory sickness insurance

" In a special article entitled "Medical Society Cites Defects of Europe Sickness Insurance," by one of its staff writers, the well-edited Monitor says further study cites European experience as evi dence that under sickness insurance, medical care often is inadequate and unsatisfactory, and that time lost through illness has shown an increase

Appreciation from many sources has begun to flow in Mr R A Hohaus, actuary of the Metropolitan Life says

Impressed by much of its contents indicated that the author must have had access to someone who had done a great deal of research and study in that field

The New Orleans Medical and Surgical Journal says

We are quite enthusiastic about this pamphlet, so much so that we are taking the liberty to suggest to the Executive Committee that at least one copy be sent to every doctor in the state

John W Neal, secretary of the Illinois State Medical Society

I should also like to be advised whether the material in the handbook may be reprinted or reproduced for the use of the members of this society and others

Dr Jose Santillan, of New York City

Please furnish me with a copy of your Check and Double Check' for my use when I return to my country, the Philippines, this year

Mr Walt Clyde, says

It may interest you to know that in the past month, five physicians called my attention to your booklet, "Check and Double Check." This was quite a surprise to me in view of the fact that my personal acquaintance is limited to less than one hundred physicians

it is my opinion that your work is the first completely organized presentation of the subject for two evident reasons first it is easy to-read and understandable to the laymen and, second, it is well indexed for quick

reference.

Mr Clement F Robinson, of Robinson, Richardson & Leddy, counsellors at law, Portland, Maine, says

I was on a committee of three appointed by the president of the American Bar Association some years ago to prepare and present a statement with reference to the Wagner-Murray Dingell Bill, and this pamphlet of yours goes far ahead of any of the data which was available at that time.

More gratifying, even, are the orders for California Medical Association wants 2,000 The American Medical Association, 1,000, Extension of Medical Service Foundation, Chicago, 1,000, Eli Lilly Company, 1,000, Virginia Medical Society. 500, Florida Hospital Service Corporation, 250, the Michigan and Ohio State Medical Societies, 300 each, Nebraska Medical Service, 200, Medical Society of the State of Pennsylvania, 100-to name but a few

In most of the high schools of the country this year the subject of sickness insurance is a topic for debate, and this pamphlet presenting, as it does, the case against compulsory sickness insurance briefed by a school teacher is timely and useful

Even before the mailing of 16,000 circu lars began advertising "Check and Double Check," orders had been taken for 3,750 copies, according to the report of the chairman of the Committee on Medical Pubherty to the Council of the Society in January 2

¹ January 22 1947 page 7

¹ Minutes of the Council Meeting of January 9 1947 p. 1

Excellent work of this kind, timely and well planned, deserves the highest praise It is one of the functions of a forward-looking and enterprising state medical society which redound to the credit of the duespaying membership who support it, not only with money but also with good leader-

Insulin Shock Treatment of Bronchial Asthma has been a problem since John Floyer described his own symptoms in a "treatise of the asthma" in 1698 Bostick in 1819 saw it as an "effluvium of new hay," and Blackley in 1865 showed the effects of pollen on the skin of hay fever pa-The real solution, however, of the problem of the relation of hay fever and asthma to dust, pollens, and other sources of allergens, began with the work of Dunbar in 1905, and of Wolff-Eisner in 1906 suggestions concerning helpful treatment of asthma, based on scientific experiments and controlled clinical observations, are always welcome

Wegierko in 1935 first used insulin shock in the treatment of bronchial asthma. In 1937 he reported good results, some permanent, others improved for periods of months

or years

Godlowski, accepting the explanation of physiologists, based on experimental demonstration that insulin shock causes an increase in the output of adrenalin, begar the use of shock treatment in those cases of bronchial asthma with an allergic etiology Not only does hyperinsulinism induce a defensive hyperadrenalism promptly to protect the body against the shock, but it has been shown that repeated small doses, or a single shock dose, of insulin may develop hypertrophy and hyperfunction of the suprarenal glands, making them permanently capable "explosive" liberation of mereased amounts of adrenalm in response to subsequent emergencies

The author recommends insulin shock treatment only for those cases of bronchial asthma with an allergic etiology. He excludes all cases of bronchial asthma due to causes other than allergic, all types of hypertension, acute and chronic circulatory failure, and patients with any degree of demonstrable impairment of carbohydrate metabolism. Patients tentatively selected for insulin shock treatment are first given a general physical examination. This is followed by (1) a careful personal and family

history to discover the allergic tendency, (2) electrocardiogram, chest x-ray, and repeated blood pressure readings, (3) blood count and blood film examination, B S R and glucose tolerance test, (4) sputum culture and examination for eosinophilia, (5) stool examination for parasites, and (6) ear, nose, and throat examination and necessary treatment

Insulin shock treatments were given three times a week in the early stages in some cases, but usually twice a week, the total number of treatments varying from six to thirteen. Routinely, two additional insulin shocks were given after the stage of clinical recovery. The duration of each shock treatment usually was three hours, terminating by self-recovery or by the use of a solution of

glucose

The temporary effects of insulin shock on patients with bronchial asthma are (1) hypoglycemia, varying from 18 to 36 mg per cent, (2) increased blood pressure (usually at the end of the first hour of insulin shock) of 15 to 70 mm of mercury, (3) relief of shortness of breath, (4) shock symptoms including palpitation, perspiration, excitement, tremor, convulsions, and unconsciousness. The blood pressure descends to its preshock level within two hours after the blood sugar is restored to normal

The permanent effects of insulin shock in responsive cases of bronchial asthma are (1) relief of symptoms of asthma, and (2) a fall in eosinophilia of ten to 60 per cent. Of the eight cases of allergic bronchial asthma treated, seven have remained clinically well for periods of eight months to two and one-half years. One of the eight cases relapsed in five months. This is the only allergic case in the series that showed no fall in eosinophilia.

For that reason, great importance is attached to eosinophilia (1) because it is regarded as a cardinal sign that the asthma has an allergic cause, and (2) for the further reason that a fall in eosinophilia is a valuable prognostic sign that the treatment is, or will be, beneficial The three cases of bronchial asthma not due to allergic causes, showed no benefit from treatment with insulin shock

The author believes that treatment with insulin shock achieves a large measure of success in cases of allergic bronchial asthma by reason of the increased output and utilization of adrenalin produced as a defensive reaction "against the toxic action of massive doses of insulin"

¹ Godlowski, Z Brit Med J (May 11) 1946 pp 717-719

PULMONARY TUBERCULOSIS, EARLY AND DIFFERENTIAL DIAGNOSIS

R. J ERICKSON, MD, Albany, New York (From the Tuberculosis Service Albany Hospital)

IT IS now some forty-odd years since a con-certed public effort for the control of tuberculoss was started in this country Great ad vances in diagnosis, mainly by x ray, have been made, and facilities for treatment have been enormously increased. The education of the public as to the importance of early diagnosis has been so widespread that most of the population certainly has at some time heard talks received literature, or otherwise been made cognisant of the necessity for early diagnosis and treatment. The results would seem to have justified the effort The death rate in New York State has dropped from 217 to 44 per 100 000 or 80 per cent, since 1900 It is difficult to evalu ate all factors contributing to this decline natural decline in the disease, changing economic conditions, implation of infectious cases, and public education all may bear a part Has it been due to the fact that we have been finding more new cases, and making diagnosis at earlier stages of the disease? This is true only to a limited degree. For purpose of illustration, the accompanying chart (Fig 1) shows that in Upstate New York the drop in death rate of respira tory tuberculosus has been concomitant with the drop in new cases reported, until 1940 In other words, we were not making any great strides in finding new cases Since 1940 there has been a definite change in the trend. For the first time, since complete records have been kept, the num ber of deaths is slowly falling while the number of new cases reported is rising. It is unlikely that this is due to an actual increase of new cases. It is coincident with the initiation of mass x-raying in civil life, and is certainly due in part to the x-raying of men for induction into the armed forces. Not only have more cases of tuberculosis been reported in the last five years but there has been, as well, an absolute and relative increase in the number of minimal cases, especially in men I refer you to charts of a recent analysis by Mikol and Plunkett of cases reported in Upstate New York. (See Figs. 2 3 4, and 5)

The percentage of minimal cases in all reported cases of respiratory tuberculous in men, remained about 20 per cent from 1924 to 1939, since then it has risen to 38 per cent. In women

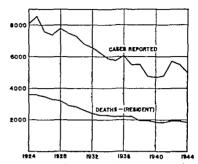


Fig. 1 Pulmonary Tuberculosis. Resident deaths and cases reported in Upstate New York 1924-1944 Deaths up to 1931 estimated from recorded deaths.

the percentage of minimal cases remained about 22 per cent from 1924 to 1936, since then it has men to 42 per cent These are encouraging signs It may be that at last the goal long worked forthe era of true early discovery of pulmonary tu berculosis is beginning. The next few years will tell whether this is so. The provisional figures for 1945, not here recorded, are not so favorable Experience has demonstrated that more early cases can be uncovered Future results will be proportional to our efforts fact still remains, moreover, that about a quarter of the cases of tuberculous in men and about a fifth in women are not now discovered until the disease is far advanced. How much this proportion can be reduced is still to be revealed These far advanced cases are apt to be in the lower social and economic groups hardest to reach in case finding. It is perhaps naive to expect other than a very gradual reduction in their number

Such progress as has been made has been due certainly in large part to the widespread use of x-ray in survey work. It has been amply demon strated that if we are to really find early tubercu losis, we must search for it, not only among con tacts of known cases but in the population at large. No botter demonstration of this fact can be found than in the results of selective service examinations.

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Chest Diseases, May 2 1946.

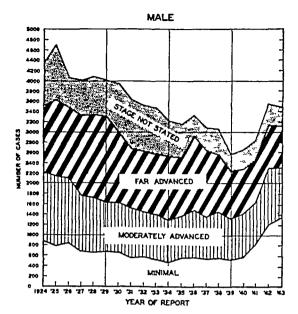


Fig 2 Number of reported cases of respiratory tuberculosis by sex and stage of disease, New York State, exclusive of New York City, 1924–1943 *

that radiographs were there taken in an apparently healthy young group which had previously been screened for obvious defects. Through the Albany Hospital Tuberculosis Service we have attempted to follow all Albany County inductees rejected because of abnormal chest films. Final follow-up and evaluation is not yet available in many cases but the following figures are presented as a fairly representative picture of what may be expected in the analysis of such a series of abnormal chest films.

Total number rejected—311	
Not included in analysis	
Previously known old cases	29
Under care, private physician (not re-	
ported active)	41
Followed-up outside county (4 reported	
active)	7
Moved out of country	12
Unable to contact (working and appar-	
ently well)	12
Refused examination or failed to keep	
appointment for examination	14
Unable to trace	13
There is coute mood reason to believe that	A 17

There is quite good reason to believe that except for the 4 active cases that went elsewhere for treatment, few of the remainder are active cases as most were rejected two to four years ago and have not as yet appeared on record as active cases

However, we include in this analysis only those cases which we have personally followed Total number included in study was 183

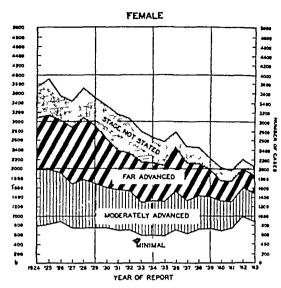


Fig 3 Number of reported cases of respiratory tuberculosis by sex and stage of disease, New York State, exclusive of New York City, 1924-1943 *

Analysis of All Cases

Tuberculosis of the lungs, minimal, active Tuberculosis of the lungs, MA, active Tuberculosis of the lungs, FA, active Tuberculosis pleurisy with effusion	16 31 4 2
Total	53
Tuberculosis of the lungs, healed, primary Tuberculosis of the lungs, minimal, inac-	20
tive	80
Tuberculosis of the lungs, M.A., inactive	5
Total	105
Tuberculosis of the spine	1
No disease	7
Nontuberculous abnormalities	17
Total	25
Analysis of Nontuberculous condition	
Cystic lung	3
Pleural fibrosis	3 2 1 1 1 1 1 1
Asthma	2
Abscess of lung	1
Bronchiectasis	1
Enlarged tracheal bronchial nodes	1
Eventration of diaphragm Heart disease	1
Nontuberculous fibrosis	1
Pneumonia	1
Sinusitis	1
T	

Thus, of the 183 new cases personally followed, 53, or 30 per cent, were evaluated as having clinically significant lesions. This is probably a

^{*}Mikol E K and Plunkett R. E , Am J Pub Health 35 1260 (Dec.) 1945

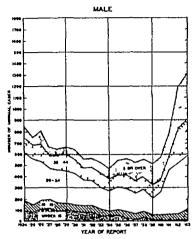


Fig. 4 Number of reported cases of minimal respiratory tuberculosis by sex and age, New York State exclusive of New York City 1924-1948.*

high figure for if we include in the total figures all cases who refused examination, those having their own physician and who are apparently well, and among active cases the 4 cases known to be treated elsewhere, we may estimate about 20 per cent as the number with clinically significant tuberculous lesions

Of the 50 patients whom we treated for active disease, less than one third gave any significant bustory of symptoms in the more distant past. In the very recent past, about 40 per cent complained of some cough 20 per cent of having sputum, 10 per cent of some chest pain 12 per cent of losing weight and one of hemophysis. On physical examination 35 per cent showed riles. Seventy-eight per cent on careful study had positive sputum.

Buch figures are nothing new, but emphasize again the fact that to find tuberculosis we must look for it by means of the v-ray. It is doubtful if any amount of education as to early symptoms will uncover more than a small percentage of these new, early cases for ever after the diagnosis is made a careful review of the history often fails to reveal symptoms definite enough to lead the individual to seek medical aid. If a person does not seek medical advice it is obvious that not much responsibility attaches to the physician in private practice. The matter iles outside the sphere of his activities. Once a patient appears in a physician s office however a great responsi

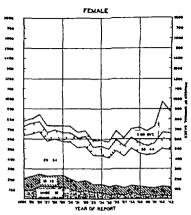


Fig 5 Number of reported cases of minimal respiratory tuberculosis by sex and ago, New York State, exclusive of New York City 1924-1943 *

bility falls upon this physician to see that proper diagnostic measures are carried out. Careful physical examination is quito inadequate. Any physician doing tuberculosis work can testify how frequently patients with symptoms, who have long received medical care, but have not had an x-ray film taken, come to the sanatorium. The false assurance given such patients has been worse for them than if they had received no medical attention at all

The very fact that the x ray is so necessary and so valuable necessitates a word of warning There is a tendency today to refer a suspect to a radiologist and to accept uncritically and as final the report received, and thus fall into serious We should not accept an x ray reading as a final diagnosis. It is simply one man's interpretation of certain densities The normal chest varies greatly in different individuals Unusually prominent markings may be wrongly interpreted as disease. Many different lesions at various stages cannot be differentiated from tuberculosis. The earliest manifestations may not be revealed in a film or be so slight that they may be passed over readily and noted only later on review as changes become more definite. Moreover there are certain blind areas behind ribs, near the mediastinum, and behind the heart which are not revealed even in the best films Speaking clinically there will always be a small group of patients with vague symptoms and nega tive x ray findings who will later develop active diennen Three of us who ere lame number

films taken of student nurses quite frequently face this problem

We should, in no way, disparage the radiologist's role in diagnosis, for he usually gives us more information than anyone else, but as we push our inquiries further and become more critical, we realize that in addition to such evidence as films may give us, we must examine some cases often and repeatedly We must, above all, not give false assurance to patients without such repeated observation One has but to spend a little time reviewing old films of patients entering a hospital to realize the gravity of putting the whole responsibility, especially of evaluating the activity of the lesion, on the interpretation Too often, because the radioloof the x-ray film gist thought the disease mactive and presumably because of lack of symptoms, these patients have been allowed to go on to advanced disease However skillful the radiologist may be, the sole responsibility should not be put on his shoulders

To diagnose the presence of infiltrate in a film usually is not difficult but to evaluate its significance is often not easy The less the infiltrate the harder it is to give intelligent advice This can be given only after adequate laboratory examinations are made The widespread use of the n-ray has caused a certain neglect of careful sputum studies Among the 51 selectees we hospitalized, only 20 per cent failed to show bacilli after careful examination Thus, careful sputum studies, without x-ray, could have revealed most of these cases Another warning is here necessary The term negative sputum without qualifying terms is not an adequate statement of the infectivity of the sputum For even reasonable certainty, a concentrate of several days sputum is a minimal requirement If negative on concentration, for real certainty we must await the result of culture and especially guineapig inoculation of not only the sputum but of fasting stomach contents For example, at the Albany Hospital in 100 guinea-pig inoculations, all positive, 47 were positive on culture, and only 19 were positive on smear of concentrate—or a 50 per cent gain of positives by animal inoculation

In 1942 in 100 similar cases, with inoculations all positive, 70 were positive on culture but only 24 positive on smear of concentrate. Thus, culture and animal inoculation was four times as effective as concentration tests. Moreover, one test is not adequate. If there is a question of the activity of the lesion several specimens of sputum should be studied.

This brings up two important and very practical problems in early diagnosis. What are we to do with these borderline cases during the interval when these time-consuming laboratory studies are being made? Secondly, does a positive cul-

ture or guinea-pig inoculation categorically indicate the necessity for active treatment? It is relatively simple for the sanatonium or clinic physician to tell the patient that there is a small amount of infiltrate in the lung and advise rest while x-ray findings are being observed and sputum studies being completed For the practicing physician the problem is quite different patient may have several dependents and cannot lightly interrupt his work. In the absence of symptoms it is not easy for the physician to insist that he stop work and rest under observation, until the final estimate is made I believe one can fairly allow such a person to continue at work provided one in the meantime keeps careful check of clinical manifestations and finally checks the x-ray findings In fact, it often happens that insisting on prompt radical treatment in these borderline cases may result in unnecessary hardship to the patient, and at times, loss of contact with the patient who needs treatment It is hard for the asymptomatic patient to realize that he may have a serious disease and he may wander off, hunting for a favorable opinion elsewhere Repeated interviews, without too much insistence on the physician's part, develops confidence and comprehension on the part of the patient that finally leads to a much firmer control of the situation

As to the second question, "Does the finding of acid-fast bacilli always mean active disease demanding treatment?" I think we must admit this is not invariably the case Probably in the recently discovered case we had best take no chances and institute treatment at once ever, certain cases of old fibrotic type unexpectedly may show a few acid-fast bacilli on culture or guinea-pig inoculation, especially after acute respiratory infections, and thereafter have repeatedly negative sputa. Discretion is necessary before labelling these as active cases, requiring strict treatment This has recently been demonstrated most disturbingly by Medlar who repeatedly checked the gastric contents of expatients, well and working for years, and found that in one third or more, virulent bacilli were occasionally eliminated

Thus, as in all phases of medicine, the refinement of laboratory procedure throws an added responsibility on the clinical judgment and acumen of the physician. The errors of omission in sputum studies, however, far outweigh those of too fine interpretation. A positive sputum is a serious finding except occasionally when there is a large backlog of observation.

There is no more common error in routine hospital practice than that of making a diagnosis of minimal inactive disease on the basis of an x-ray reading and one or two negative sputum reports,

and then to dismiss the patient, telling him nothing, or telling him unqualifiedly that his disease is mactive, and not urging repeated further checkins. There is considerable temptation to do this as the patient is temporarily much relieved and is apt to be very pleased with his physician's report. One can readily appreciate the patient's trititude. He feels secure, for he has had his vary, his sputum is negative, and he thinks he has the final answer and does not report for later check-up. The blame for occasional resulting catastrophy then rests squarely on the physician or the hospital service.

From the study of this group of rejectees it is obvious enough that early tuberculosis is asymptomatic and must be discovered by the x ray What concern, then, is it of the private physician? Except as a member of society and through public health agencies, he cannot hope to play a part in such large-scale x ray surveys. This, however, does not absolve the private physician of case-finding activities once he has assumed the care of a positive case. All agree that the most fruitful source of new cases is among the contacts of known cases It is here that the private physician has an incomparable opportunity, for it is he who usually first sees most patients, has the confidence of the family, and can most easily persuade contacts to be ex amined. A careful survey of contacts at times yields most startling results. I know of one family in which the mother had recently died of tuberculous and examination showed that five of the six children had tuberculosis. I have seen three generations of tuberculous individuals all living together in the same house. In one instance, the death of a three-month-old child failed to reveal any infection of the parents or siblings. Further investigation revealed boarder with far-advanced tuberculous succeeding investigation led to the examination of 36 persons Histories of this group revealed that in the past three generations there had been ten deaths from tuberculosis. Later developments resulted in two more adult deaths two deaths in children, and the discovery of four severe childhood infections including pleurisy with effusion, two moderately severe childhood infec tions, and ten other positive tuberculin tests in children I am sure many present who are doing tuberculosis work have had similar startling ex periencos

One cannot discuss early diagnosis without some discussion of the tuberculin test. We know that there are many fluctuations in the sensitivity of the individual to tuberculin and that the test may become negative after having been positive to ordinary doses. Thus, this test cannot be accepted as conclusive proof that m-

fection has never occurred We can, however, accept as a fact that tuberculosis of clinical significance rarely exists in the face of a negative tuberculin test. Thus, in obscure adult chest disease a positive test is of little help while a negative reaction quite conclusively rules out tuberculosis. On the other hand, a positive reaction in children is highly significant. The younger the child, the more important it is and the more it indicates a family source of infection Using a tuberculin test widely leads to difficulties in certain apprehensive families. One occasionally sees adults who are convinced they must have active disease because they have a positive tuberculin test. Parents of children in whom a positive test has been obtained are at times greatly alarmed and to a certain extent rightly so even though other evidence of tuberculous can not be obtained This anxiety should be used to trace the source of infection. To be honest and not alarming requires a nice balance of warn ing as to possibilities, and assurances as to probabilities in the future

Nor can one give too complete assurance in all instances even if the skin test is negative. After exposure, there may be a lapse of one to two months before the skin test is positive. Thus if severe exposure is known and the skin test is negative, it is well to recheck the test in two three months. Clinical developments in children may be rapid. I have seen three children severely exposed in one family and with origin ally negative tests develop pleurisy with affusion within a few months, although contact with the active case had been broken. In such families the tuberculin test should be repeated in about two months.

The presence of a positive tuberculm test in a child is a red flag that should lead us to examine the other members of the family. Were tuberculin tests done regularly in all children coming in for medical examination and were arrangements made to examine home contacts, less far ad vanced cases would fill our sanatoria. Here again there is a tendency for private physicians to leave such matters to organized public health agencies. Once, however, a positive tuberculin test has been found in a child the physician has a responsibility to the family and certainly a great opportunity to find early disease.

I have been interested in checking occasionally in Albany County how effectively tuberculosis is detected in routine medical work. Recent figures, that is, three years ago show that about one half visit a physician within one month of the onset of symptoms, three fourths within three months, one fourth wait over three months

The intervals between the first visit to a physi-

46 per cent.

cian and the making of the diagnosis were as follows

One week

One to four weeks
One to three months
Over three months
Over three months
The diagnosis was made by the first physician consulted in 64 per cent of the cases, by the second in 25 per cent, and by the third in 8 per cent Of these cases, 48 per cent had had sputum examined before admission

X-rays of the chest had been taken in 56 per cent

Thus we see that many cases present themselves to physicians but remain undiagnosed for a considerable time. About these, sanatoria and clinics can do little. The public, I believe, is now fairly well informed as to the value of x-rays and will respond with little urging if advised by their physician to have a film taken.

There are occasionally extenuating circumstances that, even with all due diligence, prevent the early diagnosis of tuberculosis nature of the disease itself The usual character of our public health teaching and even the concept implied in the terms of classification of the National Tuberculosis Association (minimal-moderately advanced—far advanced) is that of a disease starting in a small area and gradually spreading over larger and larger areas As a matter of fact, tuberculosis often extends by a series of extensive spreads, one might almost say by a series of explosions, with long intervening quiet pe-This is but one other indication of the necessity for repeated examinations in families with severe exposures, and a long follow-up of minimal cases whenever there have been any signs of instability under observation, and explains why with the best will in the world, some cases will never be put under treatment until far advanced

One other aspect of early diagnosis should be mentioned here The constantly increasing use of the bronchoscope has shown that bronchial tuberculosis is much more frequent than was previously thought It is present in at least 40 per cent of cases coming to autopsy and has been found in from 10 per cent to 15 per cent of routine bronchoscopies of tuberculous cases bronchial lesions give atypical findings and sometimes dominate the picture Wheezing, local impairment of ventilation as seen by the fluoroscope, mild atelectasis, and bleeding unexplained by x-ray are sometimes due to early bronchial Such cases are often diagnosed as asthma or bronchitis This is a serious error for in such cases a marked spread of disease may oc-Extreme caution and at times cur rapidly prompt radical surgical treatment is necessary Only by the use of the bronchoscope and at times by bronchogram can proper care of such cases be given

The subject given me includes the topic of differential diagnosis Time does not permit any exhaustive discussion of this subject occurrence, or at least the more frequent diagnosis. of atypical forms of pneumonia in recent years, has led to frequent errors in diagnosis In the presence of early soft infiltrate and the absence of usual pyogenic organisms an increasing number of cases of early tuberculosis are allowed to go on for some time without a proper There seems to be an inherent averdiagnosis sion to diagnosing tuberculosis, if another diagnosis reasonably can be given. The reverse should be true as tuberculosis is a more probable diagnosis

The use of the sulfa drugs and penicillin has contributed to the dangerous error. When a pneumonia fails to respond in the usual manner, it is not unusual to find that the physician falls back on the diagnosis of virus pneumonia, and if the fever soon recedes, allows the patient to go undiagnosed. This is but another illustration of the fact that new knowledge of disease and new methods of therapy sometimes lead to a neglect of the older and more probable diagnosis, and a delay in initiating proper treatment. Certainly, many of these atypical pneumonia cases at first cannot be differentiated from tuberculosis by x-ray or otherwise.

It is well to remember that hemoptysis is more frequent in bronchiectasis than in tuberculosis. The usual basal location of the lesion, the evacuation of sputum almost at once on inverted posture, especially if the sputum is foul, gives a clue to diagnosis that should be corroborated with a bronchogram

Abscess of the lung, especially chronic or multiple abscesses, gives a picture that only repeated sputum examinations can differentiate from tuberculosis

In case of emphysema with bronchits and periodic episodes of bronchopneumonia which clear slowly leaving fibrosis in the lung, it is often difficult to exclude tuberculosis, as the diffuse lesion is quite atypical—Such cases are dangerous spreaders of tubercle bacilli and should receive especially careful sputum studies

Carcinoma of the lung is often sent in as tuberculosis and many times cannot be differentiated at once. The age of the patient, the one-sided intensity of the lesion, especially with atelectasis, warrants careful sputum studies and prompt bronchoscopy. The necessity of differentiating tuberculosis of the bronchus from early carcinoma is obviously imperative and, I regret to say, often neglected.

A few times each year cases of acute exudative

tuberculosis, especially of the upper lobes, enters the hospital wards as pneumonin Persistent fever and lack of prompt response to drugs should arouse suspicion. Such cases may show pneumococci in the sputum The search for tubercle bacill should not be delayed nor cease with one or two examinations, as early sputa are often negative.

Sarcoidesis of the lung may cause confusion as it may closely simulate tuberculesis. Such a patient may spend unnecessary time in hospitals. The paunty of signs and symptoms in the face of extensive x ray changes and especially of a negative tuberculin test should clear up the diagnosis.

These are only a few of the diseases requiring differentiation. The various fungous infections, actinonycosis, and others, would require a discussion in themselves. Tuberculosis can simulate almost any chest disease. It is rare how ever, that a careful history, physical examination sputum studies, and x ray will not solve the problem.

With the decline of the death rate of tubercu losis to one fifth that of the beginning of the century, there is a tendency to be overly optimistic and complacent about it. Facts do not warrant this. The last five years have shown little decline in the death rate. It is still the most destructive and expensive disease we have in which the cause is known and for which effective treatment is available. Because of its very frequency

it is too apt to be accepted as part of the common burden of human misery. Were half a dozen cases of diphtheria typhoid, or smallpox to appear in one family group, a furor would be caused bringing out all community resources to combat it. Poliomyelitis causes great consternation yet last year there were but 88 polio deaths. All of these diseases together caused but a fraction of the number of deaths as compared with the number from tuberculosis—6 100 last year in New York State.

One hears a good deal these days about the possibility that never remedial agents, such as streptomycin, will in time greatly expedite the elimination of tuberculosis. If and when such agents appear it may be that treatment will be much improved. It is well to recall however, that even now our present methods of treatment are quite effective in minimal disease. Only loose thinking can lead anyone to believe that any new treatment will solve the problem of early diagnosis.

The disease cannot be treated until it is found nor will any treatment be as effective in the late as in the early case. Thus, new methods of therapy will not abate one whit the necessity of using all possible diligence in early diagnosis, in fact, their discovery and use will greatly in crease the responsibility and urgency of finding these cases early so that treatment may be used most effectively.

1947 House of Delegates

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York will be called to order at 10:00 a.m. on Monday May 5, 1947, in Meeting Room G, Memorial Auditorium Buffalo New York.

In accordance with Chapter II Section 3, of the revised Bylaws, the House will assemble according to the following schedule

Monday, May 5 1947, 10:00 A.M Tuesday May 6 1947, 9:00 A.M. and 2:00 P.M. Wednesday May 7 1947 9 00 A.M.

At the last adjourned session (9 00 A M Wednesday, May 7) the election of officers, councilors trustees, and delegates will occur in accordance with Chapter III Section 1, of the revised Bylaws

It will be noted that the House will meet this year on three days, to permit time for the Reference Committees to work and make it unnecessary for the members of the Committees to be absent during the sessions of the House To avoid further conflict the section meetings will not start until Wednesday morning and the Annual Dinner will be held Wednesday evening

ALBERT F R ANDRESEN, M.D., Speaker W P ANDERTON, M.D. Secretary

THE INCIDENCE OF PATHOLOGICALLY SIGNIFICANT TUBERCU-LOSIS IN ROUTINE NECROPSIES IN PRIVATE AND PUBLIC GENERAL HOSPITALS*

A Comparison of Two Periods 1916-1920 and 1940-1945

E M Medlar, MD, Mount Kisco, New York

(From the Department of Pathology, College of Physicians and Surgeons, Columbia University)

Vital statistics for the United States as a whole show that deaths from tuberculosis have decreased from 113 1 per 100,000 population in 1920 to 42 6 in 1943. One can assume that there must have occurred a considerable decline in the number of persons infected with the tubercle bacillus and that the incidence of pathologically significant tuberculosis in routine necropsies in general hospitals would show a similar trend during the past quarter of a century. To determine the validity of such an assumption, the records of routine necropsies in general hospitals have been analyzed.

This study presents an analysis of 14,719 necropsies with regard to the incidence of pathologically significant tuberculosis in private and public general hospitals The records of the hospitals have $_{
m been}$ following exammed Bellevue, Presbyterian, New York, Harlem, Babies', and St Vincent's in Manhattan, Long Island College Hospital in Brooklyn, and Grasslands Hospital in Westchester County, New All necropsies on individuals of 3 months or older, in whom a complete examination of body organs was recorded, were utilized available for the five-year period, 1916 through 1920, and the six-year period, 1940 through 1945. have been included

In addition, 1,177 records of complete necropsies from the Medical Examiner's Department of the Borough of Manhattan for the year 1943 were examined This group is composed of sudden deaths in which court proceedings might occur because of criminal action or criminal negligence, or in which the cause of death was It includes deaths from automobile accidents, from accidents at work, sudden death where there is no record of the case having been under the care of a physician, and all cases where foul play may be either apparent or suspected Since these cases are not drawn from any particular section of the city or any particular stratum of society, they may be considered to represent a small cross section of the city's inhabitants

The criteria used for "pathologically significant tuberculosis" in this study were as follows. A case was not considered as tuberculous unless the term "caseous" was used in the description of a tuberculous focus and unless such a focus was at least half a centimeter in diameter berculous involvement of greater extent, including a listing as the principal cause of death, was The reason for this rigid standard is that there can be a general agreement that a caseous focus is not a healed lesion and that from such foci there can occur an increase of the dis-These small caseous foci had no chincal significance in the cases in which they were recorded but it is from such foci, even much smaller than those accepted in this study, that clinically significant tuberculosis has its origin then of real pathologic significance

Results

A comparison of the necropsy records of private and public hospitals show that there has been a considerable shift in the age distribution when comparison of the two periods of time selected for study, namely, 1916 through 1920 and 1940 through 1945, is made, and the shift has been quite similar in both types of institution. There has been a considerable decrease in necropsies below 10 years of age and a corresponding increase over 50 years of age. Because of this similarity in all institutions the data from all hospitals are considered together in the comparisons for the two time periods.

An over-all comparison is presented in Fig. 1 The change in the number of necropsies under 10 years of age is most significantly shown in the records of Babies' Hospital where, in 1916 through 1920, 1,317 necropsies were done, whereas, in 1940 through 1945 only 225 necropsies were performed on children from 3 months to 9 years of age In the latter period over 50 per cent of all hospital deaths were necropsied Suitable records were not available in every hospital for the period of 1916 through 1920, but in those which did have good records, it was found that less than half as many necropsies were done In spite of the increase in as in the later period the later period, it is noteworthy that, propor-

Presented, by invitation at the 140th Annual Meeting of the Medical Society of the State of New York, Section on Chest Diseases, May 2, 1948

^{*} Sponsored by the Hegeman Memorial Research Fund.

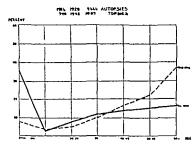


Fig. 1 Percentage—age distribution of neuropases in general hospitals.

tionally, there were fewer records up to the age of 50 years than in 1916 to 1920

The similarity of the necropsy records as a whole in the various hospitals makes it possible to compare the incidence of pathologically significant tuberculosis as a whole for the two periods. Fig 2 thus presents the percentage incidence of pathologically significant tuberculosis in the different age groups. The only significant change in the over-all picture in the twenty five years between the periods studied is a moderate decrease in the age groups 3 months to 9 years and 40 to 40 years, and an increase in the 20 to 29 year period.

A comparison of the two periods in the private hospital records shows that there is a decrease in all age groups except that of 20 to 29 years. In the public hospitals there is an increase in all age groups except two, namely, 3 months to 9 years, and above 60 years At Bellevue and Grasslands hospitals both public general hospitals tuberculosis services are available necropsies from the Tuberculosis Division are subtracted from the necropsy record as a whole, it is found that the incidence of pathologically significant tuberculosis varies but little from the figures found in the private hospitals for the 1940 through 1945 period It is common practice and correctly so, that all tuberculous cases, when so diagnosed are moved from the general wards to tuberculosis services As a result of this procedure the necropsy protocols show less tuberculoss in general hospitals than was present twenty The real significance of this five years ago situation is that despite the removal of the ma jority of recognized cases, there was present a residue of approximately 10 per cent of patients with pathologically significant tuberculosis in the general wards of both private and public hospi tals, insofar as can be determined from the necropsy protocols

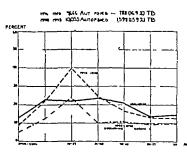


Fig 2 Percentage distribution of pathologically agnificant tuberculous according to ago.

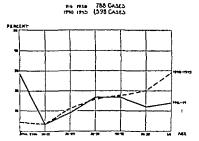


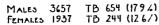
Fig 3 Percentage of pathologically significant tuberculods in different age groups derived from necropsies.

The percentage distribution of the cases with pathologically significant tuberculosis for the two periods is shown in Fig. 3 The two curves indicate that the incidence of pathologically ag nificant tuberculosis found in routine necropsies in general hospitals is the same in the two periods from the age of 10 to 50 years, less in age under 10 years, and more after 50 years. Two suggestions may be offered for this condition. First, the infection rate in adult life may not have changed Second, individuals with pathologically signifi cant tuberculous may be living longer than did similar cases twenty five years ago and are succumbing to other diseases This situation might influence to a considerable degree the mortality rate with regard to tuberculosis

These possibilities are borne out by the following observations.

1 In 2,364 necropses in the age group of 3 months to 9 years tuberculosis was mentioned in the protocols of 293 cases (12 4 per cent) and was the primary cause of death in 288 (12 2 per cent)

TB 654 (179%)



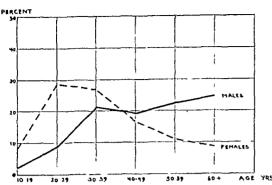
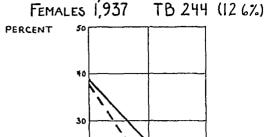


Fig 4. Percentage—age distribution of men and women with pathologically significant tuberculosis derived from necropsies

In only 5 cases was tuberculosis mentioned as an incidental finding in this whole group of necropsies once as a calcified pulmonary focus, three times as small caseous pulmonary foci, and once as a tuberculous ulcer of the ileum with associated caseous mesenteric lymph nodes. From these records it would seem that it is not common for a young child to carry an unhealed tuberculous infection into adult life, even if very small tuberculous foci were overlooked in some of the cases.

- 2 Among 342 protocols in the 10 to 19 years of age group, tuberculosis was mentioned 57 times (16 7 per cent), always as the primary cause of death. In this group it is probable that minute calcified and caseous foci may have been overlooked, but it is very unlikely that foci which would satisfy our criteria for pathologically significant tuberculosis would be missed. The tuberculous disease described in the protocols appeared to be universally of an acute rather than a "chronic phthisis" type. It was unusual to have tuberculosis listed in this group under the age of 14 years
- 3 Between the ages of 20 and 39 there were 2,274 protocols with pathologically significant tuberculosis in 586 cases (25 7 per cent) It was uncommon to have a caseous focus or a cavity listed as an incidental finding and calcified foci were infrequently mentioned
- 4 Of individuals above 40 years of age, there were 9,671 protocols, and pathologically significant tuberculosis was present in 1,393 instances (144 per cent) In this group calcified or caseo-calcific foci were mentioned occasionally. Not infrequently, caseous foci and even cavities were recorded as incidental findings. It is in this group that the primary diagnosis of cardiac disease, cerebral hemorrhage, cirrhosis of the liver, renal disease, and neoplasms relegate patho-



MALES 3,657

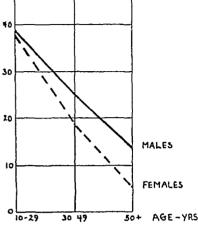


Fig 5 Percentage of pathologically significant tuberculosis in different age groups, showing comparison of men and women

logically significant tuberculosis to a lower level in the listing of anatomic diagnoses Many of these cases had active tuberulous disease with open cavities and were, without doubt, spreaders of the disease during life

In Fig 4 is shown the percentage distribution of cases with pathologically significant tuberculosis according to age and sex. In these curves practically all of the cases below 40 years of age died from tuberculosis, whereas, in those above this age, tuberculosis was often noted as of less significance than other disease processes difference between males and females is apparent Fig 5 presents the percentage of incidence of pathologically significant tuberculosis in all necropsies for the two sexes in different age groups It is evident that there is no difference in the sexes up to 30 years of age, whereas, after 50 years of age the male shows considerably more tubercu-From these two illustrations the impression is gained that with advancing years the male is more frequently infected than the female plausible explanation for this difference may be that men are more often exposed to infection in their daily intermingling with crowds of people, whereas women enjoy a somewhat more sheltered environment in the home

While examining the records it was noted that, at times, a considerable amount of tuberculosis would be described in the necropsy protocol without any mention of the disease in the clinical record. It became of interest to determine in which age groups this situation predominated A compilation of the records of 117 such cases is

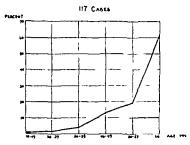
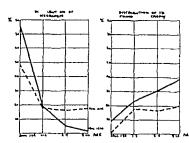


Fig. 6 Percentage—age distribution of pathologically significant tuberculous either not considered clinically significant or not recognized clinically

shown in Fig. 6 in which the percentage distri bution of the cases according to age is given Ninety five (81.2 per cent) of the cases were from individuals over 50 years of age. An example of such clinical oversight is the case of a 75-year-old dentist who had been under the care of his private physician for a considerable period of time for a heart desorder and finally entered the hospital where he died The listing of the anatomic diag noses in the necropsy protocol, in order of importance, were coronary occlusion, cardiac infarc tion, generalised atherosclerosis, chronic nephritis, and chrome fibrocaseose tuberculosis with cavitation The private physician was greatly surprised to learn of the tuberculous Drocesa

The reasons for this situation are multiple Tuberculosis may not be considered because of the age of the patient, the presenting symptoms and the clinical findings may not make one aware of the disease, a misinterpretation of the sig nificance of shadows in a roentgenogram of the chest may have been made, or the presence of other pulmonary diseases may have confused the With regard to this latter possibility, the records of the Chest Division at Bellevue Hospital are of interest. In 380 consecutive necropsies in which significant tuberculosis was recorded, this disease was not considered as a part of the clinical picture in 3 9 per cent. The disease processes which confused the picture were primary carci noma of the lung, metastatic neoplasms, pulmonary abscesses, and bronchiectases of the upper lobes In most instances failure to recognize tuberculous had very little to do with the even tual outcome of the case. It is well however, to be aware of the fact that open tuberculosis may be present in such patients, and that the disease can be spread by them just as effectively as if tuberculosis was the dominant disease process.





F10 7 Purcentage—age distribution of necropsies and of tuberculosis found at necropsy at Babies Hospital

That there is a growing awareness of this situ ation was found at Grasslands Hospital where roentgenograms of the chest for all hospital admissions were begun in 1942. Prior to that date they had discovered that a considerable number of cases with extensive tuberculosis were being mused in the general wards of the hospital Their necropsy protocols for 1040 and 1041 show that about 60 per cent of the cases with cavities in persons over 60 years of age had not been diag nosed clinically An examination of the records from 1942 through 1945 showed that it was un common for a cavity to be found at necropsy if tuberculosis had not been considered as a part of the clinical picture but that there were several cases where caseous foci were present. The interpretation of the pathologic significance of roentgenographic shadows are very important in these cases, for it is a rare case indeed in which there has been a tuberculous involvement of any extent in the upper lung fields that caseous foci cannot be found at necropsy Whenever shadows of any extent are noted, that case should have follow up roentgenographic studies and also tests for the presence of tubercle bacilli Such cases may readily be the contact source for new Caans

Fig 7 presents the data from Babies' Hospital It is remarkable that in this institution only one tuberculous death under 1 year of age occurred during the six year period of 1940 through 1945, whereas, in the five-year period of 1916 through 1920 there were 85 such cases Above 1 year of age the situation was not so favorable for the records showed 14 to 76 cases for the respective periods. A similar condition was found to exist in the pediatric services of other hospitals, all though the available data were considerably less. These records are in marked contrast to the data

COMPLETE AUTOPSIES - (177 (1877 ALL CASES)
PERCENTAGE DISTRIBUTION - ALL AUTOPSIES BY AGE
PERCENTAGE DISTRIBUTION - TB CASES BY AGE 60 CASES (51%)

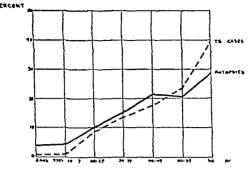


Fig 8 1943 Medical Examiner's Cases Total, 6,289

on the incidence of pathologically significant tuberculosis in adults

For a glimpse into the tuberculosis situation among people who were supposedly well one day and dead the next, the Medical Examiner's records of the Borough of Manhattan for the year 1943 were studied During that year 6.289 bodies were referred to the department, and in 1,177 instances (187 per cent) a complete necropsy was performed In these cases the feature of major importance was to determine the immediate cause of death Because of a limited technical staff, the associated pathologic findings of minor significance were frequently not recorded As a consequence the records contained only a minimum of information with regard to small caseous tuberculous foci Fairly good-sized foci and cavities were recorded Fig 8 presents the percentage distribution of the necropsies and of significant tuberculosis as to age There was no mention of tuberculosis in the protocols of 75 cases under the age of 20 years Tuberculosis was recorded in all other age groups, varying from 42 per cent in age 20 to 29 years to 73 per cent in age over 60 years As in the hospital cases the difference in male and female in the older age groups was striking In the age group twenty to twenty-nine years, there were 69 males with a record of tuberculosis in 3 (4 3 per cent) and 49 females with 2 tuberculous (4.1 per cent) In age over 50 years, there were 452 males with tuberculosis recorded in 34 instances (75 per cent), whereas in 102 females, tuberculosis was mentioned in but 3 instances (2.9 per cent) this group there were 60 cases (5 per cent) of pathologically significant tuberculosis with death from tuberculosis being recorded in 12 instances Thirty-seven (61 7 per cent) only (1 0 per cent) of the 60 cases showed cavity and rather extensive disease, 1e, 3 per cent of the entire group, a striking instance of how active tuberculosis may be hidden in necropsy files

In a series of 1,300 Medical Examiner's cases which were thoroughly examined by the author in 1944 and 1945, cavities were present in 52 instances (4 per cent). No cavity was found in 104 cases under the age of 20 years and 5 6 per cent of 588 cases over 50 years showed the presence of cavity formation. This corresponds fairly closely with the record for the year 1943.

Comment

Protocols of routine necropsies record a fairly accurate description of the major disease processes but they fail to contain information on many "incidental" pathologic conditions, 1e, a hemangioma of the liver a few millimeters in diameter might not be recorded, whereas one, several centimeters in diameter, would be mentioned Data from this source have a very limited value if the incidence of tuberculous infection is sought This is one of the reasons why rigid criteria for "pathologically significant" tuberculosis have been adhered to in this study and it is recognized that the information gained is not complete

The data, even with its limitations, depicts more accurately the sources from which tubercle bacilli may be spread than can be obtained from vital statistics or mass x-ray or tuberculin survey. The information from the routine hospital necropsies indicates in what age groups of patients a greater alertness for tuberculosis should be exercised. The data from the Medical Examiner's records provides a glimpse into the problem in the population at large.

The data presented in this study reveals a big advance in the prevention of tuberculosis in babies in the first year of life There is no evidence that the increase of the disease in young adults is a result of a chronically progressive infection acquired in childhood The evidence suggests these infections are incurred in adult life and that adults continue to be infected throughout life, for the largest number of cases are found in individuals over 50 years of age especially true in the male which suggests that men are more frequently exposed to infection The data seem to indicate that very little progress has been made in solving this problem in the past twenty-five years, at least in metropolitan New York

A considerable amount of active tuberculosis never appears in death registries because other diseases very often are the actual causes of death. This is particularly true in the older age groups. It is in this group that open tuberculosis is most frequently unrecognized. This accounts in large part for the considerable number of tuberculous cases still present in general hospital services despite the active campaign to segregate such cases.

as soon as diagnosed. It is unusual for tuberculous cases not to be so diagnosed below the age of 40 years

It seems unlikely that the control of tubercu lous infection in the adult can make much progress unless this large group of pathologically active tuberculosis in the older ages is properly handled To accomplish this there will have to be a more alert consciousness of this situation One step which should be of great value would be to have chest roentgenograms of all patients over 50 years of age admitted to hospital wards, especially the males. If shadows of any extent are observed in such roentgenograms, they should not be regarded as innocuous no matter how dense they may be, for not infrequently a cavity may be obscured within the shadows.

It may well be that a considerable number of these cases will not need active clinical treatment when discovered They should, however, be carefully studied and treated with due respect in regard to the possibility of spread of the disease

The discovery and treatment of tuberculosis in its early stages is of utmost importance, and it is of equal importance to control the sources from which the infection may be spread to other per-In the second part of this program the problem may not be as much one of active medical care as of education and of segregation telligent leadership in this phase of the problem must be assumed by the medical profession as a whole, if the disease is to be brought under satisfactory control

Summary

An analysis of 17,196 necropsy protocols from routine pathologic services is presented with regard to the presence of "pathologically signifi cant" tuberculosis. A comparison of the periods 1916 through 1920 and 1940 through 1945 shows that the incidence of significant disease in adults is approximately the same in the two periods Below the ago of 40 years pathologically significant tuberculosis is recognized clinically in a very high proportion of the cases Over the age of 50 years a considerable number of such cases are unrecognized In the older age groups the tu berculous infection frequently is not recorded either as the chief or as a contributing cause of death, even if cavity formation and pathologi cally active disease are present

The existence of a considerable group of unrecognized and innocent spreaders of tubercle bacilli poses a serious problem One method of approach toward a solution of this problem would be the institution of chest roentgenograms of all patients over 50 years of age who are admitted to hospitals, regardless of other clinical conditions Especial emphasis should be placed upon such examinations in male patients. All cases in whom shadows are thought to be tuberculous in nature should have careful study by senal roentgenograms and for the discharge of tubercle bacilli, regardless of the first impression as to the significance of such shadows

Nors The author desires to express his appreciation for the many courtenes extended by the authorities in the various hospitals which made this study possible.

POSTGRADUATE INSTRUCTION NOW AVAILABLE

A program for the current year has been issued by the Committee on Public Health and Education in the form of a Course Outline Book

This provides for postgraduate instruction in a wide variety of subjects includin gallergy, bacteriology cancer dermatology industrial health, general medicine obstetnes gynecology orthopedics, pedi

atrice, psychiatry, surgery venereal diseases, and others

Lectures and demonstrations based on these topics are available for county societies hospital staffs, and other medical groups. For further information address Dr O W H. Mitchell, director 428 Green wood Place, Syracuse, 10 New York,

FELLOWSHIPS FOR PHYSICIANS AND ENGINEERS

Announcement is made by Surgeon General Thomas Parran of the U.S. Public Health Service that applications for fellowships in peetgraduate public health training for physicians and engineers for the school year beginning in the fall of 1947 will

be received at any time prior to May 1, 1947

The fellowships are made possible by a grant of \$228,400 from the National Foundation for Infantile Paralysis through funds contributed to its March of Dimes Fifty three students were awarded fellowships for the school year beginning in September 1946

The fellowships provide an academic year's gradu-

ate training of approximately nine months in an accredited school of public health or an acceptable school of sanitary engineering followed by three months of field training, and are open to men and women, citizens of the United States, under 45 years of age.

Physician applicants must have completed at least a year's internahip

Applicants for fellowships may secure further details by writing to the Surgeon General, U.S. Public Health Service, 19th and Constitution Avenue, N.W., Washington 25, D.C., Attention Public Health Training.

THE USE OF THE BRONCHOSCOPE IN THE DISEASES OF THE CHEST

JOHN D KERNAN, M.D., New York City

IT IS significant of the continued interest in bronchoscopy that the present writer read a paper on this same subject before the State Medical Society twenty-five years ago The bronchoscope at that remote time was used chiefly for the removal of foreign bodies from the bron-Realization of its value as a means for the diagnosis and treatment of intrathoracic disease was only just dawning Since then the field has greatly expanded

Extrabronchial and intrabronchial disease In its course through the must be considered mediastinum, the trachea is intimately related to the esophagus, the lungs, the aorta, the left recurrent larvngeal nerve, and numerous lymph

nodes

Pathologic changes in any of these structures may alter the position, the direction, the lumen of the trachea, and such alterations can be noted on bronchoscopy One might say that any patient complaining of a persistent cough. wheeze, dyspnea, or dysphagia should be bron-

The chains of gland running up along each side of the trachea are especially liable to give trouble If only slightly enlarged and calcified, the result is only an annoving cough Further enlargement will bring about such distortion of the trachea and compression of its lumen that wheezing and even severe dyspnea may result Occasionally calcified glands will erode the tracheal wall and appear inside The symptoms of such an accident are very severe and can be relieved only by bronchoscopic removal of the calculi

Enlarged glands in the hilum of the left lung may cause left vocal cord paralysis A bronchoscopy will reveal the distortion of the left main bronchus caused by such enlargement and explain an otherwise obscure case

Tuberculous glands, especially in children, have a tendency to break down and form abscesses which rupture into the trachea or bronch Immediate death may result from drowning or widespread infection may cause prolonged illness Prompt bronchoscopic aspiration will prevent such dire results

Other causes of mediastinal lymph node enlargement are those which involve lymphatic tissue generally, such as Hodgkin's disease, lymphosarcomas, malignant metastases, and the

Presented at the 140th Annual Meeting of the Medical Society of the State of New York Section on Chest Diseases May 2, 1946

Cough, wheeze, or dyspnea may be the like first symptoms A bronchoscopy will certainly aid in the diagnosis

Many other conditions may give rise to these same symptoms of wheeze and dyspnea We have seen infants subject to attacks of evanosis Compression of the trachea by an from birth enlarged thymus will be found in such cases. a similar appearance is caused by substernal thyroid tumor in adults Care should be taken to make the correct diagnosis such cases are treated for prolonged periods An aneurysm of the aorta will as asthma at times give symptoms suggestive of asthma and be treated as such It is not always easy to make the differential diagnosis in the early stages, not even by x-ray I once bronchoscoped a man who had been treated many months for Examination of his larvnx showed a right vocal cord paralysis. This is quite unusual so a bronchoscopy was decided upon This revealed a pulsating tumor compressing the trachea high up in such a position that only the right innominate artery could do it

Formerly, early diagnosis of aneurysms was not so important since little could be done for Now they can be treated surgically

Occasionally, tumors of the esophagus, those involving the party wall, will compress the trachea or erode its wall I saw one case in which the first symptom was coughing up of food, no more can be done for such patients than taking a biopsy

It has been emphasized that most of these mediastinal troubles imitate asthma How about the use of the bronchoscope in true bronchial asthma? Its necessity for differential diagnosis ought to be clear from what has been said can also be useful therapeutically Many cases of asthma have a basis of chronic bronchitis It is useful to treat such patients with autogenous vaccines prepared from the bronchial secretions secured bronchoscopically Then an attempt can be made to control the infection by insuffiation of one of the sulfonamide powders Some favorable results have been reported from this Symptomatic relief is occasionally secured by as-My own expepiration of the heavy secretions rience with these cases has not been extensive

The intrabronchial lesions for the diagnosis and treatment of which bronchoscopy is indicated must now be considered A bronchoscopy is done for prophylaxis, diagnosis, and treatment

Lung Abscess

The probability is that most lung abscesses are caused by the aspiration of foreign material during operations, especially operations about the mouth, such as tonsillectomy. A smaller number are due to infected emboli, which may lodge in the lung following operation. It would seem to be a reasonable precaution whenever there has been vomiting during anesthesia, or unusual bleeding during operations on the mouth that a bronchoscopy be done on the table to clear the air passages. If there is reason to believe that any foreign body has been aspirated it should always be searched for before the patient leaves the table. This would prevent many lung abscesses.

All lung abscesses should be bronchoscoped at least once for diagnostic purposes. This will rule out the presence of a foreign body and aid in localizing the abscess by identifying the discharging bronchus. As for treatment of lung abscesses the first aspiration may be curative if done early Of 27 cases of post-tonallectomy abscesses, 18 recovered promptly after one bronchoscopy. Even chronic cases will at times recover without operation. It is, however, now considered best to resort to surgical means if the case is not improving after a few weeks of medical care and weekly bronchoscopic drainage.

Bronchiectasis

Many cases of bronchiectasis start in infancy or childhood following unresolved pneumonia. These cases appear to be due to retained secretions with a consequent collapse of a portion of a lung, bronchiectasis follows. As a preventive measure, such cases should be bronchescoped and aspiration carried out. This procedure would doubtless result in many cures.

Bronchiectasis of longstanding cannot be cured by bronchoscopy Such cases if localized are best treated surgically If the disease is widespread with foul discharge, long-continued bronchoscopies will greatly better the symptoms and enable the patient to lead a comfortable life Bronchoscopy is done at first at weekly, later at monthly, or even longer, intervals. In my experience, which is somewhat limited, urigations injection of penicillin, and insufflation of powders give no better results than simple aspiration

Bronchlectasis is a fairly frequent source of hemorrhago. If the chest films are negative, the diagnosis may be exceedingly difficult to make. The question always arises as to when to do a bronchoscopy, while the patient is bleeding, or in a free interval when it is perhaps safer. If the latter course is adopted, there will be no evidence to guide the search I think one may say that it is better to bronchoscope during the bleeding when it is possible to trace the blood to its source Then lipiodol carefully placed under the guidance of the fluoroscope may demonstrate a small abscess or bronchiectasis otherwise in visible.

Tumors

Tumors of the bronch, benign or malignant, cause no symptoms until obstructive. Then lung collapse infection and suppuration follow Benign tumors, as compared to malignant, are rare. I have seen one lipoma, one chondroma, one papilloma, and approximately thirty adenomas. The lipoma and chondroma were successfully removed. The papilloma occurred in an infant about the carina and suffocated the child.

Benign Tumors—Benign adenomas, unless they bleed, cause no symptoms until obstructive. Then, a secondary bronchicetasis results Most of them are treated as tuberculous until the correct diagnosis is made by bronchoscopic biopsy. If untreated they grow locally for many years and may destroy by pressure a whole lung. The bleeding will be very severe at times.

Probably the best treatment is lobectomy The intrabronchul part of the tumor can be destroyed by diathermy. They are, however, almost invariably also extrabronchial. This part will continue to grow even after successful intrabronchial treatment, and will ultimately destroy the lung. A ten-year survey of my cases showed that seven out of ten recurred after seeming disappearance after diathermy.

Malagnant Tumors—All authors agree that there is a very disturbing increase in the frequency of carcinoma of the lung, both relative and absolute The cause of this increase is no more known than the cause of other carcinomas.

These tumors arise most frequently in the larger bronchi and grow rather slowly at first. Unfortunately, they are liable to be symptomless until large enough to block a bronchus Then all the symptoms of a blocked bronchus appear but, by this time the regional lymph nodes are in volved and the case is inoperable. Diagnosis is made by considering the symptoms, physical signs, x ray films, and by bronchoscopy

The last gives the best chance of an early diagness As already mentioned, these cases are symptomless until well advanced The early symptoms may not be at all suggestive. There may be a feeling of weakness fatgue, in somnia, slight anema even complaints which suggest gastro or intestmal involvement. Tonsils are sometimes removed and sinuses drained on the ground that these may be foci of infection

When, finally, cough, hemoptysis, dyspnea, and chest pain suggest the true diagnosis it will be too late for operation

It is thus, also, with the physical signs Only a large growth will give physical signs which can be detected by percussion or auscultation. They depend for their production on the presence of a blocked bronchus, an obstructed bronchus is always so late in development that the mediastinal glands are involved which makes for a poor prognosis.

Radiology offers more hope of an early diagnosis than either symptoms or physical signs A routine film of the chest which should be taken of all ailing men or women over forty will pick up even a small shadow which is significant. But the mere presence of a shadow does not make the diagnosis. Many conditions can give small shadows in the lungs

Means must be found to make the differential diagnosis. The means is a bronchoscopy. Recall the fact that the majority of these growths arise in the main bronchi, accessible to the bronchoscope. If a biopsy can be made, a sure diagnosis is given and, possibly, a very early diagnosis. Recently, on bronchoscopy a carcinoma was found so small that it was completely removed by the biopsy forceps. At the same time, valuable information is secured as to the amount of free bronchus above the growth, the condition of the glands about the carina, and the existence or not of infection, all bearing on the operability of the case.

Of course, symptoms, physical signs, and x-ray films must all be taken into consideration. But neither singly nor altogether can they give a diagnosis of carcinoma of the lung sufficiently early to allow any large degree of success on operation. Bronchoscopy alone will do that

Although the majority of malignant tumors arise in the larger bronchi, many are beyond the reach of the bronchoscope, either in an upper lobe bronchus or in a bronchus so small that the bronchoscope will not enter

In those thought to be in an upper lobe bronchus a pneumothorax should be done. This will bring the bronchus in line and permit its inspection. In regard to the smaller bronchi one must depend on examination of material removed by aspiration. This is said to be successful in a large percentage of cases. A small flexible tube will enter a very small bronchus, so the securing of the secretion ought to be very simple. The pathologist would have to be very well trained to identify all the various cells, normal and pathologic

One should not be discouraged by a negative report, even though all other symptoms and signs point to the presence of a carcinoma. A nega-

tive report means that there is a good chance of operative success

Tuberculosis

It is said that 15 per cent of all patients entering sanatoria for tuberculosis have tracheobronchial involvement. A much larger percentage of the fatal cases develop that complication. Since diagnosis can be made and treatment carried out only by means of bronchoscopy, it will be seen how important for the efficient treatment of pulmonary tuberculosis the bronchoscope is

Observed through the bronchoscope, the earliest stage is edema of the mucous membrane Then follow shallow ulcers, ulcers with granulation tissue, sometimes forming tumors, deep, destructive ulcers, and, finally, the healing stage with strictures and deformities from scar tissue The chief symptom at this stage is a wheeze

Some bronchoscopists recommend no treatment, maintaining that if the pulmonary condition improves, the bronchial also will I do not agree with the expectant attitude More active treatment should be carried out There is no doubt that fortnightly treatments with almost any one of a number of means will hasten healing Among those suggested are the application of 30 per cent silver nitrate to granulation tissue, the removal with forceps or cauterization of granulation tissue tumors, the aspiration of retained secretions, and the stretching of the strictures

The bronchoscope has a wide field of usefulness in chest surgery There is no doubt that bronchoscopic treatment before operation will make the patient a better operative risk For instance, in cases of lung abscess, bronchiectasis, and bronchial tumors with infection, several bronchoscopies will certainly reduce the chances of Postoperatively, postoperative complications the removal of secretions is, at times, a lifesaving All cases for pneumothorax and measure thoracoplasty, where tracheobronchial disease is suspected, should be bronchoscoped complications can be prevented by this precaution

I wish to put in a plea here for better bronchoscopies. The difficulty is not in the mere passing of the bronchoscope. That is easily done. The cases should be better prepared for the bronchoscopist, sent in with films, history, and a statement of what is suspected. This will save much time and the patient's nerves. The operator should know which side to search first and what to look for. Cases should not be sent for bronchoscopy an hour before it is done. The bronchoscopist on his part should have his operating room team well organized, so every needed instrument is ready at hand. The study of secretions

should be carried out by a most competent pathologist. Thus planned there will be few negative bronchoscopies.

130 Cast 78th Street

Discussion

Dr Charles C. Wolcott, Bronzville.-The roll of bronchoscopy in thoracle disease is very well establabed and the coverage of the subject by Dr Kernan was both complete and comprehensive I desire briefly to elaborate on the matter of "the negative bronchoscopy

I am sure there have been times when we all have been disappointed in the report following an endoscopic procedure. All the evidence seemed to indi cate that a bronchoscopy would clarify a given case history yet the report was negative.

There are three main reasons for this

It may have been a case in which the bronchoscopic findings were actually negative. If so this negative report then constitutes a positive finding.

2. The technic problem may have been too great

for the endoscopist.

3. The pathology may have been overlooked or minuterpreted.

The reasons for the second and third are the same

There may have been inadequate premedication, in adequate anesthesis, inadequate assistants, or inadequate training of the operator The last is the most important. The question is 'How are we to train the endoscopist adequately? The technical aspects of endoscopy are great and must include the ability to recognize detailed bronchial anatomy No one should do bronchoscopy on the living until a considerable degree of technical proficiency has been acquired Certain fundamentals can be acquired in the anatomy laboratory or on properly anesthetized animals.

However I have found that the best way to acquire skill as by practicing on fresh cadavers. I have insisted on my students doing this. They are urged to take all necessary instruments to the morgue and repent many many times the entire procedure as they would do it in the operating room. Such training has been more valuable than any Here the student learns to identify all seg mental bronchial orifices normally visible. He acquires dextenty so imperative for a nontraumatic endoscopic procedure and he learns to identify all structures.

There are several short courses given in various hospitals. Theoretically they are excellent. Actually they may not be As postgraduate or refresher courses they have a very definite place. It would seem wise to limit these courses to those students with considerable basic experience and a definite opportunity for further practice under su pervision.

After one has acquired adequate technical ability there still remains the more difficult field of proper interpretation of what one sees. This again requires a long apprenticeship under supervision.

Therefore, it would seem that in order to eliminate the many negative or unsatisfactory endoscopies we must devote more time to training the endoscop

HOTEL RESERVATIONS FOR ANNUAL MEETING

Reservations are being made in the following hotels in Buffalo for guests at the Annual Meeting

> Buffalo Washington and Swan Streets

Richford 210 Delaware Avenue Graystone 24 Johnson Park

Washington and Clinton Streets Lafavette

140 North Street Lenox Main Street at Utica Street Markeen

Niagara Square Statler 274 Delaware Avenue Touraine 245 Elmwood Avenue Stuvvesant Westbrook 675 Delaware Avenue Worth 200 Main Street

Sheraton 715 Delaware Avenue

It is essential that those desiring to attend the Annual Meeting make reservations as soon as possible

SURGERY IN DISEASES OF THE CHEST

HERBERT C MAIER, M D, New York City

THE importance of surgery in the management of diseases of the chest has increased greatly during the past two decades. The foundation for this development dates back many years, but it is only recently that surgical procedures within the thorax have been performed with a degree of safety comparable to that of abdominal surgery. Advances in anesthesiology, a better understanding of thoracic physiology, improved methods of avoiding surgical shock, chemotherapy, and better care of the patient before and after operation have been chiefly responsible for the improved results.

Empyema—The incidence of infections of the pleura has been markedly reduced as a result of the use of sulfonamides and penicillin in the treatment of pulmonary and other infections. If an empyema does develop, thoracentesis is performed in order to determine the character of the fluid

Immediate smears are made and the fluid Confusion may arise between a 18 cultured pyogenic and a tuberculous empyema because previous penicillin therapy may result in a failure to culture pyogenic organisms present in the fluid If the empyema is caused by an organism that is affected by penicillin or streptomycin, and if no bronchopleural fistula of appreciable size is present, intrapleural treatment with one of the antibiotics is advised It is most essential that the pus be thoroughly evacuated at each thoracentesis before the penicillin or streptomycin is introduced into the pleural space Re-expansion of the lung, combined with sterilization of the pleural space, is the goal in the treatment of an empyema

Thoracentesis should be done without permitting air to enter the pleural space. Air replacement is distinctly contraindicated. Thoracentesis should be done several times a week and penicillin or streptomycin introduced into the pleural space at each tap. Surgical drainage of a pyogenic empyema is indicated (1) when there is a bronchopleural fistula of sufficient size to permit entrance of pus into the tracheobronchial tree, (2) when the empyema is due to an organism uninfluenced by the antibiotic, and (3) if sterilization of a pyogenic empyema is not obtained soon by nonsurgical means. No case should be considered cured until the lung is re-

expanded and the pleural space obliterated As long as any fluid remains in the pleural space, even though cultures are negative, there is a real possibility of future trouble

Pulmonary Abscess—Penicillin and sulfonamide therapy have reduced the incidence and severity of pulmonary suppuration. When an abscess develops in the lung, the results of penicillin therapy are often unpredictable. The cardinal principal of all chemotherapy is to determine whether the causative organism is susceptible to the agent employed. Since a mixed flora is common in pulmonary abscesses, and since some of the organisms may not be susceptible to the chemotherapeutic agent employed, it is often unpredictable whether marked benefit will be obtained.

Much may be accomplished by penicillin therapy in the aerobic pulmonary abscess. If the lung abscess is characterized by foul expectoration and numerous anaerobes are present, the chemotherapeutic agents so far available have often given disappointing results. In this latter group surgical intervention is frequently indicated

The aim of treatment of an acute pulmonary abscess is to obtain subsidence of the infection before chronic changes have occurred in the cavity wall and the adjacent pulmonary tissues When one is dealing with a solitary abscess cavity, especially if the sputum is foul, surgical drainage should be undertaken early if the patient does not show progressive clinical and roentgen evidence of improvement on conservative medical measures and chemotherapy If surgery 15 deemed advisable in an acute lung abscess, drainage is usually the procedure of choice Accurate localization is the keystone to success in the surgical drainage of an acute pulmonary abscess The procedure is preferably performed under local anesthesia in one stage Neglect of details on the part of the surgeon may change a simple, safe operation into a serious one with many complications

Surgical drainage alone is usually unsatisfactory in the treatment of pulmonary suppuration characterized by extensive pneumonitis and the presence of multiple small abscesses. Lobectomy or pneumonectomy is the preferable form of therapy for suppuration which has produced irreversible damage to the pulmonary parenchyma and bronchi. Chemotherapy plays an important role in this type of case in overcoming the acute

Presented at the 140th Annual Meeting of the Medical Somety of the State of New York, Section on Chest Diseases May 2, 1946

phase and in lessening the risk of spread of the infection during and following operation Follow-up bronchographic studies have shown that many lung abscesses, whether treated by surgical drainage or subsiding after spontaneous evacuation of the pus through the bronchus, do not undergo true healing Frequently a cavity, often with an epithelial lining, persists Infection may again flare up in such a cavity If symptoms persist, or if there are recurrences of the infection. resection of the diseased portion of the lung is indicated Although the hazard of lobestomy and pneumonectomy for pulmonary abscess is somewhat greater than the risk of lung resection in bronchiectasis, the postoperative morbidity and mortality have been considerably diminished in the past few years. The author has had a mortality rate of less than 5 per cent for lobectomy and pneumonectomy for chronic lung abscess.

Bronchectasis - Surgery plays an important part in the treatment of bronchiectasis. Al though much can be accomplished by chemotherapy in bronchiectasis, the role of this therapy is chiefly in the management of the acute ex acerbations of the infection The indications for surgical treatment for chronic bronchiectasis have not been appreciably changed by the advent of penicillin. In evaluating the results of treatment of bronchiectasis, it is most essential to bear in mind the spontaneous fluctuations in the severity of the symptoms that characterize this condition Surgical treatment is indicated if the cough and the purulent expectoration are more than minimal in amount, or if hemoptyses occur, provided the disease is sufficiently localized for surgical removal and provided there is no contraindication as far as the patient's general condition or pulmonary function is concerned Extensive pulmonary emphysems is often a contraindication to radical surgery The excel lent results which may be obtained by lobectomy in bronchiectasis have been amply demonstrated in many clinics. The record of the Army chest disease centers during the recent war has been outstanding It should not be forgotten how ever, that a trained thoracic team is essential for the best results in this type of surgery author has had one hospital death in the last 100 consecutive cases of lung resection for bronchiectasıs This series includes pneumonectomies as well as partial and total lobectomies.

Cytic Disease of the Lung —A wide variety of leaions have been classified under the heading of cystic disease of the lung Treatment depends upon the type of pathology present in the individual case. Some so-called pulmonary cysts are nothing more than areas of localized obstructive emplysems, or emphysematous blebs which

require no therapy Sometimes the pulmonary cyst becomes markedly overdistended, due to positive pressure within the cavity resulting from a ball-valve mechanism in the draining bronchus. In some such cases decompression or surgical excision of the tension cyst may be indicated. Needling of such cysts may be dangerous, due to the possibility of secondary tension pneumothorax.

Pulmonary cysts lined with epithelium frequently require surgical excision, especially if infection has occurred. It is often difficult to distinguish between congenital pulmonary cysts and cyst-like spaces in the lung which are the result of chronic pulmonary infection. Lobectomy and pneumoneotomy give good results in those cases in which surgery is indicated.

Pulmonary Tumors -Although the vast ma jority of tumors of the lung are malignant and cause death within a few years, there are some pulmonary neoplasms of low-grade malignancy which invade locally but only occasionally have regional and rarely distant, metastases. The so-called bronchial adenoma is the most common tumor of this type. If the lesion is properly diagnosed and treated, excellent late results may be obtained. The accumulated evidence today indicates that the preferable form of treatment is lobectomy or pneumonectomy Cauterisation of the endobronchial portion of the adenoma through the bronchoscope has not given satisfactory late results in most instances. Endoscopic treatment alone still has an important place, however, in the treatment of those patients in whom, because of general condition or age radical surgery is contraindicated. If the lezion extends into the trachea, endoscopic removal and occasionally radiation are helpful. Cautemation through the bronchoscope alone has often been unsatisfactory because of the extension of the tumor through and outside of the bronchial wall, and because of the high incidence of secondary suppuration which has caused sufficient damage to indicate resection of the involved portion of the lung Some bronchial adenomas cannot be visualized through the bronchoscope because they arise from a smaller, more penpheral branch bronchus

Carcinoma of the lung is a common form of cancer today Surgical excision, usually by pneumonectomy, is considered the preferable form of therapy A distresangly large per centage of patients are referred for treatment when the lesion has already extended from the lung into the adjacent mediastinum, or there is other evidence of metastases Both patients and physicians are often responsible for this situation. The reasons for this delay are chiefly the follow inc.

- 1 Most men with carcinoma of the lung are heavy smokers of cigarettes, and have a history of chronic cough dating back many years Therefore, little significance may be attached to some increase in this chronic cough
- 2 The early roentgen appearance of a carcinoma of the lung may be merely a small area of increased density which cannot be distinguished radiographically from many other lesions. Every shadow seen on a roentgenogram requires extensive investigation, even though the patient may be entirely asymptomatic. It is often much wiser to perform an exploratory thoracotomy than to merely observe the changes in the roentgen appearance over a period of months.
- 3 Delay in treatment may be caused by placing too much reliance on negative bronchoscopic findings. Although the tumor is visible bronchoscopically in the majority of patients with carcinoma of the lung in the late stages, bronchoscopic visualization and biopsy of the tumor is possible only in the minority of the early cases. Exploratory thoracotomy is indicated whenever there is real suspicion of carcinoma, provided the patient's condition does not contraindicate radical surgery. Even though an exact diagnosis cannot be reached, too much time should not be lost trying to differentiate between several types of lesions, all of which might be best treated by surgical removal.

The surgical results, both immediate and late, of carcinoma of the lung are rather similar to those of carcinoma of the stomach. In my own experience, the mortality of pneumonectomy for malignant tumors is now less than 5 per cent, and there has been one death in a series of over 20 lobectomies and pneumonectomies for benigh tumors and those of low-grade malignancy. The distressing feature is not the risk of surgical intervention, but the fact that so many cases are too advanced at the time that surgical exploration is undertaken.

Pulmonary Tuberculosis—Surgical therapy plays an important role as a supplement to general medical measures and rest treatment in the care of the patient with pulmonary tuberculosis. Although a considerable variety of surgical procedures have been employed in pulmonary tuberculosis, only a few have stood the test of

time In dealing with a chronic disease, an analysis of late results is far more important than a report of the patient's condition shortly after operation

The old concept of always attempting an artificial pneumothorax before considering a thoracoplasty has been shown to be unwise original aim of pneumothorax was to control the lesion by temporarily collapsing the lung due to the type or extent of the disease present. it is anticipated that the lung can never be reexpanded, a primary thoracoplasty may be preferable to pneumothorax Studies of lung function after pneumothorax and thoracoplasty have shown that the advantage of pneumothorax over thoracoplasty from the standpoint of conserving pulmonary function is not as great as was orga-In fact, a partial thoraconally anticipated plasty often gives a better functional result than a pneumothorax which has been complicated by pleural fluid If the tuberculous lesion is limited to the upper portion of one lung, a primary partial thoracoplasty may be preferable to artificial pneumothorax

Intrapleural pneumonolysis may often convert an ineffectual pneumothorax into a satisfactory one Extensive pneumonolyses are not indicated in cases of predominantly unilateral tuberculosis if a partial thoracoplasty could be substituted for the unsatisfactory pneumothorax

There has been much discussion concerning lobectomy and pneumonectomy in the treatment of pulmonary tuberculosis Lung resection should not be regarded as a substitute for thoracoplasty, but should be restricted to the following cases (1) tuberculosis of the larger bronch with a high degree of stenosis or secondary infection, (2) parenchymal cavities of a type or location in which thoracoplasty seems very certain to be a failure, (3) the failures of thoracoplasty, and (4) tuberculomas

Provided the dissection type of lobectomy or pneumonectomy is performed, and all precautions are taken to avoid the spread of the tuberculosis during operation, the patient's immunologic reaction to tuberculosis is the most important factor in the late result. Therefore, the selection of cases for resection will greatly influence the statistical results

FACTORY REBUILT

A native pearl diver was brought to our Persian Gulf hospital His leg had been badly mangled by a shark

Despite his injury he was in good spirits. This was his first contact with white men and civilization. Even such a matter as turning on an electric light seemed like a first-class miracle to him.

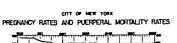
A few days after the doctor had performed the necessary amputation, he asked "How does it feel?" Whereupon the patient answered, "Just fine The leg doesn't hurt a bit since you took it off When will it be well enough to put back on?"—M D, CALIFORNIA—Medical Economics, December, 1946

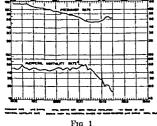
MATERNAL MORTALITY IN BROOKLYN FOR 1945

CHARLES A GORDON M.D. FACS, Brooklyn, New York

IN 1933 the puerperal death rate of the City of New York began its decline from a previously high level The puerperal death rate per 10 000 reported terminated pregnancies was 139 in 1945, when 203 deaths were assigned to puerperal causes

The character and consistency of this reduction in the number of puerperal deaths is best shown graphically as in Fig 1

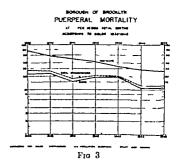




The puerperal death rate for the nonwhite population, which has always been higher rose from 27 7 in 1944 when there were 33 deaths, to 33 9 in 1945, when 48 deaths occurred So that the statistical importance of the colored popu lation of the City of New York may be better appreciated this rise is shown graphically in Fig 2

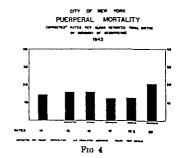


The puerperal death rate for the Borough of Brooklyn, calculated in the same way and stand ardized for color on the basis of the proportion of white and colored in the entire city, was 120, which is slightly better than the 12.2 rate of 1944 The total number of live births in Brooklyn was 50 774, the largest number in any borough, and the number of reported terminated pregnancies was 54 393 The colored rate in Brooklyn, how ever, was 25 9, or nearly two and one-half times the white rate This differential is illustrated in Fig 3



The puerperal death rate for Brooklyn was the lowest of the five boroughs of the city, as it was in 1944

Since stimulation of borough consciousness in a great city like New York may be a factor in reduction of its puerperal death rate the rates of all five boroughs are graphically presented in Fig 4



Presented at a regular meeting of the Brooklyn Gynecolo-gical Bosisty May 3, 1946

TABLE 1 -PUERPERAL DEATHS IN BROOKLYN

Rubric	Cause	1945	1944
140-141	Abortion	11	10
142	Ectopic	2	3
143-146	Hemorrhage	13	3 8
144-148	Toxemia	5	11
147	Infection	17	20
145–149	Diseases and accidents	10	8
150	All other	9	2
Total		67	62
Reported t	erminated preg		
nancies	3	54 393	51 082
Rate		12 0	12 2

In 1945, 67 deaths in Brooklyn were assigned to puerperal causes by the Bureau of Records and Statistics of the Department of Health of the City of New York, 7 other cases associated with pregnancy were assigned primarily to other than puerperal causes — The causes of death are listed in Table 1 above — They may be compared with the causes of death in 1944

Nonpuerperal Deaths

It is necessary to examine the seven deaths of pregnant women assigned to nonpuerperal causes. In 4 cases death was attributed to chronic nephritis, and to cardiac disease in the other 3. In 2 cases of nephritis, cesarean section was performed at about the sixth month, both women dying of uremia. In another case in which no evidence of nephritis could be found, death was due to profuse postpartum hemorrhage. Brief reports of two cardiac deaths are of interest.

Case 1—A primipara with rheumatic heart disease decompensated in the second month of pregnancy, and was put to bed by her physician Severe cardiac failure occurred in the sixth month, when she aborted and died at home unattended

Case 2—A primigravida, two weeks from term, who had attended a clinic regularly for prenatal care, fell on the street and died in an ambulance At the hospital, a living fetus which died one hour later was delivered by postmortem cesarean section At autopsy a ruptured aortic aneurysm was found

Deaths Early in Pregnancy

In this group of 13 cases, 11 were assigned to abortion and 2 to ectopic gestation. Hemorrhage and shock caused death in 2 cases of early spontaneous abortion, and in 2 other cases of abortion hemorrhage was profuse, though death eventually resulted from infection. The 2 cases of death due to ectopic pregnancy deserve brief report of the essential data

Case 3—A primigravida in the twelfth week of pregnancey consulted a physician for abdominal pain. Two days later, the pain became more severe and she was examined by him at home. Several hours later, when called again to her home, the physician found her dead. At autopsy the abdo-

men was found to be filled with blood from a ruptured cornual pregnancy

Case 4—A primipara with rheumatic heart disease was admitted to the hospital in shock. At operation for ruptured tubal pregnancy, 500 cc of blood were administered, and she received another 500 cc two days later Quoting from the case report, "At no time after admission to the hospital did her red cell count exceed one million"

Infection

It is commonly stated that the principal causes of puerperal death are infection, tovemia, and hemorrhage, in the order named, yet our experience over a ten-year period has been consistently otherwise. Officially, 17 cases are assigned to infection, which is always the largest group statistically, but 2 cases of eclampsia and 4 cases of rupture of the uterus are included in this number. According to statistical practice, eight deaths said to have been due to embolism are also included, in three of these, embolism occurred promptly after delivery. One woman who died of uremia and cerebral embolism had been delivered more than six months previously

Toxemia

There were 5 cases officially assigned to tovemia However, 4 additional cases were found in which death was due to spinal anesthesia (1 case), rupture of the uterus (1 case) and infection (2 cases) There were 2 cases of cesarean section in this group and 2 cases of severe hemorrhage Two cases deserve mention of the essential clinical data

Case 5—A primipara was admitted to the hospital in the thirty-sixth week of pregnancy Blood pressure was 138/90 and edema of the face and hands, headache, marked albuminuria, and epigastric pain were present. Five days later she vomited and complained of severe pain in the epigastrium. The next day she was found dead in bed. Death was attributed to thrombosis of the vena cava.

Case 6—A primipara with pre-eclampsia was admitted to the hospital Since the cervix was effaced and the vertex engaged, labor was induced. After thirty-six hours of poor labor, her blood pressure rose to 185/90, and she was delivered by Dührrsen's incision and axis-traction forceps under ether anesthesia

Hemorrhage

Hemorrhage has consistently been the most frequent cause of maternal death in Brooklyn Our experience in 1945 has been no different Statisticians assigned 13 deaths to this cause, but on review of the case reports hemorrhage was found to be a critical factor in 27 cases without inclusion of one death in the nonpuerperal group directly due to postpartum bleeding. In every case hemorrhage was profuse. It is not con-

TABLE 2.—HEMORRHAGE AS A CRITICAL FACTOR IN MA

Rubrio	Cause	Statle- tics	Hemor rhage	
			Invite	
140-141	Abortion	11	4	
142	Retopie	2	2	
143-146	Hemorrhage	13	13	
144-148	Toremia	5	3	
147	Infestion	17	3	
145-149	Other diseases			
	and socidents	10	2	
(150)	All other	9	ī	
Total		67	27	

tended, however, that hemorrhage was the primary cause of death in every instance for several causes were often present. Women in pregnancy and childbirth do not often die of one cause only Table 2 will indicate the statistical change

Hemorrhage occurred with abortion (4 cases) placenta previa (2 cases), abruptio placentae (4 cases), ectopic gestation (2 cases), postpartum (10 cases), and rupture of the uterus or vagina (5 cases)

The first maternal death in 1945 was due to spinal anesthesia. On the next four certificates of death received by the Committee on Maternal Welfare, postpartum hemorrhage appeared as the cause. In all there were 10 cases of postpartum hemorrhage, in 3 of which the placenta was retained. Report of these 3 cases will suffice for this group

Case 7.—A multipara with sovere anemia was delivered spontaneously. Hemorrhage continued for more than two hours before the placents was removed manually 1 500 oc of plasma were administered. Two hours later also received 500 cc. of blood, and five hours later a similar transfusion. Death occurred in shock twelve hours postpartum.

Case 8—A multipara, after expression of the placenta, bled profusely, and shock followed. Vaginal packing appeared to control the hemorrhage. Three hours later the pack was withdrawn and a large fragment of adherent placenta was removed manually, shock was profound 250 co of plasma were administered at this time Death occurred one hour later

Case 9 — A primipara was delivered by low forceps under ether anesthesia after eight hours of labor Bleeding actively she was returned to bed where she expelled large clots of blood over a period of two hours. Plasma and intravenous glucose were administered and finally the vagina was packed. Shortly before death, out-downs for another infusion were unsuccessful. Death occurred four hours after delivery No blood was transfused nor was the uterus explored.

Placenta Previa

I have assigned 2 cases of placenta previa to the hemorrhage group, although 1 patient died shortly after administration of a spinal anesthetic for cesarean section. The other case will be of interest to those who are willing to procrastinate

Case 10—A multipare at term was admitted to the hospital six weeks after an episode of painless bleeding at home Vaginal bleeding recurred shortly after admission. Morphine and plasma were administered, but shock ensued and she died undelivered two hours later Central placenta provia was found at autosey

Abruptio Placentae

In 4 cases death was due to abruptio placentae. The essential data of one case follows

Case 11 —A primipara in the thrty-sixth week of pregnancy was admitted to the hospital after severe hemorrhage at home. She was given 500 cc of plasma, and cesarean section was performed. On the next day plasma was again administered and 500 cc. of blood were transfused later. Death on the tenth day was due to anuna.

Rupture of the Uterus and Vagina

There were 5 cases of rupture of the uterus, although in one of these cases, perhaps, the vagina only was torn. It is curious that but one of these cases was officially assigned to hemorrhage Case reports of 4 of these deaths are on file, the other death is known to have followed version.

Case 18—A multipara with diabetes and large fetus delivered the fetal head without anesthesia after eight hours of labor Great difficulty was encountered with delivery of the shoulders under general anesthesia. Vaginal bleeding was considerable, so the placents was removed manually At this time a laceration of the vagina well into the broad ligament was found. Blood was transfused, but she died in shock twelve hours later

Case 13.—In a multipare with a transverse presentation, the cord and fetal hand prolapsed into the vagina after one hour of labor. Reposition was effected, the vertex crowded over the inlet, and a binder applied. Plasma was administered and pituitrin in minim doses given. Since sharp vaginal bleeding occurred with each contraction, vaginal examination was performed and the placents was now found over the cervical os. Version was carried out, and the patients was given her third infusion of plasma. Twelve successive minim doses of pituntrin falled to stimulate uterine contractions. She died four days later undelivered. At autopsy a laceration 13 cm. in length was found in the uterus, 3,500 cc. of blood were in the peritoneal cavity

Case 14—A multipara, gravida 8, para 7 had short, sharp labor and pain ceased Diagnosus was missed for several hours, but finally made. Hysterectomy under local anesthesis took but twenty two minutes to perform, 3 500 cc of blood were found in the peritoneal cavity In all 1,200 cc. of blood were administered, but death occurred in shock twelve hours later

Case 15 —A multipara gravida 7 para 6 after good labor for twelve hours had a convulsion Another convulsion occurred nine hours later, pain ceased and shock followed. Plasma was given. Manual rotation was attempted, and a laceration in the wall of the uterus was discovered. Death occurred after another convulsion. At autopsy, 1,600 cc of blood were found in the peritoneal cavity, and a rupture in the uterine wall through which the fetal head and arm protruded.

Anesthesia

For discovery of controllable factors the bare table of statistics is not very helpful. Anesthesia, for instance, does not appear as a cause of death. Even though the certificate of death states that death was due to the anesthetic itself, or to asphyua following aspiration of vomitus or to atelectasis, the statistician assigns death to one of the major puerperal causes, often to accidents or other and unspecified conditions of childbirth

After administration of caudal anesthesia, two deaths occurred, one attributed to cerebral embolism, and the other to rheumatic heart disease

In 4 cases death was associated with administration of a spinal anesthetic for cesarean section, in 2 of these cases, death occurred before operation could be performed, in another case massive pulmonary collapse followed operation, in the fourth case, cyanosis, harsh unproductive cough and widespread rales point to atelectasis as the cause of death

There were three deaths directly due to aspiration of vomitus during administration of general anesthesia

Cesarean Section

Cesarean section was associated with death in 16 of the 67 puerperal deaths Two deaths in the nonpuerperal group are not included in the tabulation of the causes of death (Table 3)

Two of these cases are briefly reported

Case 18—This patient had two previous cesarean sections. Operation was under gas-oxygen-ether sequence, at the onset of labor. Two hours later profuse hemorrhage occurred. Plasma and ergotrate were administered, and the fundus of the uterus massaged, but bleeding continued and shock followed. The vagina was packed, and 1,500 cc of plasma were given before death. The uterus was not explored, nor was blood transfused.

Case 17—A multipara with blood pressure 210/110, albuminum retinitis, and anuma was admitted to the hospital Shortly afterward, she bled profusely and had a convulsion Classic cesarean section was followed by death one hour later

Cardiac Disease

Search for rheumatic heart disease as a controllable factor is quite satisfactory, as it is usually mentioned and tabulated either as a primary or a secondary cause of death. Puerperal

TABLE 3 —Causes of Death—Cesarean Section Brook Lyn, 1945

Cardiac disease	4
Pulmonary embolism	ā*
Welch bacillus infection	1**
Uremia	3***
Atelectasis	2 (spinal)
Postpartum hemorrhage	1 (5511141)
Spinal anesthesia	2

* Death on fourth ninth eleventh day

** Lower segment—eighteen hours labor

*** 2 cases not included (nonpuerperal)

death statistics for coronary disease and myocarditis are not reliable. Cardiac disease was a factor in 13 cases. In 3 additional cases death due to cardiac disease was assigned to nonpuerperal causes.

In 4 cases of cesarean section death was due to cardiac disease In one of these cases, however, the indication for operation was not cardiac but disproportion, this patient had been admitted to the hospital in failure and operated upon one hour later. In the other 3 cases the indication for operation was cardiac disease. Brief report of 2 cases follows.

Case 18—A primipara, who had been hospitalized twice during the antepartum period, died two days after classic cesarean section performed one week before the calculated date of delivery

Case 19—A primipara, who had been under joint observation of an obstetrician and an internist, was decompensated during the last six months of pregnancy—Death occurred shortly after lower segment cesarean section and sterilization under fractional spinal anesthesia

Detailed report of other cases is not practicable, nor is tabulation, since it is difficult to summarize the details of antepartum course and management. Labor, even though early in pregnancy, is formidable if heart disease is not compensated. In the few cases late in pregnancy in which delivery was allowed to occur spontaneously, labor was so short that there was no time for forceps delivery, or it seemed unnecessary. The fault was largely found in antepartum management of cardiac disease, even though the obstetrician invited an internist to share responsibility with him

In many cases neither patient nor physician appreciated the gravity of delicately balanced compensation. One patient with mitral stenosis, under joint care of obstetrician and cardiologist throughout her entire antepartum period, was said never to have decompensated, yet shortly after admission to the hospital in the thirty-seventh week of pregnancy she was delivered spontaneously of a macerated fetus and died a few hours later in cardiac failure.

From study of the case reports it seems that the controllable factors may best be stated by generalization Women were admitted to the

hospital in labor in varying stages of pregnancy and failure with and without antepartium care at home. Others attended the physician's office regularly, taking small doses of digitallis in the later months. It was common for patients to be treated at home after decompensation had occurred, only to be admitted to the hospital and discharged 'inter for home treatment. Women were admitted to the hospital for a rest period of two weeks, only to fall into labor shortly after admission. Cesarean section before term is more dancerous than if performed later.

Controllable Factors

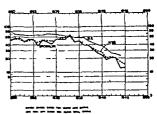
The controllable factors of maternal mortality in Brooklyn are concerned principally with abortion, anesthesia, cesarean section heart disease nephritis, and hemorrhage. Abortion is a social and economic problem, yet its correlations with hemorrhage, cardiac disease and nephritis invite our attention. The hazards of anesthesia will be minimized when hospitals see the necessity of departments of anesthesiology, under competent direction and well staffed

Deaths associated with cesarean section in a ratio of one to every four or five puerpent deaths have been our lot for several years. Their indications need close examination. The importance of cardiac disease as a considerable increment of maternal mortality, grown more obvious. If appears that women who have broken compensation no matter how early in pregnancy should remain in the hospital until safely delivered. It is likely that cesarean section should not be performed at all for cardiac disease.

From these case reports it is apparent that many women do not receive blood when they should And often it is given too late and in pltifully small amounts. Plasma is but a substitute for blood, and a poor one if hemorrhage has been severe. In these cases nothing but blood will do. And it should be obvious that even large amounts of blood will not save life if hemorrhage is allowed to continue. Hemorrhage has long been the principal cause of death in Brooklyn, and the red tide is not ebbing

I believe that homorrhage is the most important cause of maternal death, not only in Brooklyn but in the United States This view has not as yet been widely accepted, yet Brooklyn is a large urban center, where the maternal mortality

PUERPERAL MORTALITY UNITE STATE, CITY OF NEW YORK, AND BONDOON OF BROOKERS



Fro

rate over a long period of time, has closely paral leled the rate of New York City and the United States (Fig. 5)

To discover and name the controllable factors of death is more constructive than publication of vital statistics or a bland statement of their percentage of preventability. Only when the meager data on the certificates of death are amplified by case reports can we discover why women die in childburth and what may be done about it. At no time during the past ten years could this have been done without the cooperation of the Commissioner of Health of the City of New York, the obstetricians who report the circumstances of death, and the Visiting Nurse Association of Brooklyn which provides physicians with capable secretarial help

Unless interest is maintained, any considerable further reduction in the puerperal death rate of Brooklyn will be unlikely As the total number of deaths shrinks, individual interest must grow Now, more than ever, every one who practices obstetrics must realize that he himself can make a personal contribution to prevention of death The obstetrician has an additional obligation. No matter who he is or where or how he practices, he should be aware of the situation in his community, and take an active part in the cru sade for reduction of the puerperal death rate. Responsibility cannot be delegated to public health administrators who have for their inspiration only the certificates of death, which are valuable, indeed, but completely inadequate for a comprehensive local program

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PSYCHIATRIC PERSONNEL PLACEMENT SERVICE

The activities of the Psychiatric Personnel Placement Service jointly operated for the past year as an emergency placement program by the American Psychiatric Association and The National Committee for Mental Hygiene have been taken over by the

National Committee for Mental Hygiene, 1790 Broadway, New York 19 New York. Applications from physicians seeking placement in positions or in training in the field of psychiatry are still invited

CLINICAL USE OF PENICILLIN IN OTOLARYNGOLOGY

J WINSTON FOWLKES, M D., New York City

PENICILLIN is such a commonly discussed subject and the literature is so voluminous that one hesitates to generalize. It is only by comparison, though, that we will be of help to each other in using this drug in treating the usual run of ear, nose, and throat cases

In considering the use of this drug one should consider its qualities as compared with drugs of a different nature

Chemistry and Action

This drug is an organic acid made from a mold -penicilliam notatum-which reacts chemically Although the sodium to form salts and esters and calcium salts are generally used they are relatively unstable and must be kept in a refrigerator in order to maintain their potency Recently. the Commercial Solvents Company has been able to produce almost chemically pure penicillin in crystalline form This may be used in very high concentrations and does not have to be refrigerated It is thought that the formula of penicillin is $C_{14}H_{19}NO_6$, or $C_{14}H_{17}NO_5+H_2$, but the exact chemical formula is not as yet known Therefore, a synthetic preparation has not been produced

It has been well established that penicillin exerts a bacteriocidal action on certain bacteria when used in sufficient concentration. This action is much quicker than that of the sulfonamides as there is no lag phase and it does not depend on the development of antibodies and phagocytes. There is also an element of fastness to certain bacteria which must be kept in mind.

Penicillin is very selective in its action in that it is more effective on the anaerobic and aerobic gram-positive bacteria than on the gram-nega-We are indeed fortunate in that the former group is more often responsible for the diseases we are called upon to treat satisfactory results are not obtained, it is probably due to the presence of a mixed infection of nonsensitive organisms which inhibit the action of penicillin through the formation of an enzyme which has been given the name of penicillinase These organisms are the nonspore forming gramnegative rods such as proteus and pyocyaneus Of many agents used, parachlorophenol was found to be the best to eliminate these organisms 2

It is interesting to note that the more fulmi-

Presented at the 140th Annual Meeting of the Medical Society of the State of New York Section on Ophthalmology and Otolaryngology, May 3, 1946 nating the disease the more striking the effect of penicillin. This is probably due to the fact that penicillin acts more promptly and with more force on fresh cultures when the bacteria are dividing more rapidly. In reference to cases in which the disease has reached a chronic state and is of more or less a minor character, we are often asked, "Why not use penicillin?" The above explanation is the answer

Another important feature is that the action of penicillin is exerted on the bacteria in the tissues without causing any destruction to the cells of the host. This is in contrast to chemical antiseptics which act as a protoplasmic poison. Its action is also effective in the presence of pus formation, whereas in the sulfonamides they are not effective in the presence of pure pus formation.

Administration and Dosage

Almost every conceivable way of administering any kind of drug has been tried in the use of penicillin. Since the drug has to come in contact with the infected area to produce results, different methods should be employed, depending on the case at hand

The inhalation method has been used with some success in asthmatic cases. The results obtained in this method are somewhat transitory and it is only effective while the drug is being used. Local application in infected wounds, such as mastoid cavities, have produced excellent results. In our experience, instillation in nasal sinuses has not produced the desired effect.

Since the drug is not found in large quantities in the meninges when given into the blood stream, a more effective method has been sought has been found that in cases of meningitis the intrathecal and spinal injections have produced One dose a day of 3,000,000 or excellent results 400,000 units has been found to produce ade-It has also been given by mouth, quate results but when given by mouth, to obtain an adequate amount in the blood stream, the dose should be five times as great as that required by the intramuscular method The intramuscular or intravenous methods of administration are more commonly used at the present time, although it has been found that the intravenous method has no particular advantages since the drug is absorbed so rapidly by the intramuscular method, and, in the average case, ways and means have been devised to slow down its absorption in order that its effect may be more lasting

Since it is well known that some bacteria develop a resistant state to penicillin, the dose should be large enough in the beginning to obtain the desired effect before an opportunity is afforded for the bacteria to become penicillin fast.3

The size of the dose depends on the num ber of units required to produce lysis in the blood

serum of the individual patient. In infections in which the organism is suscept-

ible, intramuscular injections at three-hour intervals is adequate to get the blood to a required concentration. In regard to the dosage, it should vary according to the type of organism with which we are dealing Some organisms require a much larger dose than others. Also, the dose should be relatively large when there is a mixed infection. Some organisms may be killed in a matter of hours whereas others may require many days. This has been demonstrated in the case of streptococci which respond very quickly whereas the staphylococci is usually much more resistant.

When an operation is imminent, I have felt it is very much safer, whenever possible, to give 20,-000 units every three hours for twenty four hours before operation and to continue postoperatively until the patient is definitely out of danger The postoperative course is much less hazardous and the convalescence is greatly reduced.

Absorption, Excretion, and Distribution in the Body

Penicillus, when administered intramuscu larly, is absorbed very rapidly into the blood stream but remains in the blood stream and tissues a very short time. Eighty per cent of a given dose is excreted by the kidneys in two hours, and at the end of four hours only 5 per cent is left in the body tissues.

It has been shown that its rapid elimination is brought about by the fact that it is excreted by both the glomeruli and the renal tubules. To slow down its absorption, it has been mixed with beeswax and peanut oil, also by the use of an ice

bag over the injected area.

When excreted by the kidneys it may be recovered in its original form showing that it has not been broken down by the body fluids although it is inactivated by the gastric juice and the bacterial flora of the large intestine. Penicilin has never been recovered in large quantities from the spinal fluid, tears, or saliva This demonstrates the fact that it is somewhat selective in its distri

Since it is distributed by the blood stream, it is more active in very vascular areas, whereas in bone it is relatively slow in producing changes.

Toxicity as Compared with the Sulfa Therapy

Penicillin as compared to the sulfonamides is much less toxic. When the drug is pure and the salt or dextrose solutions used are pyrogen free, no serious effects have been noted, and in the small per cent of patients that did show any toric effect, these effects were transitory and not severs, all disappearing shortly after the drug was discontinued.

The toxic effects that have been reported are flushing of the face, tingling of the testicles, headache, urticaria, arthralgia, fever, sore throat, and enlarged lymph glands and spleon

Our patients at St. Luke's Hospital have been unusually free of these complications as only a

few of them have been noted

In the case of the sulfonamides, a much more serious complication may develop such as the crystallization of the sulfa in the kidneys and very high temperatures with a chill This is often confusing

It is important to bear in mind these various toxic effects since it has been considered advantageous in some cases to use both the penicillin and the sulfonamides at the same time However, the dual use of these drugs is only justified in desperately ill patients when time has not elapsed to determine the type of infection and the reaction of the bacteria to penicullin.

Time will increase our keenness in evaluating the toxic effects and in familiarizing ourselves with the common reactions and the behavior of the pa tients

Types of Infection, Clinical Behavior, Pathologic Findings, and Reports of Cases

Infections of the lungs, both acute and chronic, have been greatly benefited by the use of penicil-This is particularly of interest, from our point of view, in considering cases of lung abscesses and bronchiectasis when chest surgery is anticipated. Throat infections, such as tonsilli tis, peritonsillar abacess, Ludwig's angina. cervi cal adenitis, and edema of the larynx from acute infections, have responded to penicillin more favorably than to any other type of therapy

In acute cases of sinus infection, it has been of inestimable value when intramuscular injections are used in conjunction with other ordinary methods of treatment but in chronic cases the results have been very unsatisfactory I have not been able to obtain satisfactory results with the local use of penicillin instilled into the sinus cavities, either in acute or chronic cases. The chronic cases even with penicillin require operative interference to effect a cure. In operative cases, the postoperative course has been much smoother and the convalescence greatly reduced by the administration of 20,000 to 30,000 units intramuscularly every three hours

Dr Robert Priest reports that after treating many cases of chronic sinusitis with an indwelling catheter inserted into the sinus and irrigating the sinus every four hours with a solution of penicillin, he concluded that this method had to be abandoned and he had to resort to surgery since there were so many recurrences in a short time after these treatments were discontinued ⁴

In infections of the ear, many conflicting reports have been given. In my mind it is very questionable whether or not the administration of penicillin is of any great value when several days have elapsed since the onset of acute otitis media, whereas, if penicillin is administered a few hours after the onset, I am convinced the results will be striking and exceedingly satisfactory

In evaluating the signs and symptoms of middle ear and mastoid disease after the administration of penicillin, the picture presented is entirely different from that which was found before the use of this drug came into existence The signs and symptoms, as regards their severity, are very much reduced, and mastoid involvement is often overlooked Even the x-ray pictures are sometimes confusing and normal reactions to infection may be absent It is only with the closest observation that one is able to determine in some cases whether or not operative interference is advisable The pathologic material found in the mastoid presents a different character in appearance, in that it is much paler and the granulations take on a much more fibrous quality There may be marked destruction of bone with very little inflammatory reaction in the surrounding parts In some cases the dura of the middle fossae may be exposed by disease and I have found the lateral sinus completely blocked by an organized clot without any clinical picture of circulatory involvement

Space will not permit the complete case histories and x-rays which were presented at the reading of this article. The following are the different types of cases that were studied.

Case 1 Pneumococcus Type III Mastoidius—
The important feature to bring out in this case is
that this patient did not respond to penicillin when
first given. It produced an unexplained fever
Penicillin was discontinued for a few days and the
temperature returned to normal. After several days
another brand of penicillin was given which the patient tolerated very well. The discharge ceased and
the patient promptly recovered.

Case 2 Fronto-ethmoid Sinusitis —In this case there was a large collection of pus in the frontal area The patient refused operation Penicillin was administered intramuscularly for nine days after which the patient gave her consent for operation A bilateral Killian operation was done immediately and the patient made a quick, uneventful recovery She was maintained on penicillin for seventeen days postoperatively and the wound remained unusually clean. Although the patient refused operation in the beginning, the preoperative administration of penicillin, I believe, stood her in good stead. X-ray plates showed marked breaking down of both frontal sinuses.

Case 3 Ludwig's Angina—This was a dangerously ill patient After incision and drainage, with the administration of penicillin, he recovered in about one half the time usually required in this type of case before penicillin was available

Case 4 Chronic Maxillary Sinusitis (Bilateral) with Asthma—A double Caldwell-Luc operation was done, penicillin being administered twenty-four hours before operation. Cultures from the nose and from the antra at time of operation showed bacteria which were all penicillin sensitive. Penicillin was continued for ten days postoperatively and there was a marked reduction in the amount of secretion from the nose as compared with other cases. The patient made an uneventful recovery with no return of the asthmatic symptoms for some time after leaving the hospital.

Case 5 Acute Mastoiditis—This case healed completely in fourteen days, penicillin having been administered preoperatively and postoperatively

Case 6 Acute Pansinusitis—X-rays of sinuses revealed pansinusitis, more extensive on the right side. This case did not respond to the ordinary palliative treatments and a Caldwell-Luc operation was done on the right side. This patient received penicillin for three days before operation and for five days after operation. His nose was free of discharge on the third postoperative day.

Case 7 Acute Exacerbation of Chronic Mastoditis—On admission the patient's temperature was 105 6 F There was a large amount of purulent discharge from the right ear and a dead labyrinth on the same side Blood culture revealed a growth of staphylococcus albus A radical mastoidectomy was done and a large cholesteatomatous-like mass was removed from the mastoid cavity. The lateral sinus was opened and plugged off with iodoform gauze. Thirty thousand units of penicillin were administered every three hours for a week. The temperature dropped to 100 F in twenty-four hours and remained down during the convalescence.

Chronic Mastoiditis with Intracranial Complications — The patient had a small amount of discharge from his right ear and all the signs and symptoms of brain abscess on the right side right mastoid was opened and creamy pus and cholesteatomatous debris was found under pressure on entering the antrum There was also necrosis of the dural plate in the middle fossae and a fistula found leading into the temporosphenoid lobe Pus was also evacuated from the brain abscess found coming from the region of the knee of the The sinus was opened and packed lateral sinus Thirty thousand units of with iodoform gauze penicillin was administered every three hours intranuscularly The abscess cavity was irrigated three imes a day with a solution of penicillin, 1 000 units o the cc The wound was clean in several days and he patient was up and around on the thirteenth av

Conclusion

In conclusion, the important points noted are The action of penicillin is quicker than that of the ulfonamides and is less toxic the failure of pen cillin to produce results is probably due to the nhibitory bacteria in mixed infections, pencillin icts more promptly and with more force in acute nfections than in chronic, intramuscular injecion is the choice mode of administration with the exception of cases of moningitis, penicillin fastiess may be prevented by large doses in the beginning of the disease the clinical signs may be masked by penicillin the preoperative use is of real value as well as the postoperative use It does seem that in severe infections, one can predict a good prognosis, the minimum of complica tion, decrease of discomfort, and a marked reduction of the convalescent period with the use of penicillin

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WHAT DOES THE MEDICAL SOCIETY OF THE STATE OF NEW YORK DO FOR ITS MEMBERS?

When the time comes for the payment of the annual assessment to the State Society. the above question is asked frequently The Editors of the Journal feel impelled to

make a reply and trust that this will be given due consideration by our members.

Membership above all, is an evidence of ethical standing in the profession. It consti tutes a criterion for admission to the American Medical Association and participation in its annual scientific sessions. It is a prerequisite to admission in most special societies speciality diplomate boards, and hospital stalls. Through its House of Delegates, a democratic basis is established in the development of policies and in the choice of these

delegates every member has a voice in his county society

Membership includes a subscription to the New York State Journal of Medicine issued twice monthly, and to a copy of the Directory. The latter is one of the most complete records of its kind the monetary value of which, if purchased separately would exceed actually the amount of the customary assessment.

Membership constitutes eligibility for free legal defense and group professional liability insurance. It provides advisory service from various established bureaus, including Workmen's Compensation, Veterans Administration, etc representation in legislative matters, and enforcement of the Medical Practice Act

Membership supports the work of a variety of committees on public health and post graduate education publicity public relations, and others

Membership supports the Headquarters Office of the Society in New York City with its numerous and important activities and the Legislative Bureau in Albany

The foregoing is a review of the important activities which through dues contribu-tions your State Society manages and supports. The recital should furnish evidence to thous your outer execution manages and supports. The rectangle and approximately administrated through the administrative staff. Members are urged to take advantage of their opportunities. From time to time the JOURNAL will publish more detailed information about these various activities

NAGEMENT OF RENAL LITHIASIS

RLES C HIGGINS, M D, Cleveland, Ohio*

m the Cleveland Clinic, Cleveland, Ohio)

RECENT years pronounced progress has een made in the management of renal lithi-

This advance has been accomplished to a extent by eradication of the causative facassociated with calculus formation, during iperative procedure or in the extended period istoperative care

order that such contributing factors may be nated, intensive preoperative investigation sential

sative Factors

te following causative factors which may be nated with stone formation require thorough

Vitamin A Deficiency—In view of experial and clinical observations, a routine bioometer test should be made in all patients renal lithiasis. As reported previously, 60 5 per cent of our patients demonstrated a ive test for vitamin A deficiency. Even gh the test is normal, vitamin A should be nistered in large doses postoperatively for its fic effect on epithelial structures.

Focal Infection—In view of the experial work of Rosenow and Meisser² foci of tion in the teeth, tonsils, cervix, and prostate d be removed

Infection of the Urinary Tract—The reship between infection and stone formation een presented by Braasch, Bugbee, Chute, others Bugbee in 19324 made a clinical to ascertain the relationship between a preng pyelonephritis and calculus formation finite history of pyelonephritis was elicited of 29 patients with renal calculi

neberg in 1935⁵ discussed the importance of obic organisms in the genesis of calculiul classification of the offending organism is tial. In each case the urea-splitting power e organism should be determined. Urea is into ammonia and carbon dioxide with the ant formation of ammonium carbonate combines with the magnesium salts and phates to form ammonium magnesium phose, which is insoluble, and by rendering the ion of the urine alkaline, results in the pretion of the equally earthy phosphates easplitting infections of the kidney occur

sented by invitation, at the 140th Annual Meeting of edical Society of the State of New York, Section on y, May 2, 1946

more frequently than we have been led to believe from a review of the literature Brown and Earlam⁷ state that 18 per cent of the bacilli and 40 per cent of the Staphylococcus albus that infect the urinary tract have the property of splitting urea

Chute and Suby in 1940, in reviewing 90 cases of urinary calculi, noted infection present in 75 per cent. In 27 per cent the urine was sterile at the time the patients were first found to have calculi. Urea-splitting bacteria composed 54 per cent of the total cases of stone and 74 per cent of all infected cases. Therefore, in addition to the usual gram stain of the sediment and cultures urea-splitting property of the organism should be determined.

4 Hyperparathyroidism—Barney and Mintz, Albright and Bloomberg, and others have stressed the relationship between hyperparathyroidism and renal lithiasis. In 1931 Barney and Mintz cited a series of cases in which a diagnosis of hyperparathyroidism had been confirmed by surgical intervention. In 11 cases, or 61 1 per cent, calculi were observed in the urinary tract. The renal calculi were bilateral in 4, or 36 per cent, of the 11 cases. They concluded that hyperparathyroidism is responsible for from 4 to 5 per cent of the cases of renal lithiasis.

Graffin, Osterberg, and Braasch, ¹⁰ in reviewing the cases of urinary calculi at the Mayo Clinic, found hyperparathyroidism was a causative factor in less than 0.2 per cent of the cases. At Cleveland Clinic I have found hyperparathyroidism to be associated with renal lithiasis in approximately 0.1 per cent of the cases.

Routinely, however, we should secure studies of the blood calcium and phosphorus. If there is an elevation of the serum calcium and a lowering of the serum phosphorus, attention is attracted to the possibility of hyperparathyroidism. In such instances further roentgen studies of the bones and investigation of the amount of calcium being excreted in the urine should be made.

5 Calcium Excretion in the Urine—A study of the excretion of calcium in the urine should be made in each case. On a normal diet approximately 200 mg of calcium is excreted in the urine daily. As has been discussed so excellently by Flocks, 11 the excretion of calcium in the urine can be altered by (1) varying the intake of calcium and phosphorus in the diet, (2) varying the

acidity of the ash in the diet, and (3) varying the vitamin D intake

Flocks further demonstrated that upon a diet low in calcium and phosphorus and with a neutral ash, the daily average urmary output is less than 90 to 150 mg of calcium per twenty four hours On a diet containing large amounts of calcium and phosphorus with a neutral ash the urmary calcium may rise to 800 mg daily. It is well known that the acid ash diet may increase the urmary calcium and also the solubility of the calcium saits being excreted in the urme. In normal individuals, and with a wide variation in the diet, the quantitative excretion of calcium in the urme is relatively small.

Flocks has observed that many patients who have or have had urinary calcult show a high urinary calcium excretion while the blood calcium and phosphorus levels are normal. The exact cause of this increased excretion of calcium in this group of patients is unknown. In Flocks' series these individuals comprise 60 per cent of patients.

with calcium atones

Thirty-five to 50 per cent of patients show a

normal or low unnary calcium.

I believe the study of calcium exerction in the near the postoperatively is of paramount importance. If the acid ash diet causes a pronounced elevation in the calcium excretion which is not overcome by its increase in solubility, the diet should be discontinued Study of the type of crystals being exercted is therefore essential

- 6 Gout.—This is a metabolic disease in which an elevation of the blood une acid occurs and may be accompanied by excessive preenptation of urates and unce acid in the urine. Normally, man excretes 0.3 Gm to 1.2 Gm, of une acid daily, the amount being influenced by the diet. Uricacid calculi may not east a shadow on the initial roentgenogram, and the possibility of a non-opaque stone composed of uric acid in a patient having the clinical picture of renal colle must be considered. An elevation of the blood uric acid and une acid crystals in the urine focuses attention on this possibility
- 7 Cystinuria.—This is a familial disease stated to be caused by derangement in the intermediate protein metabolism. Normally, cystine is oxidized completely, and the sulfur is excreted as sulfate. Seeger and Kearns¹³ in 1925 collected 181 cases of cystinuria, 124 of which were complicated by calculus disease. Renal calculi are frequently observed in more than one member of the family Chemical tests for cystine and microscopic study of the urinary sediment for cystine crystals confirm the diagnosis
- 8 Oxaluria.—In this condition abnormal amounts of oxalic acid are excreted in the urine. Approximately 12 to 30 mg of oxalic acid which

has both exogenous and endogenous sources is excreted in the urine daily. Again search for oxalate crystals in the urinary sediment is of importance.

9 Xanthinuria.—Xanthine calculi are rarely observed. Kretschmer¹⁴ in 1934 collected a series of 15 cases and later added an additional case Mathewa¹⁴ has stated that unc acid is the most important purne in the unne but that 30 to 50 mg of purne bases, vanthine, hypoxanthine, quanine and adenine are also present

The role of diet in preventing such calcult is obvious

- 10 Phosphaturia —Three types of phosphaturia may be present and classified in each case.
 - Temporary phosphatura produced by
 - (a) medication
 - (b) overabundance of foods with an excess alkaline ash
 - 2 Permanent infected phosphaturia due to the presence of uren-splitting organisms
 - Fermanent noninfected phosphatuma of unknown cause (alteration in function of gastrointestinal tract)
- 11 Urnary Stass.—Urnary stass in some instances seems definitely associated with stone formation. It is conducive to shifting the hydrogen ion concentration of the urne to the alkaline side and furnishes an excellent habitat for bacterial growth. Therefore, an intravenous urogram should be secured prior to operation in order that procedures may be utilized to eliminate stass.

It appears that there is no single cuologic factor responsible for the production of all renal calculi Only a comprehensive preoperative investigation of the enumerated causative factors with their correction can minimuse the incidence of recurrent calculus formation

Operation

In recent years refinements in the technic of renal surgery and the introduction of the newer chemotherapoutic agents have permitted conservative treatment. Kidneys which might have been sacrificed in past years due to coexisting in fection which could not be cradicated can now be satisfactorily treated by the newer drugs

Extensive nephrotomies for the removal of stag-horn calculi can now be safely advocated

The majority of calculi can be removed by one of the pyelolithotomy technics

After removal of the calculi in the absence of pronounced infection the incision in the pelvis should be closed, as prolonged dramage is con ducive to Staphylococcus albus infection regardless of extreme care in dressing the wound

During the last few years several reports advocating calicectomy have appeared in the litera-

I believe this to be too radical a procedure for uncomplicated renal calculi In the presence of a pyocalix, however, such a procedure may be With modern procedures calicecadvised tomy is not required to prevent recurrent renal calculi formation in the majority of cases

Heminephrectomy under certain conditions may be advocated to spare the remaining portion In instances in which the kidney of the kidney has two pelves, either with a bifurcated ureter, or double ureters, or when one segment of the kidney is irreparably injured, heminephrectomy may be the procedure of choice

When a nephrolithotomy is advocated it should be as conservative as possible In 1939 we at Cleveland Clinic demonstrated in the experimental laboratory that immediate bleeding is less and that less infection and atrophy of the renal parenchyma are produced when the incision in the parenchyma is made with a cutting current

Postoperative Management—An initial roentgenogram and an intravenous urogram should be secured before the patient leaves the hospital This will reveal any retained fragments of calculi which may have been overlooked and for which immediate treatment is necessary to attempt dissolution It will also reveal the presence or absence of stasis, which, if present, demands prompt treatment

A roentgenogram should be secured every three months for the first year after operation when postoperative procedures consist of

- Maintenance of large fluid intake and
- 2 Eradication of infection in the urinary
- 3 Elimination of stasis
- 4 Treatment with vitamins A and B
- 5 High vitamin A acid ash diet (a) Carbonate and phosphatic calculi
- High vitamin A alkaline ash diet
 - (a) Cystine stones (b) Xanthine stones
- 7 High vitamin A low ovalate diet
 - (a) Ovalate stones

- High vitamin A low purine diet (alkaline ash)
 - (a) Uric acid stones

CHARLES C HIGGINS

- Hydrogen ion concentration of the urine is checked daily by the patient, with the LaMotte pH apparatus, and presented to the physician for review at monthly intervals, the pH of the urine being controlled by diet
- 10 Eradication of foci of infection
- Postoperative check of the calcium being 11 excreted in the twenty-four-hour specimen of urine after the dietary routine has been instituted

Unless strict management following operation is maintained, the incidence of recurrent stones cannot be minimized

By dietary management and the use of newer chemotherapeutic agents in conjunction with other procedures employed in the past, we have reduced the incidence of recurrent renal lithiasis in our cases from 164 per cent to 49 per cent With the introduction of newer drugs further to eradicate resistant organisms we are hopeful of even better results

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ANNUAL MEETING

Buffalo Memorial Auditorium and Convention Hall May 5-May 9, 1947

HE House of Delegates meets May 5, 6, and 7 Scientific exhibits will be open L Tuesday through Friday Postgraduate lectures will be held all day Tuesday Wednesday through Friday, Section Meetings and General Sessions will be held (See Page 591 this issue for list of hotels) Hotel reservations should be made at once

PARENTERAL NITROGEN THERAPY IN SURGICAL NUTRITION INCLUDING THE USE OF A MIXTURE OF PURE AMINO ACIDS

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THE war, with its emphasis on the effects of trauma, greatly stimulated interest in the field of protein nutrition, since a major effect of trauma is to precipitate negative nitrogen balance on a nitrogen intake previously adequate to maintain equilibrium. In other words, one of the results of injury is to raise the requirement for introgen at a time when the natural inclination is to reduce intake because of poor appetite. This paper deals with the management of the problem of parenteral administration of introgen when oral therapy is not possible. The limitations of this type of therapy will be considered.

The indications for parenteral therapy appear to be twofold first, when intake by mouth is inadequate or is refused and, second when there is obstruction or deranged function of the gastrointestinal tract. Thus, inadequate intake may result from anorexia following injuries such as burns severe fractures, various diseases, or from psychogenic factors. Such refusal of food or protein hydrolysates may be overcome by tube feeding. However, this procedure is not always acceptable to the surgeon or to the patient In such a case, parenteral feeding is the only choice Similarly deranged function of the gastrointestinal tract also interferes with therapy by mouth. Recent operations on the stomach or intestines, fistulae between upper and lower intestine, mechanical or functional obstructions to the gastrointestinal tract, as with pylorospasm carcinoma of the exophagus and elsewhere, postoperative dis tention edema of the gastrointestinal tract from hypoproteinemia, and severe diarrhea where absorption is interfered with all may necessitate parenteral feeding to maintain nutrition

It is evident that minimal caloric and nitrogen requirements must be met in parenteral as well as in oral feeding. These needs vary since the body can adapt to chronic malnutrition by reduction in basal metabolic rate and decrease in nitrogen turnover as above by diminished nitrogen excretion in the unne. Also the burning of nitrogen can be lessened by high carbohydrate feeding, the mitrogen sparing effect. However, on the average, about 80 to 90 Gm of protein (12.8 to 44 Gm. of nitrogen) and 1 600 calories appear a desirable minimum for the unniured patient.

After injury the requirement of nitrogen is sharply elevated according to the severity of the injury. The caloric needs also increase as a result of the rise in temperature.

Parenterally these needs can be met by the use of a protein hydrolysate or of a mixture of pure amino acads to provide nitrogen and by dextrose to furnish calories. Fat has been un available for parenteral use except experi The extent of parenteral therapy is lumited by the maximal fluid volume that can be introduced into the circulation in a day, about 3 000 to 4,000 ec on the average, providing the heart and kidneys are normal in their function The use of a hypodermoclysis lessens the immedi ate strain on the circulation from an infusion, but still provides the need of excreting excesses of water after absorption. Obviously, in the presence of cardino disease, cardino failure may result with rise in venous pressure and decreased vital capacity or even pulmonary edema, as with any infusion.

The protein hydrolysate preparations which are available to provide nitrogen have been prepared either by ensymmtic or by acid hydrolysa ocasein or lactalbumin as the most frequently used protein sources, though other proteins have been used. The ensymmtic easein hydrolysate is completely adequate as a mitrogen source, the acid hydrolysates must be fortified with tryptophan to replace the tryptophan destroyed during preparation. In the dog, at least the acid hydrolysate is not restored to the efficiency of the ensyme hydrolysate by this procedure.

Recently, a mixture of the ten essential amino acids and glycine in pure crystalline form has become available, and has been studied clinically. The amino acid mixture is compared with a case in hydrolysate preparation, in Tables 1 and 2, with respect to toxicity and nutritional value.

TABLE 1 —RATE OF REACTIONS TO PARENTERAL NITROGEN THERAPT WITH HYDROLYSATE AND AMINO ACID SOLUTIONS

Names and vomiting Payer Acidosis Rise in blood urea nitrogen Cellollist from clysis Ve ous thrombosis Danger of bacterial growth Allerate or unexplained sudden death	Hydrolyen(e + + 0 + + + + + + + +	Amino Asid
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Presented at the 140th Annual Meeting of the Medical Society of the State of New 1 rk, Section in Surgery May 2 1946

TABLE 2 - COMPARATIVE NUTRITIONAL VALUE OF HYDROLYSATE AND AMINO ACID SOLUTIONS

	Hydrolysate	Amino Acids
Concentration of effective ma-		
ternal/liter of solution	5%	8%
Protein equivalent/liter	5% 35 Gm	8% 60 Gm
Dextrose/liter	50 Gm	Ŏ.
Salt/liter	2 Gm	ŏ
Rate of administration	300 cc per	400 cc. per
Tarto of administration	hour	hour
Time to give 120 Gm protein		
equivalent	111/2 hours	5-7 hours
Volume to give 120 Gm protein	II-/ F Hould	o i nomo
equivalent	31/2 liters	2 hters
Calories per liter	340	240
Total calories in 3 liters	1190	780
Small polypeptides	+	0
	·	

Table 2 shows a comparison in nutritional values per given volume of hydrolysate or amino acid mixture

The amino acid solution can be given more This, allows rapidly than casein hydrolysate time for early ambulation, and sleep is not inter-Glucose and salt must be provided with the amino acid mixture, and in view of the danger of acidosis, the addition of one-sixth molar sodium lactate golution able

Α convenient treatment routine consists of an AM and a PM infusion of 1,000 to 1,500 cc 8 per cent amino acid solution, and a hypodermoclysis of 1,500 cc 5 per cent dextrose in saline in the morning, concurrently with the infusion Five hundred cc of one-sixth molar sodium lactate solution can be given intravenously following one of the amino acid infusions The saline provides a vehicle for sulfonamide compounds. penicillin, and vitamins which probably should not be added directly to the amino acid solution About 3 to 4 liters of 5 per cent casein hydrolysate solution are necessary per day to provide similar amounts of nitrogen

Nitrogen balance can be produced by parenteral feeding with the amino acid mixture, except after the more severe injuries when there may be a caloric and nitrogen need greatly in excess of that amount which can be given practically One point is to be emphasized If high nitrogen nutrition is commenced postoperatively, it should be continued without interruption until the daily food nitrogen intake equals the daily parenteral nitrogen administered Otherwise, an excess of nitrogen may be lost in a single day equal to that retained in three or four days of It is possible that the attainment of treatment actual nitrogen balance may not be necessary but rather that the heightened nitrogen turnover that results from even inadequate amounts of nitrogen may be the essential reason for benefit from nitrogen therapy

The author has endeavored to prove whether such therapeutic efforts better the clinical course of the patient A study was made of a series of 25 patients with peptic ulcer, undergoing partial gastrectomy and receiving parenteral amino acid therapy, and of a control series of 52 patients treated identically except for the use of amino It is difficult to draw conclusions since so acida many of the control cases did well without nitrogen therapy However, about one fifth of the controls developed complications such as distention, late vomiting, poorly functioning gastroenterostomy stoma, delayed temperature fall, or mability to eat a full diet, preventing early discharge from the hospital None of the amino acid treated cases had these difficulties. A probable explanation for the good results in the control group is that these patients were not badly undernourished so that they still maintained a protein reserve on which to draw When this reserve is gone, the complications of hypoproteinemia are precipitated by a demand for protein, with ensuing wound disruption, distention, edema of the gut, etc It is in this group, then, that nitrogen therapy is most indicated to prevent nitrogen loss

In conclusion, then, parenteral nitrogen therapy is feasible, preferably with a mixture of pure amino acids Adequate cardiac and renal function is necessary and acidosis must be watched However, the calone and nitrogen intake 18 limited and so is not comparable to oral therapy which should be employed whenever possible, especially by means of natural foods ficial effect of high nitrogen therapy on the course of the patient is suggested when the result in a series of carefully controlled ulcer cases undergoing partial gastrectomy are reviewed, both in respect to the maintenance of nitrogen equilibrium and to the clinical course after the procedure

"THE VILE WEED"

Those persons who mast on smoking that "vile weed," tobacco, will see the error of their ways after reading the following words of James the First of England, quoted in a Treatise on Tobacco, Tea, Coffee, and Chocolate, by Simon Pauli, London, 1746, in the

Library's collection
"At last, therefore, O Citizens, if you have any Sense of Shame, or Dread of Infamy, left in your Bosoms, lay aside the Use of Tobacco, a Custom attended with Ignominy, received through Error, and

By its Means the Wrath established by Stupidity of Heaven is excited against us, the Health of our Bodies impaired, our Substance wasted, and the Dignity of our Nation not only diminished at Home, but also despised Abroad, for Tobacco is a substance loathsome to the Sight, disagreeable to the Lungs, and, by its Clouds of black Smoak, nearly resembling the horrid Steams of Hell"

January, -ArmyMedical Library News, 1947

CLINICOPATHOLOGIC CONFERENCE

FOURTH MEDICAL DIVISION OF BELLEVUE HOSPITAL, New York City Date October 28, 1946

Conducted by HARRY A. SOLOMON, M.D., AND WILLIAM A. LEFF. M.D.

ACUTE EXACERBATION OF A CHRONIC COR PULMONALE

Dr. William A. Leff (Resident) The patient, A. G., a 75-year-old white woman was admitted to the Fourth Medical Division of Bellevue Hospital on July 31, 1946, with the chief complaint of dyspnea of six weeks' duration. Prior to this time, except for occasional ankle edema and an episode three years previously of dyspnea and ankle edema, she had been well. This episode lasted for two weeks and occurred while she was a patient at another hospital. Information obtained from this Hospital revealed that the patient had been admitted in January, 1943, with the diagnosis of small bowel obstruc tion due to an enterolith She was operated upon and the enterouth broken up. She was read mitted in January, 1944 with a diagnosis of incisional hernia, operation revealed a histus hernia. On both of these admissions, the heart was found to be normal in size with regular sinus rhythm, no murmurs, and no cardiac his-

Six weeks prior to admission to Bellevue Hospital, the patient noticed progressive anorexia, occasional nausea, and vomiting She stated that she had eaten only a very small amount of food. She described the vomitius as greenish in color and denied any hematemests, melena, or clay-colored stools. During these six weeks, she had a slight cough productive of small amounts of yellowish sputim.

Physical examination revealed an elderly, acutely ill, white woman who was dyspneid, orthopneic, and slightly oyanotic but very cooperative. The temperature was 98.4 F, the pulse 100 per minute respirations, 24 and blood pressure, 140/75. There was conjunctivities and blephantis of both eyes. The fundi showed marked venous dilatation and two plus sclerosis of the arterioles. The lips were cyanotic, the tongue was beefy red and showed marked papillary atrophy. There was marked venous engorgement of the neck vessels. The chest was symmetrical with many rhonchi heard through out. (The first observer heard musical and moist rules.)

The heart was enlarged to the left
The heart sounds were of poor quality with
auricular fibrillation ventricular rate was 102
and pulse rate, 72
A soft systolic murmur was
heard at the apex
There were no thrills felt

There was a well-healed midline abdominal scar and four plus edema of the abdominal wall. There were no viscera palpable The extremities revealed four plus nuture edema.

Course and Laboratory Data. - On admission the white blood count was 12,400, with 88 per cent polymorphonuclears (18 per cent immature forms) and 12 per cent lymphocytes The red blood count was 5.300,000 with 10 9 Gm. of hemoglobin. Urinalysis showed specific gravity of 1 008, there was no albumin, glucose, or acetone present, microscopic examination revealed only an occasional red and white cell. The blood non protein nitrogen was 32 mg per cent. The patlent was treated for heart feilure with digitalin nativelle, glucose, aminophylline, and mercu purn, all of which seemed in vain as the patient became progressively worse. On several occamons the patient vomited coffee-ground material which was positive for blood with the benzidine test

The following day she was entically ill, blood pressure had dropped to 85/55 and she was markedly evanotic, lethargic, and very weak. The lungs however, were clear to percussion and auscultation. The liver edge was barely palpable and the edema persisted. The urinalysis revealed a specific gravity of 1 010 and occasional hyaline cast. The white blood count was 6,600 with 68 per cent polymorphonuclears (10 per cent immature forms), 30 per cent lymphocytes, and 2 per cent monocytes blood count was 5,400,000 She suddenly developed a rapid regular rhythm, became ex tremely cyanotic and expired on the second hospital day A roentgenogram of the chest taken at the bedside showed the following the traches was in the midline, the right diaphragm was elevated to the fourth interspace anteriorly while the left diaphragm was hazy and barely seen extending up to the fifth interspace anteri There was a homogeneous density continu ous with the heart shadow at the right cardiophrenic angle and marked enlargement and straightening of the left side of the heart. The pulmonary artery and pulmonary conus were very prominent with enlargement of the right auricle. The electrocardiogram taken a few hours after admission showed slow auncular fibrillation and right axis deviation, a subsequent tracing, several hours prior to exitus, showed a rapid supraventricular tachycardia with rate of 150

Discussion

DR HARRY A SOLOMON It is obvious that this patient presented the clinical features of advanced congestive heart failure There was the marked air hunger with dyspnea, orthopnea. and cyanosis Distension of the cervical veins was prominent and massive edema extended to The heart was eninclude the abdominal wall larged with a forceful apical impulse visible in the anterior axillary line Auricular fibrillation and marked tachycardia were noted A soft blowing systolic murmur heard over the mitral area was consistent with the marked dilatation of the left ventricle, and the accentuated second pulmonic sound and pulmonary congestion fitted in with the features of left ventricular insufficiency

What information was available to determine the etiology of the heart condition? Because of the cardiac enlargement and eyeground changes, hypertension seems to have been present at some time, arteriosclerotic heart disease of "semile" myocarditis could be considered on the age group, and although the history reports a "heart attack" with edema three years ago, no pain factor was elicited at any time to suggest a coronary insult.

Masked hyperthyroidism should always be looked for in congestive heart failure with auricular fibrillation or ventricular tachycardia, particularly with resistance to digitals as in this case, however, there was no evidence for this condition clinically, and the chest plate showed no substernal shadow or displacement of the trachea to indicate a substernal goiter

What part did chronic nutritional insufficiency play in the cardiac picture? Certainly there were signs of vitamin deficiency with atrophic glossitis, anasarca, and a three-year history of severe gastrointestinal trouble. Against the diagnosis of vitamin B deficiency heart disease was the fact that the apex beat was localized and forceful, rather than diffuse and weak, the cardiac enlargement was mainly to the left instead of diffuse dilatation, the electrocardiogram did not show the characteristic low voltage pattern seen in beriberi heart, the edema was firm and dependent in type rather than generalized and soft, and peripheral neuritis was absent

So in the absence of definite evidence it might be best to state that the cause of the heart condition was unknown

Measures were immediately instituted to combat the failing circulation. Digitalis was given intravenously to make the heart work stronger and better, oxygen and sedatives given to de-

crease its load, diuretics to remove the effects of heart failure, and aminophylline to relieve vasospasm and bronchial spasm. Yet, in spite of their prompt and complete therapeutic regimen, circulatory collapse intervened rapidly.

What was the reason for failure to respond to Was there overwhelming myotreatment? cardial damage due to coronary thrombosis? If so, it was silent in the sense that pain was absent and the electrocardiogram did not show recent changes Then there is the possibility of physiologic of terminal exhaustion of the myocardium with insufficient muscle tissue left to respond to stimulation, a purely speculative inference of course We cannot overlook the possibility of digitals poisoning due to previous digitalization or digitalis sensitivity. It is true that after digitalis was given a slow fibrillation changed to rapid tachycardia, but whether this was due to rapid auricular flutter or ventricular tachycardia is not known

Of course, the short stay of the patient did not permit much observation, but there are a few unusual features that may merit discussion First, it was noted that the pulmonary congestion cleared while the other signs of failure progressed. This was confirmed by the chest x-ray which showed the marked enlargement of the left side of the heart without pulmonary congestion. Can this be interpreted on the basis of the Bernheim syndiome which the pathologist may demonstrate?

Second, in the x-ray of the chest, the shadow extending from the left border of the heart is It is wide and straight, and probably does not represent massive enlargement of the left ventricle, for one would expect corresponding enlargement to the right in such severe congestive In fact, the right border of the heart failure heart shows strikingly little change Of course, it is not possible to read too much into the x-ray from a postero-anterior view alone, but one has to consider that a dilated pulmonary artery may be responsible for the upper part of the left cardiac There are several unusual features shadow about the edema which was massive, postural, and over the leg areas quite indurative cardiac basis such passive congestion would be expected to be reflected by the kidneys was lacking as seen in the urinary findings and absence of blood nonprotein nitrogen elevation In looking for an extracardiac factor, obstructive thrombotic disease of the deep veins would, of course, be the commonest source, and thus on the basis of thrombo-embolic disease, the upper part of the peculiar shadow making up the left cardiac border can be attributed to dilatation of the pulmonary artery

As to the hematemesis, one cannot be too much

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impressed either with its significance or degree in the absence of anemia or other findings. A hastis hernia was known to have been present so that bleeding from this area or any other part of the stomach or esophagus is a possibility the nature of the pathologic area being entirely speculative in the absence of other findings. It would be surprising if an ulcer of the hiatus hornia was found by the pathologist.

In summary, then, it can be stated that a 75year-old woman was admitted to the Hospital with the chincal picture of advanced congestive heart failure. Despite a prompt and complete them peutic regimen circulatory collapse was not averted

The cause of the heart condition was not known, but there was some clinical evidence for hypertension, arteriosclerosis, "senile' myocardi tis, masked hyperthyroidism, and vitamin B deficiency

In an attempt to explain the failure of the heart to respond to treatment, conditions such as 'silent' coronary thrombosis, physiologic exhaustion of the heart muscle, and digitalis toxicity were discussed

To account for certain unusual clinical features, the presence of Bernheim's syndrome and thrombo-embolic disease were suggested.

The development of hematemests in the presence of a hiatus hemia, previously allent, raised the question of a bleeding ulcer in this sac

As it was possible to observe this patient for but a very short period during the terminal phase of congestive heart failure, it would not be sur prising if the pathologist reveals other conditions that were overlooked.

Dr. Max Truber Perhaps with edema of the obstructive type we could postulate a source of emboli from the lower extremities and this would explain the right axis deviation. In the absence of evidence of mitral stenosis it may be a cor pulmonale. The absence of the more concentrated urinary specimen without evidence for enal failure is not the usual finding in congestive heart failure. The eyeground changes could simply be those found in an older person and do not predicate the existence of a previous hyper tension. The vomiting and anorexia might be on the basis of a low-grade intestinal obstruction.

Dn. Louis F Bisnor, Jn II it were not for the history from the other hospital, I would say that this patient had a classic picture of mitral disease. I think that the age factor can be disregarded to some extent. This condition has been discovered in older people.

Dr. ELLIOTT HOCHSTEIN There are three leatures that stand out in this case. First, the configuration and chamber analysis of the x-ray is indicative of involvement of the outflow tract of

the right ventricle without evidence of enlarged left auricle. Second, the electrocardiogram showed marked right axis deviation with an inverted T4. Third, I agree with Dr. Trubek in that the clinical course indicated an acute embolic phenomenon to the lungs. In view of the above three, I believe this case to have been one of acute and chronic cor pulmonale.

Dr. Mennasch Kalkstein Was the hver en larged?

Dr. Harry A. Solomon The liver could not be felt because the abdomen was so greatly distended

DR ZACHARY SAGAL The patient had gastrointestinal episodes on two occasions. She had vomited blood. The absence of anemia could be discounted as due to concentration because of the four plus edemn. The cardiac condition may be due to a toxic state secondary to intra-abdominal pathology—partial obstruction, perhaps, due to mallenancy in the matrointestinal tract.

DR MAX WILHELM JOHANNBEN If this were a case of congestive heart failure, the specific gravity of the urine would be about 1 010 and we would expect some albuminums. If, however, the specific gravity was fixed at 1010 in spite of heart failure, then the patient would have uremia with a corresponding monocytic normochromic anemia Therefore, I do not beheve that the edema of the legs is an expression of congestive heart failure but more likely the result of phlebothrombosis and varicosities. Multiple embeli to the lungs may produce the picture as seen in this patient and thus explain the cor pulmonale The hypochromic anemia in view of the hematemesis suggests as an additional possibility carcinoma of the stomach.

DR. MENNASCH KALKSTEIN Another factor in favor of repeated thrombo-embolic phenomena, to explain the picture of cor pulmonale, is the mode of exitus which suggests a sudden massive pulmonary infarction

Discussion of Pathology

Dr. Henry Spitz Autopsy revealed a well developed and well-nourshed white woman with marked pitting edema of the lower extremities and about 1 000 cc. of ascitic fluid in the peritoneal cavity. No free fluid was found in the pleural cavities. The heart was considerably enlarged in the absence of appreciable arteriosclerosis of the aorta, kidneys, or coronary arteries. It weighed 575 Gm. and the hypertrophy and dilatation was most marked in the right ventricle which measured 10 mm. in thickness while the left ventricle was only 11 mm in thick ness. In the right auricle there were multiple mural thromb, filling the auricular appendage and lying scattered irregularly over the auricular and a proposition.

wall They were yellow to red, firmly adherent, and smooth of surface Some of them were pedunculated The foramen ovale was anatomically patent The overlapping flaps of the interauricular septum were held apart by a thrombus that protruded into the right and left auricle and completely plugged the foramen the right ventricle two mural thrombi were pres-One large thrombus was attached to the interventricular septum in its apical one half. and another thrombus was adherent to the lateral wall The endocardium in and around these areas was opaque and fibrotic and white fibrous streaks extended into the underlying myocardium. The coronary arteries were entirely unobstructed, of the usual distribution, and showed only minimal sclerosis All the valves were grossly unaltered with the exception of the mitral that showed moderate diffuse fibrosis The outflow tract of the right ventricle was Both main branches of the pulmonary widened artery were narrowed but not completely occluded by firmly adherent thrombi larger intrapulmonary branches of the pulmonary artery also contained old mural thrombi, some of which occluded the onfices of smaller branches In addition, the arteries showed mild intimal sclerosis and peculiar ridges criss-crossing in all directions, and occasional thin bands that traversed the lumina of the vessels and were attached to the vessel walls only at two points The ridges were most prominent at the orifices of smaller branches, causing considerable constriction at these points The orifice at one vessel. for instance, measured 4 mm in diameter whereas immediately behind this point the diameter was 8 mm There were no infarcts anywhere in the lungs The combined weight of the lungs was 630 Gm They were crepitant throughout and showed neither edema nor consolidation The abdominal viscera were congested spleen there was a retracted scar, apparently an Diverticula of the duodenum and old infarct the colon, polyps of the endometrum, and small ovarian cysts were incidental findings

Microscopic examination showed old, well-organized thrombi in the pulmonary arteries. The ridges and bands were composed of old hyalinized connective tissue and sometimes showed a core of granular hyaline material similar to the hyalinized portions of the thrombit that had not yet undergone complete organization. The fibrous tissue making up the ridges lay entirely inside the elastica interna. The blood vessel walls beneath these thickenings were essentially unaltered and showed no scarring nor any evidence of recent inflammation. Atherosclerotic changes, where present, were mild

The total picture is that of cor pulmonale with

heart failure secondary to considerable obstruction to the flow of blood through the lung This obstruction is produced by multiple thrombi with organization involving the main branches as well as smaller intrapulmonary branches of the arteries Extensive thrombosis of the pulmonary arteries is one of the rare causes of chronic cor pulmonale Only a few similar cases have been reported 1-4 In the first two reports, the thrombi were found in the main pulmonary arteries and the ridges described in this case were not These ridges and bands had attracted the attention of some observers 6 who excluded the possibility of their being congenital anomalies and showed them to be organized thrombi The bands were thought to develop from partly organized thrombi under the impact of the blood The findings in this case bear out their origin from thrombi The origin of the thrombi is not quite clear They may be embolic in nature Thrombi in the right auricle and ventricle are not uncommon foci for embolization to the lungs The deep leg veins, however, cannot be evcluded as primary foci Due to lack of permission they were not examined in this case The absence of inflammatory lesions in the walls of the pulmonary vessels speaks more for the embolic mechanism. The only feature that would suggest the possibility of autochthonous thrombosis in the pulmonary arteries is the fact that the thrombi in the lungs are much more extensively organized than in the heart and, therefore, may be older The extent of organization is, however, no absolute proof of the respective age of the thrombi, since the small size of the pulmonary thrombi may have enhanced their rapid organiza-The mild sclerosis of the pulmonary arteries might be considered as a primary factor, but this sclerosis may well be secondary to the rise in intra-arterial pressure following the narrowing of the vascular bed by the progressive thrombosis On pure histologic grounds a differentiation between organized emboli and autochthonous thrombi is not possible at this stage Thus, the question as to the origin of the thrombi in the lungs cannot be answered definitely in this It would seem probable that primary embolization and secondary thrombosis played a part

In the absence of coronary sclerosis the thrombi in the right side of the heart are of particular interest. They are, for the most part, superimposed on areas of endocardial and myocardial fibrosis. Although the thrombi in the right auricle may be secondary to auricular fibrillation, this explanation does not hold for the thrombi in the ventricle. A report has recently appeared describing a picture of endocardial and myocardial fibrosis with thrombosis and discuss-

ing their possible relationship to avitaminosis B Vitamin deficiency was suspected clinically in this case Although a complete picture of acute beriberl was not present, avitaminous should be considered as a possible cause for the fibrotic changes in the heart. The high red cell count in the blood and the hyperplasia of the bone mar row represent a compensatory mechanism that is often observed in cases with impaired oxygenation of the blood

The changes in the other organs were the result of chronic passive congestion. The scar in the spleen was an infarct and section demonstrated an organized thrombus in the luman of the artery supplying the infarcted area This was probably the result of local thrombosis. However in view of the patent foramen ovale and the evidence of hypertension in the right side of the heart, para dox embolism cannot be excluded.

It is quite characteristic that, as in this case, clinical symptoms appear late. When the obstruction of the pulmonary vascular bed develops gradually, only a high degree of stenosis produces symptoms It has been shown in experiments on dogs that the diameter of the pulmonary artery may be reduced up to 70 per cent until the blood pressure drops in the greater circulation. Death

occurred when 80 per cent of the circulation was obstructed. Heart failure in the absence of a history of hypertension or intrinsic heart disease. progressive dyspnes, and hypertrophy of the right ventricle should suggest progressive obstruction to the flow of blood through the pulmonary arteries. These cases rarely respond to the usual treatment of heart failure, and usually die several weeks after the onset of symtoms.

The anatomic diagnoses were as follows mul tiple thrombi in pulmonary arteries with organi sation, hypertrophy and dilatation of heart, nght ventricle (cor pulmonale) mural thrombi of heart, right auricle and ventricle and in patent foramen ovale, sclerosis of pulmonary arteries. chronic passive congestion of liver, spleen, and intestines, ascites, anasarca, infarct of spleen, and hyperplasis of bone marrow

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TECHNICAL EXHIBITS at the ANNUAL MEETING

 $\mathbf{P}_{ ext{HYSICIANS}}$ planning to attend the Annual Meeting of the Medical Society of the State of New York, May 5 to 9, in Buffalo will want to spend some time viewing the many excellent exhibits arranged for their inspection. The Memorial Auditorium affords ample space for a greatly expanded Scientific Exhibit Section. The number of Technical Exhibits, too, has been increased. Exhibits will be con veniently located adjacent to meeting rooms.

ABSTRACT OF MINUTES OF THE COUNCIL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

T ITS meeting on February 13, 1947, the Council considered various matters, taking final action or directing further study and reports as indicated under the following headings

Tribute to Dr William Hale

PRESIDENT LOUIS H BAUER "Gentlemen, it looks as though an unkind fate were pursuing the Medical Society of the State of New York First, we lost Dr Dwight and Dr Flynn, and then the crowning blow was the sudden death of Dr Hale I don't know of any circumstances under which I would rather less have become president than those that have occurred It means a rather long ordeal. and I am going to rest heavily on your shoulders to help me out for the next eighteen months I think the very first thing we should do this morning is to stand for a moment in silent tribute to Dr Hale"

The members arose and stood with bowed heads in silent tribute to the memory of the late President

William Hale

It was voted that a suitable memorial to Dr. Hale be drawn up for presentation to the Council and Board of Trustees The President, with the approval of the Council, designated Drs Anderton, Gartner, and Mellen as a committee to draw up this memorial

Secretary's Report

Remission of State Assessments —The remission of State assessments was voted on account of service with the armed forces for 344 members for 1947, 11 for 1946, and 2 for 1945, also on account of illness for Drs John R. Farrell, Charles E Haynes, William Hinz, J Francis Messemer, Samuel H Nerenstone, Morris Worton, Mary N Sloan, Ray-mond E Elliott, William Braunstein, Bertram E Marks, Morris Schoenfeld, and Isaac Arthur Stoloff The refunding of dues for one member was author-

The untimely death of President William Hale in Utica on January 16 has shed a mist of sadness over the State Society office, from which we have not yet Dr Hale's dignified and impressive funeral on January 18 was attended by Drs Bauckus, Cunniffe, Hannon, Kaliski, Masterson, Mellen, Mitchell, Post, Trick, Wertz, Mr Anderson, Miss

Lyon, and myself

In accordance with Chapter VII, Section 2 of the Bylaws of the Medical Society of the State of New York, I have notified Dr Louis H Bauer that he has

succeeded to the presidency

Before his death, Dr Hale appointed Dr Leo F Schiff, of Plattsburg, New York, to replace Dr James F Flynn, deceased, on the Malpractice Defense and Insurance Board, as authorized by the Council.

Meetings Attended —On January 15 your Secretary visited the office of the Veterans Medical Service Plan of New York, Inc, at Watervliet, where I had a satisfactory interview with Dr Pettingill, chief medical officer, and Dr Guyer, assistant chief medical officer of the local US Veterans Adminis-That afternoon, with Dr Hannon, I represented our Society at a hearing of the Board of Regents of the NY State Education Department This meeting was called because the Nurse Advisory Council of the Education Department had recommended that the existing law requiring licensing

of practical nurses not be rescinded, and that a study of nursing and nurse education be undertaken for the Department by a committee to consist of two doctors, two nurses, two hospital administrators, and two educators Dr Norman S Moore, of Ithaca, a member of the Nurse Advisory Council, was also

present and addressed the meeting

On January 27 it gave me great pleasure to attend a luncheon given by Dr J Stanley Kenney at the NY Athletic Club in honor of President Harrison Shoulders of the American Medical Association, and Mr John Hayes, president of the American Hospital Two days later I was honored with a seat on the dais at a dinner given to commemorate the 125th anniversary of the Medical Society of the County of Kings at the Hotel St George, Brooklyn At this meeting Dr Louis H. Bauer presented the medal of the Medical Society of the County of Kings to Dr Thurman B Givan, retiring President On February 2 your Secretary attended a cocktail party given by Dr Leoni N Claman, secretary of the N Y State Women's Medical Society, and on February 5 I attended a luncheon of the American Social Hygiene Association at the Hotel Pennsylvania February 9 and 10 your Secretary attended a meeting of the National Conference on Medical Service, and the Congress on Medical Education and Licensure in Chicago, where informative and up-to-date programs were presented

You will later receive the reports of the various

committee meetings which I have attended.

Communications -Letter dated January 20, 1947, from Dr Hobart A Burch, Secretary, Medical Society of the County of Chemung, re selecting a panel of five candidates to submit to Governor Dewey to replace Dr Godfrey, returing Commissioner of Health of New York State

In this connection Dr Bauer stated that he had had a conference with Governor Dewey at the Governor's request, and one of the matters he brought up was the appointment of a successor to Dr Godfrey The Governor would like some names submitted to him more or less unofficially, but intimated that he would give a good deal of weight to the recommendations which were made discussion.

The Council authorized Dr Bauer to write to Governor Dewey Dr Anderton was instructed to reply to Chemung County that the Council does not desire to have a panel appointed masmuch as the President has already been in conference with the Governor on this and other subjects, and because the Council has made recommendations to the Governor

Letter dated January 18, 1947, from Dr Conrad Rissburger re resolution on euthanasia, passed by the medical staff of St Peter's Hospital, Albany, New York.

The Secretary stated that this had been ac-

knowledged No action was taken

Letter dated January 17, 1947, from Dr John J Masterson, Chairman Pro Tem, Nominating Committee of the United Medical Service, Inc., submitting the following list of physician directors for ap-Dr Harry Aranow, Dr Dr Chester O Davison, proval or disapproval Dr Harry Aranow, Thomas M d'Angelo, Dr Chester O Dav Dr M J Fein, Dr Milton Goodfriend, Charles Gordon Heyd, Dr David J Kaliski,

John J Masterson Dr DeWitt Statten, Dr M DeM. Touart Dr Nathan B Van Etten Dr I. Ogden Woodruff, and Dr Irving S Wright. It was weed that the above members be nomi

nated.

Letter from Dr Harry Aranow thanking the Council for their expression of sympathy on his ill

Letter of appreciation from Mrs Hale.

Letter dated January 14 1947 from Mr Harvey T Sethman, secretary treasurer, Conference of Presidents and other officers of State Medical Associations, requesting contribution of \$50 toward the expenses of the Conference of Presidents. After discussion.

It was roled that Dr Anderton write Mr Sethman stating that since there is now a midwinter session of the House of Delegates of the American Medical Association there does not seem to be any useful purpose in continuing this organization, that the Council would be glad to hear of any specific reasons why it should be continued, and that the Council does not care to continue its support of the organization.

The following letter to Dr Anderton from Dr J Hillis Miller Associate Commissioner the State Education Department Albany, re training and licensing of physiotherapists in the State was read

"I am writing to you as Secretary of the Medi cal Society to express my concern with respect to the training and licensing of physiotherapists in the State. The physiotherapy law as you know requires four years of training which is more or less equivalent to the training expected of a physi The law also provided a grandfather's clause which resulted in the admission to the profeesion of physiotherapusts variously trained prior to the effective data of the law As a result we have in the profession at the present time a con siderable number who did not have in all respects satisfactory education and training Moreover because of the high requirements of the law we have not heensed any physiotherapists since the law went into effect. Because of the high stand ards we have been unable to register a single school of physiotherapy in the country

On the other hand, we have a number of institutions training so-called physical therapy technicians. These technicians are serving the medical profession and are, in my opinion prac ticing physiotherapy without a license. This has resulted in my opinion in a thoroughly unsatis-

factory atuation

I am writing to suggest that the Medical Somety appoint a committee to make a study of this entire problem I would hope that the committee would consult the physicians and arrive at a program of study which would be satisfactory to them I am not convinced what this program of study should be or that it needs to be four years in length even for those who start with no professional or even allied training It would seem altogether possible to take graduates of physical education schools and graduates of schools of nursing and give them a course of training of one year or two years duration and thereby turn out a product which would meet the nceds of the medical profession and the people of the State.

I would be pleased to have your reaction to my suggestions, and if I can be of any service in connection with this problem I hope that you would feel free to call upon me.

After discussion,

It was roted to refer this matter to the Committees on Legislation and Public Health and Educa tion to study and report

Letter from Mr Thomas A. Hendricks, Secretary Council on Medical Service and Public Relations American Medical Association, Chicago Illinois, re funds for cancer control program. After discus-

sion,
It was roted that Dr Mitchell supply Dr An-

Letter from Dr Milton A. Carvalho Secretary Broome County Medical Society, Binghamton New York, re Association of American Physicians and Surgeons' proposed essay contest. After dis-

It was decided to approve Dr Anderton's reply. stating it might be a mistake for county societies to take part.

Letter from Dr Winslow expressing his regret at not being able to attend the Council meeting and hoping he would be able to be at the next one

A letter dated February 6 1947, was received from the Medical Society of the County of Erie reading

Last year the Medical Society of the County of Erie acting through its Workmen a Compensa tion Committee requested all Eric County radiol ogusts associated as such with hospitals to submit to the Society proof in the form of an affi-davit that the provisions of Section 13-d (29) of the Workmen's Compensation Law, regarding the division of fees, were being observed. In taking this step the Society was motivated primarily by a desire to protect the radiologists, inasmuch as the penalty for violation is placed on the doctor and not the hospital Practically all of the hospi tals had salary or commission arrangements with their radiologists, a situation largely due to un familiarity on the part of both with the law on the subject of fees and their division. The Society's action served to focus attention on hospital radiologist relationships with the result that many of our hospitals have discontinued salary and commission payments or other illegal fee practices

Some of the hospitals, however are still opera ting their x ray departments in an unlawful manner in the expectation that favorable legislation will be forthcoming at the present session of the

State Legislature.

The attitude of the Medical Society of the County of Ene toward any change in the existing law regulating the practice of radiology in hospitals is expressed in a motion unanimously car ried at the January 28 1947 stated meeting, that we oppose and call upon the Medical Society of the State of New York to do likewise any altera tion of or amendment to those statutes which limit x my practice to authorized physician rocntgenologusts bar hospitals from rendering bills for x ray services and which prohibit radiologists from accepting salaries or commissions from hospitals or from remitting more than 331/1 per cent of the fees received for x ray services, to hospitals fur nishing facilities for the operation of x ray departments.

Vory truly yours, /8/Arthur F Glasser M.D. Prendent /8/Joseph C O Gorman M D Chairman Workmen & Compensation Committee. After discussion.

It was agreed that Dr Bauer reply to the effect that the Council is against any alteration of Section 1250, and at this time does not favor amending Section 1263

Treasurer's Report was Accepted

Report of the Executive Officer

Dr Hannon reported that the Legislature is now in the most active portion of its year, that February 12 a chiropractic bill had been introduced in the Senate, that no antivivisection bill had been introduced but there probably would be, especially after the publicity in the Journal-American on the same day. There are several bills of particular interest to the Society. One group including the Milmoe Bill is now received with apprehension. The Department of Education feels that such a law would be licensing the corporate practice of medicine and they think it dangerous. A bill has been introduced which would define x-ray as the practice of medicine. The Society has introduced a bill at the request of the Grievance Committee which the Legislative Committee had approved, amending the Education Law in regard to the addiction to morphine, and advertising in newspapers.

There was a meeting of the County Legislative Committee Chairmen in Albany on Tuesday, February 25 Saturday, February 15, was the last day for departmental bills to be introduced and February 26 was the last day on which bills could be intro-

duced in the Assembly

Activities of Committees

Committee on Legislation—Dr Aranow, the Chairman, being ill and excused, the Executive Officer's report was accepted for the Committee

The President brought up the following legislative

matters

1 A letter from Senator Desmond stating he had introduced a resolution in the State Senate calling for the establishment of a Commission to Study the Problems of the Aged This proposal was supported by the Legislative Committee and reads as follows

"Resolved, That the Assembly concur in the joint legislative committee as hereby created to consist of four members of the Senate to be appointed by the Temporary President of the Senate and four members of the Assembly to be appointed by the Speaker of the Assembly, with full power and authority to proceed with the study and investigation of the effects on our state of an aged population and the proper role of the state in dealing with these effects and resulting problems. Such study is to include (1) low cost housing and sheltered care for the elderly, (2) recreation facilities for the elderly, (3) employment policies regarding the elderly, (4) adequacy of Society Security for the elderly, and (5) guidance and counseling for the elderly, and be it further

"Resolved, That the study and investigation hereby authorized is not limited to the specific matters herein contained or enumerated by the committee in the conduct of such investigation and may inquire into every matter and thing considered to be relevant to the problem of the aging, even though not specifically mentioned therein to the same extent as though specific power and authority

therefore was expressly granted herein."

The letter goes on to say how the committee shall function, and that \$15,000 is to be provided to pay its expenses After discussion,

It was voted that the Council approve this resolution

In connection with this same matter, Dr Bauer stated he had received a letter from Dr C Ward Crampton, requesting that a special committee be appointed to study the matter of the aged and the aging, and make recommendations for appropriate action by physicians, county societies, social agencies, and the government of the State.

It was voted that Dr Bauer be authorized to write to Dr Crampton that the matter was referred by the Council to the Committee on Public

Health and Education

2 Dr Bauer stated he had received a letter from Dr Aranow which expressed concern about the podiatry and physical therapy bills which were being introduced, and requested Dr Hannon to explain them

DR HANNON "There is a bill being introduced to amend the Education Law in regard to the practice of physiotherapy That bill puts the definition under Section 1250 where it has not been before. The bill states that the practice of physiotherapy shall be the use of actinotherapy, mechanical and thermal therapy, and electrotherapy Where the former definition said 'exclusive of x-ray', this leaves that out

"This bill puts the words 'physiotherapist' and 'the practice of physical therapy' wherever 'physican' or 'medicine' is used throughout Sections 1268 and 1264. There is one question as to whether there is a trick in that or not, because under Section 1264 it says that the physiotherapist may not practice medicine except under the supervision of a duly licensed physician, and if they put physiotherapist in there as well, it might indicate he can practice medicine when not under the supervision of a duly licensed physician. I have talked to Senator Griffiths, Charman of the Education Committee, about this and suggested to him that this bill put in by the physiotherapists be ignored because the same things have been proposed under the revision of the Education Law by the Joint Committee"

After discussion,

It was voted that Dr Hannon and Dr Kaliski draw up a letter on this particular topic for transmission to the county societies, asking their participation actively in the campaign

The Podiatry Bill has been before the Committee on Podiatry, and we have had expressions on that, that they were not in favor of the bill, and I think it is advisable that it be made known—and we will make it known through the Bulletin—that there must be some extent these bills.

must be some opposition gotten in against these bills.

3 Dr Bauer stated that he had had two long communications from Dr C Gullo re a Basic Science Law It was brought out in discussion that an article was being prepared for publication in the Journal and that Mr Walsh of the Public Relations Bureau intends to interview both Dr Gullo and Dr F S Wetherell Dr Bauer said he would write Dr Gullo to that effect

Constitution and Bylaws—Dr Reuling, Chairman, reported he had received requests from three counties for approval of amendments to their bylaws Warren, New York, and St Lawrence counties Those from Warren and New York counties were approved as submitted St Lawrence proposed a change that was not in keeping with the State Society Bylaws, and the Counsel thought that should be clarified before approval was given.

Committee on Contract with Kings County Medical Society—Dr Charles D Post, Chairman, stated that the Committee is continuing its study

Committee on Questions of Ethics.-Dr Reuling Chairman, reported that he had a letter from Rich mond County as follows "Will you please inform mond County as follows "Will you please inform me whether it is ethical for a doctor to have an il luminated sign with his name and specialty?" After discussion.

It was decided that Dr Rouling reply and quote Section 31 A of Principles of Professional Con

Malpractice Insurance and Defense Board — The Board unanimously agreed to recommend that the Council direct Mr. Hackeling to make a complete audit including the loss vouchers from 1936 to 1946 inclusive In the opinion of the Board this is necessary to comply with the directive of the House of Delegates. Mr Hackeling estimated that the cost of this audit would be approximately \$2 000 and accordingly the Board agreed to recommend that the Council request an appropriation of \$2,000

for that purpose
On consulting Mr Hackeling he stated that he would charge only what the actual expenditures were In view of this, Dr Kenney requested that the Council recommend to the Board of Trustees as an emergency appropriation the sum of \$2,000 for

this audit.

It was roted that this be done.

Dr henney stated he had one other matter

"The Board took notice of the fact that all mal practice policies under the Group Plan of the State Medical Society by the terms of the policy contract, become effective at 12 01 A.M on the commencement date of the policy For that reason a policy applied for during any given day antedates to 12 01 A.M. of that day and therefore covers all acts committed on that day. Thus a member could apply for insurance in the M. insurance in the afternoon and secure a policy which would cover his acts committed during the morning

of that day
"After a thorough discussion the Board unanimously agreed to recommend to the Council that the Society's rule with respect to the dating of malpractice policies be amended by inserting after the word prior the words to the day following. The word prior the words to the day following

rule would then read as follows

"Protection under the Group Plan of Insurance of any member or applicant for membership in of any member or applicant for membership in the Society may commence on any day of the year holidays included provided that, in no event, shall it become effective prior to the day following the date on which the application for such protection is placed in the United States mail as shown by the postmark on the envelope in which it was mailed.

"The Board recommends that the Council ap-

prove this change

It was voted that this change be approved.

Committee on Medical Publicity —Mr Anderson,

in the absence of Dr Winslow reported that

News releases concerning postgraduate teaching programs were sent to newspapers in the counties of Richmond, Nassau, Broome, Wayne St. Lawrence, Jefferson, and Tompkins. The News Letter went out to our regular mailing list during the week of Janu

ary 10
On January 11 Dr Hale spoke on the A.M.A.
radio series, 'Doctors Then and Now over the coast-to-coast NBC network. His talk contrasted medical and health conditions of today with conditions of fifty years ago in the eastern area of the United States. The program dramatized the life and times of Dr Stephen Smith, and the material on which the script was based was gathered by the Public Relations Bureau.

Mr Anderson and Miss Lyon conferred with Miss Elizabeth Wilson, an authority on health insurance, on January 21, regarding the placing of her articles

on health insurance in magazines.

Miss Lyon conferred with Dr Theodore Allen
of the Metropolitan Life Insurance Company regarding ways and means of utilizing the Woman's Auxiliaries throughout the country in the Metro-

politian s current program on heart disease.

Miss Lyon attended the fifth annual Labor
Health Security Conference held at the Hotel McAlpin on January 24 and provided a report for use by the A.M.A. Council on Medical Service On the same day she attended the midwinter Executive Board meeting of the Woman a Auxiliary held at the Hotel Roesevelt. On January 24 she conferred with Mrs. Alfred L. Madden, President, and Mrs. Bradford F Golly Publicity Chairman, in regard to plans for a Woman a Auxiliary bulletin, the first one attempted by the Auxiliary in its ten years of existence

Mr Anderson and Mr Walsh went to Chicago the first week in February to attend the National Conference on Medical Care, the National Conference on Rural Health, the Conference on Public Relations of the State Medical Societies, and a meeting of the National Society for Medical Research.

Mr Anderson and Miss Lyon conferred with Miss Sara Carlton, a free-lance writer who is preparing an article on the use of animals in medical research. All our materials were made available to her in ad dition to a personal conference

Mr Walsh spent a week in Albany working with Dr Hannon on legislative matters pertaining to

basic science

basic science
The new publication "Check and Double Check
on Sickness Insurance, his had an excellent reception. As of January 20 we filled 581 purchase orders
for well over 9 000 copies. The income from this
source to date has been \$1,642.62. Orders have
come from points all over the country and many congratulatory letters have come from readers con nected with both medical and nonmedical organi sations. Mailings of circulars to solicit future orders from outside New York State are continuing

The Louisiana Physicians Service, Inc. has expressed interest in the leaflet, 'Damned with Faint

pressed interest in the leaflet, 'Danned with Faint Praise, published by the Bureau in 1944, and has ordered 2,000 reprints to be supplied at cost. This courtesy is being extended to them. Miss Lyon, who has been field representative and assistant to Mr Anderson for the past three and one-half years, left the employ of the Society on Fobruary 15 following her resignation on January 13. The best wishes of the committee and her newsy fixed in the Society and the office staff or many friends in the Society and the office staff go with her in her future undertakings. She has done an excellent job for the Society Additional praise comes from the Woman's Auxiliary which she served as consultant. A letter from the executive board of the State Auxiliary acknowledged 'her invaluable assistance to the presidents and chairmen with whom she came in contact, and stated that 'the cooperation between Medical Society and Auxiliary has been greatly advanced by her advice and assistance

Mr Edgar L. Cook has been engaged to fill the vacant position on our Public Relations staff

Committee on Nursing Education.—Dr Anderton

made a progress report.

Committee on Public Health and Education.— Dr Mitchell, Chairman, reported that he had on February 11 1947 conferred with the Chairman of the Subcommittee on Cancer and representatives

of the State Department of Health regarding a plan for having regional meetings of representatives of the State Department of Health, the Council Committee on Public Health and Education, the Subcommittee on Cancer, and the chairman of cancer committees of the county medical societies not entail much expense since the Government will contribute

After discussion,

It was voted that the Council approve the plan of

having regional meetings

Wednesday, February 12, 1947, a conference of the Council Committee on Public Health and Education was held in New York City to consider an educational program in BCG immunization as a part of the Tuberculosis Control program in New York State Present at this meeting, in addition to the Committee members, were some of the officers of the Medical Society of the State of New York, representatives of the nine medical schools in New York State, and representatives of the New York State Department of Health

There were twenty at this conference, and it was decided that it would be advisable to set up an Advisory Committee to study and report how the whole plan should be operated. Our share of the expense would not be great as the Government would defray the costs of instruction and those fea-

tures on the service end

It was voted that the President designate somebody to advise with him in the selection of our own members on that Advisory Committee, and then also confer with the Government officials to set up this small body to direct BCG immuniza-

tion in the State

At the request of the New York State Departments of Health and Education, a meeting of the Council Committee on Public Health and Education and the Subcommittee on Rehabilitation was held in New York City on this same day to consider fee schedules Present at this session were some of the officers of the Medical Society of the State of New York, representatives of the New York State Departments of Health, Education, and Social Welfare, and a group of physicians designated by the State Medical Society to act as advisers to the State Department of Health in the processing of applications for specialists ratings

In this connection, the Rehabilitation Program and also the Cancer Program were unfortunate in losing Dr Flynn as an adviser on radiology and x-ray work in general Someone to replace Dr Flynn was discussed with the late Dr Hale and with Dr Bauer It was agreeable to them to have Dr W F Howard, of Albany, who is professor of radiology at the Albany Medical School and chief of the Radiological Service at the Albany Hospital, appointed on the Committee to advise on these mat-

This appointment was approved by the Council Postgraduate Education —Letters were mailed from this office to the regional chairmen in obstetrics requesting that each chairman plan to have in his

region a teaching day
The Course Outline Book has been received from the printer and copies have been mailed to the following officers of the Medical Society of the State of New York, presidents, secretaries, and chairmen of public health, postgraduate education, and program committees of county medical societies, members of the Council Committee on Public Health and Education, and the subcommittees, regional and Education, and nediatrics, the delechairmen in obstetrics and pediatrics, the delegates from the various county medical societies to

the annual meeting of the House of Delegates of the Medical Society of the State of New York in May 1947, in Buffalo, the ex-presidents of the State Society, the presidents of the District Branches, section delegates, the State commissioner of health, and directors of the various Divisions of the New York State Department of Health, district health officers, city and county health commissioners, physicians who arranged courses in the Course Oulline Book, deans of the medical schools in the United States, the presidents of the universities in New York State, librarians of the medical schools in New York State, secretaries of the state medical societies in the United States, executive health officers of the various states, secretaries of national medical societies, members of the New York State Board of Regents, the New York State Commissioner of Education and directors of several Divisions of the New York State Education Department, officers of the American Medical Association, and members of the Council on Medical Education and Hospitals, Council on Medical Service, Council on Industrial Health, the director of the Bureau of Health Education, members of the Section on Preventive and Industrial Medicine, and Public Health of the American Medical Association, New York State Commissioner of Mental Hygiene, commissioner and director of Vocational Rehabilitation Service of the Department of Social Welfare of New York State, representatives of the National Foundation for Infantile Paralysis, and the Metropolitan Life Insurance Company, the surgeon general of the United States Public Health Service, secretary and executive secretary of the State Charities Aid Association and representatives of the New York State Health Preparedness Commission

The 1946-1947 Course Outline Book contains 67 announcements with a total of 88 pages, an increase of seven announcements and 20 pages over last

year's publication

Postgraduate instruction has been completed in Cattaraugus, Ulster, and Warren County medical At the present time, instruction is being given in Broome, Jefferson, Nassau, Oswego, Richmond, St. Lawrence, Tompkins, and Wayne County medical societies

Requests have been received from Nassau, Rockland, and Sullivan County medical societies to arrange for a series of postgraduate lectures and ar-

rangements are being completed

Also arrangements are being made for instruction to be presented in Cheming County and the Glens Arrangements are Falls Academy of Medicine also being made for instruction to be given in the late Spring before the Cayuga County Medical Society

Requests have been received from the Chemung and Queens County medical societies to arrange for

Spring teaching days

The report was accepted Dr Mitchell stated that Dr Hannon and the members of the Mental Hygiene Committee had approved the following letter, and requested the approval of the Council to sen 1 it to the Honorable Abraham Schulman, chairman of the State of New York Level Toward Towar York Joint Legislative Committee to Study the

Problem of Cerebral Palsy
"The Medical Society of the State of New York believes there is real need for additional facilities for research and treatment for patients afflicted with cerebral palsy While a considerable amount has been done in the past, such as that of the New York State School at Newark, New York, the

[Continued on page 620]



: UniMULA: Usaleoti 2.60—Beechwood Creosote 13 02—Methyl Salkylate, 2.60—5ol, Formeldehyde 2.60
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[Continued from page 618]

Government should increase its participation in the expansion of research and treatment programs throughout the State Such a program should have clearly defined standards for workers in this field, which includes physicians, occupational therapists, physiotherapists, and special nursing

"If the Medical Society of the State of New York and several of its committees can be of

further assistance, please let me know"

It was voted that the letter be approved and sent, with the word research underlined.

Committee on Public Relations and Economics -Dr Wertz, Chairman of the Committee, was not present, but Mr Farrell, Director of the Bureau of Medical Care Insurance, reported as follows "On January 15 your Director conferred with Dr

Wertz and his executive committee regarding a form letter to be sent to all participating doctors in

the Western New York Medical Plan

"On January 16 I met with Dr Aaron to arrange for the next meeting of his Subcommittee and to discuss an appropriate display sign for the coming State Society Convention in May

"On January 20 I conferred with Dr George S Nellis, of St Lawrence County, regarding a medical

care plan for St Lawrence County

"On January 31 your Director had a conference with Dr Dean Clark, of Health Insurance Plan, and was given material and different contract forms used by them "On the same date, on invitation of Dr Wertz, I

attended a meeting of the Joint Committee of the New York State Hospital Association and the Medical Society of the State of New York at the Society's

"On February 5 I conferred with Mr Evans, of the Northeastern New York Medical Plan at Albany, and Mr Dubar, of the New York State Department of Insurance

"On February 6 I called on the Medical and Surgical Care Plan at Utica, regarding statistical information for quarterly reports for our Bureau

Subcommittee on Public Medical Care -Dr

Wood, Chairman, reported

"The schedule of reimbursement charges that we now have, and which was set up last year, will continue in effect until December of this year At that time we will again attempt to increase it, and it is my own opinion that we may be able to get it up to the present workmen's compensation minimum fee schedule

"We have again prepared what we call a joint statement relative to the progress that has been made in welfare work. Several years ago one was We would much appreciate it if that published could be done again, this joint statement published in the Journal prior to the House of Delegates'

meeting Publication Committee —Dr Kosmak, Chairman, reported that Mr Anderson was having great difficulties in getting an adequate supply of paper for

the Journal

The cloth binding in 1941 for the 40 cents a copy This time the cover DirectoryDirectory cost 40 cents a copy

is going to cost 82¹/₂ cents a copy
Ten thousand dollars can be saved on the binding by having a stiff cardboard cover, a little_heavier than a telephone book, and that is the plan Printing costs and paper have practically doubled retail price of the volume has been raised to \$12 50 to nonmembers, and the orders are pouring in The

deficit on the Directory will probably be about \$40. This matter will be taken up with the Trusteen

at their meeting

Dr Reuling raised a question about the action taken last month which was "In view of this fact, and the numerous changes in addresses, it is felt that preparations should be begun as soon as possible to issue another volume in 1948. It is necessary in developing this *Directory* to have a competent staff. As it is difficult to organize such a staff, it is felt that it would be of great advantage to continue the present staff "

He felt this was not definite, and if this is to be interpreted, that we expect to publish a 1948 Directory, he would move that the Council direct the

staff to be continued

It was voted that Dr Kosmak's report be adopted including the recommendation made by Dr

Reuling

Committee on Rural Medical Service—Dr Mellen, Chairman, reported that there had been a meeting in Chicago last week, the purpose of which was to get the doctor to the people The meeting was directed in the control of the people. divided into groups There is no report on the discussion of those groups ready yet, but Dr Crocker stated they would be distributed later When these groups are heard from, and what they decided on their problems is known, it will be probably a help here

Committee on Veterans' Affairs —Dr Mellen, Chairman, reported that there had been no inquires for the last three months

It was voted that the Committee be dismissed with thanks

Committee on Liaison with Veterans Administration.—Dr Bauckus, Chairman, reported verbally

as follows

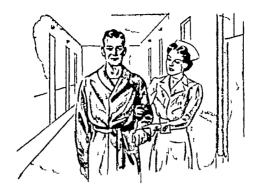
"The meeting of the Liaison Committee with the Veterans Administration occurred February 12. We also have the Veterans Medical Service Plan, an independent organization. It is, however, a child of the State Society. We more or less meet to gether We did not, however, have a meeting of the Veterans Plan yesterday, because we did not have a quorum, in fact, the only two members of the

Plan present were Dr Rooney and myself "There were certain items that I think the Councal should hear about and probably take action on should report that the addition of another Regional Office of the Veterans Administration in Brooklyn will necessitate the appointment of a coordinator there, and that necessitates in turn a slight change in the contract between the Veterans Plan and Veterans Administration. The information we had at first was that this office would be established immediately, but Dr Lane told us yesterday it would not be until the first of May However, the amount of work that is done here in the metropolitan area is

still present, and more help will be needed "We also secured from the representative of the Veterans Administration, Dr Lane, and others, the promise and a tentative agreement, which we expect they will sign with us, that the expenses of the Coordinators when they are called outside of their own area will be paid by the Veterans Administration It is important occasionally for the Coordinators to meet, and if they are called here or to some other place by Dr Lane or the Veterans Administration, the Veterans Administration will take care

of the expenses
"I should also report—and of course Dr Rooney
"I should also report—and of course and is interis Chairman of the Board of Trustees and is inter-

[Continued on page 622]



WHEN CHRONIC ILLNESS INCREASES THE NUTRITIONAL NEEDS

Chronic disease whether febrile or neoplastic, imposes many additional meta bolic demands upon the organism Paradoxically appetite is apt to wane at this time making satisfaction of these requirements difficult. In consequence weakness becomes excessive and the ability to resist secondary in fection is impaired.

Because it contains all of the nutrients known to be essential the dietary supplement made by mixing Ovaltine with milk can play an important role in augmenting the intake of the very nutrients needed. This nutritious food drink provides biologically adequate protein readily utilized carbohydrate highly emulsified fat. B complex and other vitamins including ascorbic acid and the essential minerals iron calcium phosphorus. Its delicious taste assures patient cooperation since it is taken with relish even when most other foods are refused.

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FAT	31.5 Gen.	RIBOFLAVIN	2.00 mg
CARBOHYDRATE.	\$4.8 Ges.	MIACIN	CJ mg
CALCIUM	1.12 Gm.	VITAMIN C	3.00 me
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 10
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

[Continued from page 620]

ested in it, and will take care of it—that the plan of payment to the Medical Society for the money we have advanced to pay our Coordinators is in shape to take fruit, and we expect that prompt payment

will now be made
"We have the information that the Fee Schedule, Part 2, which contains many of the fees for specialists, is being mimeographed by the Veterans Ad-However, it has been proposed that ministration this be printed in the New York State Journal of I don't know for certain, but I think that some time ago the Council or someone in authority asked that this be done I heard you discuss a little while ago about the need for space in the Journal, etc , and I would like to say also that there is some question about the advisability of printing this fee schedule There are some good things about it, and some bad, but we are going to try to have a fee schedule in the hands of every physician It is already in the hands of the authorizing physicians I doubt if the doctor would keep the STATE JOURNAL to refer to for the fee schedule That probably should be before you as a matter of business whether or not you want to have the fee schedule appear in the Journal

"We spoke again of the need for more information going out regularly to the doctors. It is a complicated process that we have in taking care of the veteran, although in the end it becomes quite simplified as far as the final report and payment to the physicians is concerned, but the men in the field do not understand a great deal about it, and we should regularly get information to them I have, therefore, asked that the county journals of the larger counties take an interest in this, more than they have in the past I get these journals regularly ever since I have been President of the State Society, and I take much interest in them However, I note that we don't get the information sufficiently dissemi-

nated
"We restored the fee of \$20 for the neurologic to \$10 because it was felt that sometimes this examination was not made by specialists However, we got that straight-

ened out

"We also added a fee of \$150 for ureterotomy, an operation not previously in the fee schedule should point out here that the Liaison Committee, as your committee, has always gone into the question of the fee schedule, and has reported the fees to the Council, and the Council has so far approved what they have recommended Then this went to what they have recommended the Board of Directors of the Veterans Plan and they made the agreement on the fee with the Veterans Administration However, no fees have been printed or made official without your approval "I might also say that one of the reasons for re-

storing the \$20 fee for the neurologic examination was that it is in the workmen's compensation minimum fee schedule, and we have endeavored not to go below that We had a discussion of the fact that the general practitioner in many areas functions as an internist, and that in any area at all he may make Some have a complete first physical examination had the idea that the fee for that should be the regular \$3 00 treatment fee It was pointed out that the examination by the general practitioner for compensation rating purposes is set at \$7 50 and it was promised to us by Dr Lane that he would take care of the situation with his authorizing physicians, so that in those cases in which this examination was asked to be made by a general practitioner the fee would be \$7 50 We have felt, from analyzing the various figures we have so far, that the gen eral practitioner is very important, and should be considered much more thoroughly than we have done in the past in some instances

"We had a communication from the American Physiotherapy Association relating to fees for physiotherapy As you know, that question of physiotherapy and the cost of it is very important and difficult to handle The officers of this Association are cooperating with us, and I think that we are headed for better things along those lines

"We are going to have a change in our form The Federal Government will try to have a uniform form for use in all of the States However, it apparently is to be as simple as it is at present, and as far as New York State is concerned no change is contemplated immediately, and no change will be made

until the matter is discussed with us

"We have been working on the question of hospitals rendering services in the specialties of x-ray, pathology, anesthesiology, and physical therapy As you know, Dr Wertz, as Chairman of the Joint Committee of the N Y State Hospital Association and the Medical Society of the State of New York, has given this subject much study of late and has written to the heads of each of the Blue Cross or-ganizations in New York State telling them of our While Dr Wertz is not here today to report for that committee, only about a week ago I told him of the stand of the Veterans Plan in this matter, so he understands thoroughly I think, in general, he has tried to get the Blue Cross Plans to change their ideas on this subject I don't know that the hospitals have agreed to the Blue Cross acting in the capacity of an agent in their dealings with Veterans Administration on hospitalization under this plan-but I think they will, and I understand it is proposed that whatever the hospitals and the Blue Cross are doing at the present time will really be the basis of the hospital contract for veterans' care, but we are depending upon other agencies and other commit-tees, the Council, the House of Delegates, and Dr Wertz' Hospital and Medical Joint Committee for In the meantime, we are doing help in this matter what we can to combat it

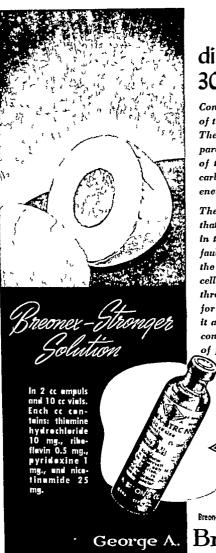
"We have had great difficulty in securing neuropsychiatrists, and this question of giving adequate care to those who need psychiatric attention is difficult. We have had in New York City a screening committee set up of prominent neuropsychiatrists who have been very helpful in looking over cases before final authorization is made for a great deal of

"I have had some experience with the workings of similar plans in other states Some of the plans of other states work through the medical care plan, and there is some difference between theirs and ours We have to learn, and we learn mostly from what our coordinators learn and tell us, and also we learn from what other physicians tell us. I think the from what other physicians tell us I think the members of this Council ought to make a special effort to let us know-you know who we are-what you think is wrong and offer whatever suggestions you can make to help us out This is important I think it is working out very well, but we are far from perfect I would be glad to answer any questions tions

After discussion,

It was voted that the previous action of the Council in regard to printing the fee schedule in the Journal be rescinded

[Continued on page 624]



direct to 30 billion "eggs!"

Consider the egg as a kitchen model of the primary unit of life, the cell.

The yolk and the white of the egg parallel the nucleus and the cytoplasm of the animal cell, wherein carbohydrate is stepped down as energy is stepped up

The egg might oftener remind us that metabolism does not take place in the organs as a whole, that every fault in nutrition goes directly to the chemistry of individual cells. The cells need coensymes of at least three factors of vitamin B complex for the combustion of carbohydrate; it appears that two of them are concerned also in the utilization of proteins

About 30 billion cells are said
to compose a human body
Breonex-Stronger Solution can
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[Continued from page 622]

Woman's Auxiliary —Dr Reuling, Chairman of the Advisory Committee to the Woman's Auxiliary, presented the following report as submitted to him by its President, Mrs. Madden

On January 23 and 24, 1947, the Executive Board of the Woman's Auxiliary to the New York State Medical Society met at the Hotel Roosevelt, New York City At this meeting, the President, Mrs Alfred L Madden, spoke of the great loss sustained by the Woman's Auxiliary as well as the State Medical Society in the death of its President, Dr William He was an enthusiastic sponsor of the Woman's Auxiliary, and aided the State Auxiliary as well as Oneida County Auxiliary in all its projects During the past year Dr Hale was particularly helpful in the Auxiliary organization plans

The following resolutions were read by the Recording Secretary, Mrs John J Gainer

"Whereas, the Woman's Auxiliary to the Medical Society of the State of New York has suffered a deep loss in the death of Dr William Hale, and "WHEREAS, he had been a staunch believer in the

part the Woman's Auxiliary could take in advancing the ideals and aims of the medical profession, and

"Whereas, during his short term as president, he did much to strengthen and promote the Auxiliary in accordance with one of the chief aims expressed in his inaugural address in May, 1946, and

"WHEREAS, in his home county of Oneida he had

long given his interest, advice, and active support to the County Auxiliary, and "Whereas, his strength and leadership and vigor-ous spirit will be greatly missed, therefore be it "Resolved, By the Executive Board of the

Woman's Auxiliary to the Medical Society of the State of New York, assembled at its midwinter session, that it mourns the passing of its friend and adviser, Dr William Hale, and be it further

"Resolved, That this resolution be spread upon the minutes, and a copy sent to his family "

At the conclusion of the reading of the resolutions, the President requested the Board to rise in a moment of silent prayer

Flowers were sent from the Auxiliary

Reports were filed from 25 counties, three revisions were suggested to the Bylaws

At 4 30 PM., January 23, a conference was held with the Advisory Council and the following sugges-

tions were brought up for discussion

1 That a letter be written by the Advisory Council to the members of the County Advisory Boards and also to Secretaries of the Medical Societies where there is an organized Auxiliary, explaining some of the duties of the Advisory Board

Suggestion that a member of the County Advisory Board also be a member of the Comitia Minora in order that the Medical Society be in closer con-

tact with Auxiliary activities

Advisory Council suggests that at the Secretaries' Conference, one of the secretaries to a county medical society that has an active Auxiliary speak to the group on how they use their Auxiliary, thus informing other secretaries how auxiliaries are used and perhaps making those unorganized counties consider organizing an Auxiliary This should be consider organizing an Auxiliary a yearly procedure

Advisory Council recommends to the Council (in line with the recommendation brought out in the News Letter) that the Auxiliary Legislative Chairmen from the organized counties be invited to attend the Conference of Legislative Chairmen to be held in Albany, February 25, under supervision of Dr Hannon The women would attend this meeting without the privilege of voting or taking part in the discussion

The President, Mrs Madden, met with groups Ulster, Greene, Onfrom the following counties tario, Monroe, Westchester, Richmond, Rensselaer. Genesee, Niagara, and conferred with Mrs Sullivan, of Scotia, Revision Chairman, and with Mrs Kenneth G Jahrause, Convention Chairman, in Buffalo Committee on Workmen's Compensation.—Dr

Dattelbaum, Chairman, reported on the following

matters

Broome County Round Table Discussion Director acted as moderator in a round table discussion on Workmen's Compensation arranged by the Broome County Medical Society and held at the Binghamton City Hospital on January 14, 1947 The meeting was participated in by representatives of insurance carriers, labor, and the Workmen's Compensation Board, as well as by the Chairman of the Broome County Medical Society Workmen's Compensation Committee. A large attendance participated in the round table discussion which embraced almost every aspect of workmen's compensation administration. We hope to have similar meetings throughout the State

The Director conferred with Mr Legislation Henry D Sayer, general manager of the Compensa-tion Insurance Rating Board, on proposed legisla-tion affecting the Workmen's Compensation Law

A number of bills have been introduced affecting workmen's compensation Your Committee has given careful consideration to these and sent opinions concerning same to Dr Hannon for the guid-ance of the legislative committee It also has given careful consideration to the legislation proposed by the chairman of the Workmen's Compensation Board and has expressed its view on the proposed legislation to Miss Donlon An amendment to the Workmen's Compensation Law carrying out the mandate of the House of Delegates to abolish the Medical Practice Committee and restore the functions carried out by them in the four counties to the county medical societies has been submitted

In accordance with the suggestion made by Dr Hannon at the last meeting of the Council which disapproved of the suggested amendment to Section 1250 of the Education Law to include the four specialties, your Director drew up an amendment to Section 1268 of the Education Law

No action was taken on this by the Council, but

it was discussed at great length

Joint Committee of the Hospital Association and edical Society Your Director attended a number Medical Society of meetings with the Counsel for the State Hospital Association and with Mr Eugene A. Sherpick, Counsel for the Joint Council of Radiologists, Anesthesiologists, Pathologists, and Physical Therapy physicians, and with Mr Clearwater, representing the State Medical Society in relation to the four specialties and proposed amendments to the Education and Workmen's Compensation Laws affecting

On January 31 a meeting was held with a committee representing the State Hospital Association and Dr Carlton E Wertz's committee of the State Society Council This meeting was devoted to a detailed discussion of the relationships existing between the hospitals and the medical profession with tween the hospitals and the medical profession, with particular reference to the four specialties Reference was made to the failure of the State Hospital

One-injection control of diabetes



THE LIFE OF MANY DIABETICS complicated by the need for two and sometimes three daily injections of insulin can be simplified by a change to Wellcome Globin Insulin with Zinc—which because of its intermediate action may provide adequate control with only one injection a day This welcomed change-over can be made in three clear-cut steps

- I. THE INITIAL CHANGE-OVER DOSAGE: On the first day 30 minutes or more before breakfast give a single dose of Wellcome Globin Insulin with Zinc, equal to 2/3 of the total previous daily dose of regular insulin
- 2. ADJUSTMENT TO 24 HOUR CONTROL Gradually adjust the Globin Insulin dosage to provide 24 hour control as evidenced by a fasting blood sugar level of less than 150 mgm or sugar free urine in the fasting sample.
- 3 ADJUSTMENT OF DIET: Simultaneously adjust

carbohydrate distribution of diet to balance insulin activity initially 2/10 4/10 and 4/10 Any midafternoon hypoglycemia may usually be offset by giving 10 to 20 grams of carbohy drate between 3 and 4 p m Base final carbohy drate adjustment on fractional urinalyses.

Most mild and many moderately severe cases may be controlled by one daily injection of Well come Globin Insulin with Zino a clear solution comparable to regular insulin in its freedom from allergenic properties Vials of 10 cc. 40 and 80 units per cc. Developed in The Well come Research Laboratories Tuckahoe, New York. U.S Pat. 2,161 198 Literature on request.

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[Continued from page 624]

Association to approve the action taken by the Joint Committee and the Hospital Association and the Medical Society last year, which included the recognition of the four specialties as the practice of medi-After an extended discussion, a statement was drawn up giving the points of agreement reached This was referred to council representing the groups, for the drawing up of proposed legislation to amend both the Education and Workmen's Compensation Laws It is hoped that an agreement may be reached so as to enable the proposed legislation to be presented to the Council of the State Society for approval and introduced at this session of the legisla-A more detailed report of the meeting toture gether with the statement will be presented later

Radiology An examination for applicants for radiology rating was held at the New York University Medical College x-ray department on January 21 Of six candidates, two only made a passing

mark

Fee Schedule Increase On January 23, your Chairman and Director were invited to meet the advisory committee on the proposed fee schedule appointed by Miss Donlon, of which Dr Nathan B Van Etten is Chairman Your Chairman and Director presented arguments in support of the proposed fee schedule and made a strong plea for action before the meeting of the House of Delegates in May The committee recessed after setting a date for February 27, at 2.30 PM for the employers and insurance carriers to present whatever material they may have gathered in rebuttal of the fees proposed in relation to the over-all costs that would accrue in the event that the schedule were promulgated as proposed Your Director and Chairman were invited to be present at this meeting

Lists of Physicians and Specialists Your Director has undertaken to assist the county medical societies in maintaining complete lists of physicians and specialists, and to keep these lists in accurate form and up-to-date A bulletin has been issued to each county society emphasizing the importance of fully measuring up to our responsibilities in the qualification of physicians as general practitioners and specialists under the Workmen's Compensation Compensation Committees have been urged to apply the standards set up for the qualification of specialists to the end that only thoroughly qualified men may be given specialty ratings As a result of the bulletin, we have had prompt response from many county societies asking help in bringing their A number of county societies reports up-to-date have already taken steps to improve the work of their compensation committees in respect to the methods of granting specialists ratings under the Workmen's Compensation Law

Self-insured Employer Your Director brought to the attention of Miss Mary Donlon, Chairman of the Workmen's Compensation Board, a letter written by a self-insured employer, refusing authorization for an operative procedure which in his opin-ion violated the spirit of the Workmen's Compensa-

tion Law, for such action as she deems proper
Annual Meeting Conference It is suggested that opportunity be given for a luncheon and conference on workmen's compensation matters at the annual meeting to which the Chairman of the Workman's Compensation Committees throughout the State (or a representative of the committee) shall be invited on Wednesday, May 7, 1947 Such conferences in the past have been very successful and enable your committee and director to meet personally the representatives of the local compensation committees and discuss with them the many problems ansing under the Workmen's Compensation Law

Domestic Servants Through an error, the City of Rome was included (in the January 1 issue of the NEW YORK STATE JOURNAL OF MEDICINE) in the list of cities in the State of New York, having a population of 40,000 or more according to the 1940 census, in which cities domestic workers working forty-eight hours a week or more are required to be covered under the Workmen's Compensation Law A correction will be made in an early issue of the The city of Rome is not listed as being JOURNAL

of 40,000 in population or over Compensation Forms We have received numerous complaints from county societies throughout the State of their inability to obtain an adequate number of compensation report forms for distribution to physicians This matter has been brought to the at-tention of Miss Donlon, who replied that she was printing three million report forms a year and thought this number should be sufficient to cover the needs for the year She suggested that we confer with Mr Henry D Sayer, of the Compensation In surance Rating Board, as to a solution of this problem, since she felt that with the present shortage of paper it would be impossible to obtain a larger sup-Your Director and Mr Sayer conferred, and ply came to the conclusion that the number of report forms printed was totally inadequate Miss Donlon has published in the Press a statement to the effect that over 700,000 injuries were reported in the year It was drawn to Miss Donlon's attention that each injury is treated by a physician who is required to make out at least two reports entailing at least six copies of forms, and in protracted cases at least eight of ten forms are necessary This would indicate that the three million forms printed is less than 50 per cent of the amount required to enable physicians promptly to report their cases. It was drawn to Miss Donlon's attention that both Mr. Sayer, representing the insurance companies, and your Director felt that the Department should take the necessary steps to increase the number of forms available as indicated by the number of accidents reported We have received no reply as yet from Miss Donlon

Fee for Registration The Chairman of the Workmen's Compensation Board reported to your Chairman that an upstate county society failed to qualify a doctor because he refused to pay a fee of \$500 which the county charged The Secretary of the which the county charged The Secretary of the Society, who made this statement to the Chairman of the Workmen's Compensation Board in answer to an inquiry as to the failure of the County Society to act, is away for an extended period and not available for a statement The Chairman of the Workmen's Compensation Committee of said society, however, states that he had no knowledge of the action of the Secretary in the particular case but that he was certain that the Committee had never failed to act in any cases sent to it for review of the He further stated that applicant's qualifications the fee of \$5 00 which the County Society charges is for services rendered to the applicant and to all physicians who treat compensation claimants in any and all compensation matters The matter is still being investigated further

This report was amplified by Dr Kaliski, drawing the attention of the Council to a memorandum by Mr Sherpick, Counsel for the Joint Council of Pathologists, Radiologists, Anesthesiologists, and Physi-

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POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal. The members of the committee are Oliver W. H. Mitchell, M. D., Chairman (428 Greenwood Place, Syracuse), George Baehr, M. D., and Charles D. Post, M. D.

Nassau County Dr Stockton Kimball, assistant professor of medicine and dean of the University of Buffalo, School of Medicine, will speak on "Treatment of Disorders of the Liver," on March 18 On April 1, "Nephritis" will be discussed by Dr David P Earle, Jr, of Goldwater Memorial Hospital, Welfare Island, and assistant professor of medicine, New

York University, College of Medicine

"Diabetic Ketosis and Coma" will be the subject of instruction to be given by Dr Philipp J R. Schmahl, clinical professor of medicine, New York Medical College, Flower and Fifth Avenue Hospitals, on April 8 On April 15, Dr L Maxwell Locke, professor of therapeutics and associate in medicine, University of Buffelo, School of Medicine, will speak on "Present Day Treatment of Arthritis" "Problems of Practice in the First Year of Life," by Dr Gaylord W Graves, clinical professor of pediatrics, New York University, College of Medicine, will be given on April 22 On May 13, Dr Wilfred W Fuge, instructor in surgery, University of Buffelo, School of Medicine, will lecture on "The Acute Surgical Abdomen."

This series of postgraduate instruction will be given on Tuesday afternoons at 4 00 o'clock in the auditorium of the Nassau Hospital, Mineola Rockland County The Rockland County Medi-

Rockland County The Rockland County Medical Society's postgraduate instruction, which are given at the Summit Park Sanatorium, Pomona, on

Wednesday afternoons at 4 00 o'clock, are March 26, "Traumatic Surgery with Emphasis on the Treatment of Wounds and Shock," by Dr Henry H Ritter, professor of clinical surgery, New York Post-Graduate Medical School, Columbia University, April 23, "The Treatment of Burns and Hand Infections," by Dr David Goldblatt, associate clinical professor of surgery, New York Post-Graduate Medical School, Columbia University, May 28, "The Care of Head Injuries," by Dr Carl A Peterson, assistant attending surgeon, New York Post-Graduate Hospital and Reconstruction Hospital, and June 25, "Bursitis, Sprains, Strains," by Dr B Bernard Kaye, associate in clinical surgery, New York Post-Graduate Medical School, Columbia University

Schenectady County Maj Joe W Howland, chief of the Research Branch, Medical Division, United States Atomic Energy Commission, Rochester, will present a lecture entitled "Medical Aspects of the Atomic Bomb," on May 13 in the Biggs Memorial Library, Ellis Hospital, Schenectady

Tompkins County Dr Lloyd F Craver, assistant professor of clinical medicine, Cornell University, Medical College, will speak on "The Significance of Enlarged Lymph Nodes," on March 17 The lecture will be given in the Tompkins County Memorial Hospital, Ithaca, at 8 30 pm.

ABSTRACT OF MINUTES OF THE COUNCIL

[Continued from page 626]

cal Therapy Physicians, as an argument against hospitals practicing medicine through the services of these specialists. It was presented to the Superintendent of Insurance recently. This memorandum was incorporated in the verbatim minutes.

The report was accepted

New Business

It was voted that Dr Herbert H Bauckus, Chairman of the Committee on Liaison with Veterans Administration, be invited to attend meetings throughout the rest of the life of this Council

Albany Office Lease

It was voted that the lease for the Albany office, submitted by Dr Hannon and approved by Counsel, be referred to the Board of Trustees, with the request that it be signed

Appointment of Delegates to Annual Meeting of Medical Society of New Jersey, Connecticut, Pennsylvania, and Vermont

It was voted that the President be empowered to appoint such representatives, if and when invited.

Presidential Medal for Dr Hale

Dr Bauer stated that as it was customary at the Annual Meeting to present the retiring President with a medal, that he thought it would be gracious if the Council asked the Trustees to have a medal presented to Dr Hale posthumously

It was voted that this be done

Scientific Exhibit

Dr Bauer brought up the matter of an exhibit of the New York State League for Planned Parenthood at our Annual Meeting

It was voted that Dr Bauer be instructed to write to Dr Hiss, Chairman of Scientific Exhibits, that the Council disapproved the acceptance of

such an exhibit

for the doctor who wants more

than Amino Acids for his patients—

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Protein hydrolysate— 8 vitamins—minerals

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Ergosterol)	500	U	S	P	Units
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Thiamine Hydrochlori	de			1	0 mg
Riboflavin					6 mg
Pyridovine Hydrochlo	rıde				1 mg
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MEDICAL NEWS

Congress on Obstetrics and Gynecology Announces Program of Fall Meeting

THE program of the Third American Congress on Obstetrics and Gynecology to be held September 8 to 12, 1947, in St Louis will feature general sessions for all groups making up the Congress as well as smaller individual group meetings and round table discussions

The morning sessions will be panel-type presentations of the following subjects Tuesanesthesia and analgesia, 10 cancer, and Thursday, day, September 9

Wednesday, September 10 cancer, and Thursday, September 11 cesarean section The afternoon meetings of the medical section of the Congress will consider on Tuesday, psy chosomatic aspects of pregnancy, on Wednesday, pregnancy complicating cardiac disease, diabetes, and tuberculosis, and on Thursday, recent advances in endo-

crinology Round table discussions from four o'clock to five daily will consider such topics as etiology of abor-

tion, asphyxia, fibroids, prolonged labor, infertility, early ambulation, adolescence, treatment of abortion, genital relaxation, ovulation, the menopause, the cystic ovary, uterine bleeding, nutrition in preg nancy, geriatric gynecology, endometriosis, and erythroblastosis

Concurrent sessions and round tables for nurses. hospital administrators, and public health workers

are being arranged

The popular forceps and breech demonstrations that attracted so much attention at the Second Congress in 1942 will be increased in number so that

eighteen demonstrations per day will be held, six each at nine, one, and five o'clock daily

A large Scientific and Educational Exhibit is being set up under the direction of Dr J P Pratt, of Detroit, and a comprehensive motion picture program is being arranged by Dr John Parks, of Wash ington, DC The committees assisting these doc tors will review applications by prospective participants late this spring Anyone wishing to make application for space in the Scientific Exhibit or for time on the motion picture program may obtain the proper blanks from the office of the Congress at 24 West Ohio Street, Chicago 10, Illinois

Hermann M Biggs Memorial Lecture to Be Given April 3

THE 1947 Hermann M Biggs Memorial Lecture under the auspices of the Committee on Public Health Relations of the New York Academy of Medicine will be held this year on Thursday, April 3, at 8 30 P M

It will be given by Haven Emerson, MD, emeritus professor of public health practice, Columbia University

The subject of the lecture will be "The Hospital

Survey and Construction Act and a Nation-wide Health Program "

This lecture, open to the public, will be the concluding session of a three-day Institute on Public Health which will be one of the features of the Centennial Celebration of the Academy

Following Dr Emerson's lecture, Senator H Alexander Smith, of New Jersey, will give an address on "Government and Medicine"

New York State Will Be First to Use B C G in Fight on Tuberculosis

NEW YORK will be the first state to produce and use the new vaccine, BCG, in the fight against tuberculosis, Dr Robert_E Plunkett, assistant

health commissioner, said February 9

Dr Plunkett, who directs tuberculosis control for the State Health Department, said that Dr Konrad Birkhaug, formerly of Norway, an authority on B C G, has been engaged to set up the program for the development of the vaccine He is now working under the direction of Dr Gilbert Dalldorf in the Division of Laboratories and Research at Albany

The State Health Department's tuberculosis control program is aimed at stamping out the disease in

New York by 1965

Although New York State's 1946 tuberculosis

death rate was the lowest on record, a mass x-ray program to control the disease uncovered 736 more cases than were reported the previous year, the State Health Department said

Dr Plunkett said the increase did not indicate that tuberculosis was increasing, but rather that "many hidden and unrecognized cases are being found"

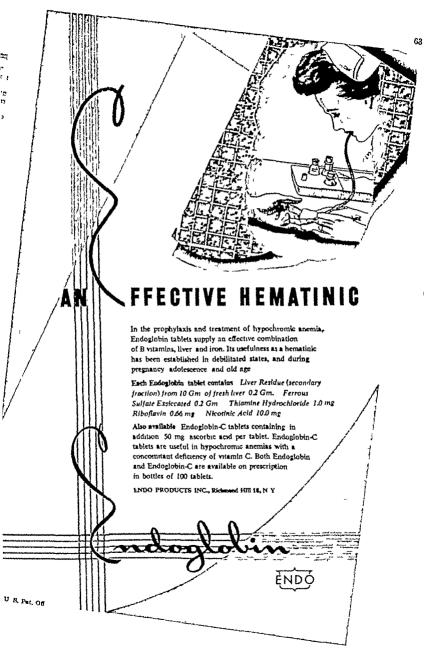
Half the 1946 increase in reported cases, he added, were in Buffalo, where the mass x-ray program was carried on "more extensively through use of a mobile unit" He said plans were being developed to assign equipment to local health departments "in order ultimately to provide free chest x-ray for every person in the State"

Tropical Disease Research Aided

THE American Foundation for Tropical Medicine, Incorporated, has completed negotiations with the Liberian Government for the establishment of an institute in the African Republic for research in tropical disease, Dr Thomas T Mackie, president of the foundation and an authority on tropical medicine, announced on February 14

Acceptance of the site and signing of the agreement was announced at the annual dinner meeting of the foundation in the University Club Dr

Mackie told the scientists and business executives present that the construction of the institute was made possible through a \$250,000 gift to the foundation, 270 Madison Avenue, from Harvey S Fire-It will be a memorial to his father An stone, Jr additional \$250,000 for the maintenance and operation of the institute, Dr Mackie said, will be sought largely from industrialists with an interest in tropi-The institute is to be open to graduate cal trade students



[Continued from page 630]

Personalities

Dr James G Parke, a native of Fairport, is now practicing medicine in Albion, having opened his office there January 1 *

Dr Bernard Vincent Scurti, having recently completed two years of service in the Navy, has located in Glen Cove He is associated with Dr L T Jackman

Dr Scurti is a graduate of the Long Island Medical School, Brooklyn Eye and Ear Hospital, and Kings County Hospital in the field of eye, ear, nose, At Kings County Hospital he was resident physician and surgeon

In the Naval service he was chief of an eye, ear,

nose, and throat department *

The resumption of the private practice of general medicine and surgery by Dr Daniel I Levine at Glen Knolls, Glen Cove Avenue, Glen Head, has been announced He was relieved of active duty as captain in the Medical Corps of the Army on November 17 *

Dr John R. Ross, who retired as senior director of the Hudson River State Hospital November 30, has opened an office in Poughkeepsie His practice will be limited to psychiatric consultation

Dr Lucius H. Bugbee, Jr, of Jamestown, has announced that he will be joined May1, by Dr Noble F Crandall, of Ashtabula, Ohio Dr Crandall, who has been practicing in Ashtabula for the past nine years will practice obstetrics and gynecology in association with Dr Bugbee *

Dr Harold Guzzo, of Margaretville, who opened an office last April 1, is now practicing in Washburn, Wisconsın

Dr Edward R Mountain has begun the practice of medicine in Olean in the treatment of diseases of the eye, ear, nose, and throat

Dr Mountain was graduated from the medical school of Yale University in 1937 He practiced medicine in Erie, Pennsylvania, during 1940 to 1944, prior to entering the Army Medical Corps. He served fifty-four months in the Army in the Pacific area and was honorably discharged from the service in June, 1946

He is a diplomate of the American Board of Oto-

laryngology

Dr Herman G Weiskotten, of Syracuse, has been elected chairman of the Council on Medical Education and Hospitals of the American Medical Associa-tion, succeeding Dr. Ray Lyman Wilbur The Council is concerned with the reconversion of medical education, the improvement of hospital internships and residencies, and the almost overwhelming task of meeting the educational desires of physician veterans

Dr Weiskotten has been dean of Syracuse Univer sity College of Medicine since 1925 where he is also professor of pathology During an early portion of the Community Health and Tuberculosis Demonstration, which was carried on in Syracuse from 1923 to 1930 with the advice and financial assistance of the Milbank Memorial Fund, Dr Weiskotten served as city health commissioner on a part-time He is a member of the State Public Health Council, of the executive committee of the S.C.A.A. State Committee on Tuberculosis and Public Health, and of the executive committee of the Onondaga Health Association

Dr Weiskotten directed and conducted a survey of the medical schools of the country ten years ago and reported the findings in an important volume, "Medical Education in the United States, 1934-1939 " He is also the author of "Medical Care of the Discharged Hospital Patient"

Dr L Whittington Gorham, of Albany, has been designated by Governor Dewey as chairman of the State Public Health Council, succeeding the late Dr Gorham is physician-in-Dr Simon Flexner chief of the Albany Hospital, a member of the execu-tive committee of the S C A.A. State Committee on Tuberculosis and Public Health, and of the Health Education Committee of the Albany Tuberculosis Association

County News

Cattaraugus County

Radiation therapy, indications, contraindications, was the subject of a lecture given by Dr Walter T Murphy to members of the Cattaraugus County Medical Society on February 13 at the Hotel Dudley, Salamanca, New York Dr Murphy is chief roentgenologist and radiologist at the Roswell Park Montaged Lighting Purificial Park Memorial Institute in Buffalo

Jefferson County

The regular monthly meeting of the County Society was held February 13 at the Hotel Woodruff in

* Asterisk indicates that item is from a local newspaper

Watertown with a dinner preceding the scientific program Dr Everett H Wesp, assistant in surgery at the University of Buffalo, School of Medicine, special to the control of Medicine, spoke to the group with a lecture entitled, "Surgical Measures for the Relief of Hypertension

Kings County

Two lectures were given at the stated meeting of the Medical Society of the County of Kings and the Academy of Medicine of Brooklyn on February 18

[Continued on page 634]



[Continued from page 632]

in the MacNaughton Auditorium. Dr Claude E Heaton, associate professor of obstetrics and gynecology, New York University, College of Medicine, spoke on the subject of "Gynecological Problems in the Adolescent Patient," and Dr Hilda Bruch, associate in psychiatry, College of Physicians and Surgeons, spoke on "Adolescent Problems in Obesity"

Dr Abraham Koplowitz on January 22 assumed his new duties as president for 1947 of the Kings County Medical Society, with a pledge to strive for a voluntary health insurance program and for legislation providing better food, housing, and clothing for the underprivileged

In his inaugural address Dr Koplowitz declared that this program is the "American way" of answering proponents of compulsory health insurance

mg proponents of compulsory health insurance
"Health insurance may alleviate the effects, but
not the cause of ill health," he asserted and added
"I have never seen in any compulsory health insurance bill any provision which would provide better
housing, food, and clothing for any proportion of our
population. It is the lack of these necessities which
is largely responsible for their illnesses. And it is
fallacious to think that health insurance is the answer
to their problem."

Dr Koplowitz admitted that the medical profession has "quite often been derelict in its duty to raise its voice in legislative matters which do effect the well-being of people and very often their health It is in such matters that the voice of organized

medicine must be loud and strong"

The Friday Afternoon Lectures to be presented by the Society during March and April are as follows March 21—"Carcinoma of the Colon," by Dr Burrill Crohn, consultant gastroenterologist, Mt Sinai Hospital, March 28—"The Two Types of Acute Coronary Disease," by Dr Arthur M Master, associate physician in cardiology and cardiologist, Mt Sinai Hospital, April 11—"Surgery of the Autonomic Nervous System," by Dr Reginald H Smithwick, instructor in surgery, Harvard Medical School, April 18—"Psychosomatic Aspects of Cardiovascular Disease," by Dr Edward Weiss, professor of clinical medicine, Temple University, April 25—"The Problem of Repeated Miscarriage" and "Hyaluronidase, a New Enzyme Essential for Human Fertility," by Dr Raphael Kurzrok, attending obstetrician and gynecologist, Morrisania City Hospital

Dutchess County

A testimonial dinner in honor of Dr John R Ross, who has recently retired as senior director of the Hudson River State Hospital, was given at the February meeting of the County Medical Society The speaker of the evening was Dr Nolan D C Lewis, Director of the New York Psychiatric Institute, Columbia, Presbyterian Medical Center, New York City, who gave a talk entitled, "Psychiatric Examination of the Nüremburg Criminals"

Madison County

The winter meeting of the Madison County Medical Society was held at the Hotel Oneida, Oneida, February 20 After dinner at 6.00 pm, the business meeting was held This was highlighted by a

talk by Dr Evelyn Rogers, district health officer, New York State Department of Health, who spoke on "The Organization and Work of a County Health Department" After this talk the meeting was given over to a discussion of a county health department and other health programs in Madison County

Monroe County

The medical veterans of Monroe County Medical Society were guests of the Society at a dinner held in their honor on February 1 at the Hotel Seneca, Rochester

At the regular meeting of the Rochester Academ of Medicine on February 4, Dr John Romano spoke to the members on the topic "The Diagnosis of Neurosis" Dr Romano, professor of psychiatry at the University of Rochester, School of Medicine and Dentistry, gave a clinic on psychosomatic medicine in the afternoon at the Strong Memorial Hospital The clinic was sponsored by the Council of Rochester Regional Hospitals and the Rochester Academy of Medicine

Onondaga County

"Medical Care of the Veteran" was the subject of a talk given by Dr Frederick E Lane, chief of the Outpatient Division of the Veterans Administration, when he spoke to the Onondaga County Medical Society on February 4 Miss Elizabeth Allen, of the Syracuse Chapter, American Red Cross, discussed "Other Problems of the Veteran"

The Syracuse Academy of Medicine held a meeting on February 18 at the University Club with Dr William P Berwald as the speaker Dr Berwald's subject was head injuries The discussion was opened by Drs Jerome E Alderman and Albert G Swift

Oneida County

The following are the newly elected officers of the County Society for the 1947 term president, Dr Fred T Owens, of Utica, secretary, Dr Oswald J McKendree, of Utica, treasurer, Dr Robert C Hall, of Utica, delegate to the State Society, Dr Oswald J McKendree, one year, and Dr A F Gaffney, of Clinton, two years, alternates, Dr F M Miller, Jr, of Utica, one year, and Dr T Douglas Kendrick and Dr John S Fitzgerald, both of Utica, two years

Dr Gerald F Jones was elected president of the Utica Academy of Medicine on January 16 at the annual meeting in the Utica Hotel About 70 attended

Other officers elected were vice-president, Dr Edwin P Russell, secretary, Dr H Miller Mitchell, treasurer, Dr H Verne Johnston, and council members, Dr Harold Pender, past-president, Dr Carl W Gruppe, and Dr H Dan Vickers, Little Falls.

Principal speaker was Dr William Durwald, Syracuse who speaker was Dr Pasquiale

Principal speaker was Dr William Durwald, Syracuse, who spoke on head injuries Dr Pasquale Ciaglia spoke on early diagnosis of cancer of the lungs, and Dr Evelyn Rogers, state district health officer, spoke on rabies as a public health problem *

[Continued on page 636]



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NECROLOGY

Harold E Andrews, M D, 46, of Eggertsville, died on January 21 He was released from the Army Medical Corps last October after more than four years service Prior to enlisting, he had practiced medicine in Kenmore, North Tonawanda, Homer, and Cortland. Dr Andrews attended Syracuse University and was graduated from Boston University Medical School in 1925 He interned at the old Boston Homeopathic Hospital During his Army service, Dr Andrews was a medical regulation officer in the British Isles for twenty-seven months

Stowell B Grant, M.D., 65, of Munnsville, died on January 23 Dr Grant was graduated from Albany Medical College in 1906 He practiced medicine in Munnsville and Stockbridge for the past thirty-three years, going there from Oxford He was health officer for Stockbridge, school physician, a member of the staff of Oneida City Hospital He was a member and past-president of the Madison County Medical Society, a member of American Medical Association, and the Oneida Academy of Medicine

Frederick M Law, M D, 71, of Flushing, Long Island, died on February 12. For thirty-three years he was roentgenologist of the Manhattan Eye, Ear and Throat Hospital Dr Law was graduated from the University of Pennsylvania in 1901 and was an assistant surgeon at the hospital there until 1912. He was a diplomate of the American Board of Otolaryngology and the American Board of Radiology, a fellow of the American College of Radiology and of the Academy of Medicine, and a member of the American Medical Association, Medical Society of the State of New York, the American Laryngology, Rhinology, and Otolaryngology Society, the American Academy of Ophthalmology and Otolaryngology, and the New York Roentgen Society

Miles A. McGrane, M D, 70, of Troy, died on February 11 He received his degree in medicine

Miles A. McGrane, M D, 70, of Troy, died on February 11 He received his degree in medicine and surgery from Albany Medical College in 1903, and studied the next year at the New York Polyclinic Graduate School of Medicine After interning in St Peter's Hospital, Albany, he began prac-

tice in Troy, specializing in eye and ear care He was affiliated with the Troy Hospital, St Peter's Hospital, Albany, and the South End Dispensary, Albany He was a member of the Renselaer County and New York State medical societies, and the American Medical Association

Phillip Manjoney, M D, 57, of San Remo, died on January 3. He was a member of the staff of the Central Islip State Hospital, and formerly had served at the Kings Park Hospital. Dr. Manjoney was graduated from the College of Physicians and Surgeons. Columbia University. in 1916.

Surgeons, Columbia University, in 1916
Wilfred Porter Miller, M.D., 61, of Syracuse, died on January 16
After receiving his medical degree from the University of Maryland in 1917, Dr. Miller interned at Blackwell Island City Hospital, and then began practice in Syracuse. He was gynecologistated by Syracuse General Hospital and on the staff of St. Joseph's Hospital. He was a member of the Syracuse Academy of Medicine, and the Onondaga County and New York State medical societies.

Joseph A. Novelli, M.D., 54, of Brooklyn, ded on January 14 He was graduated from Fordham University in 1918, and since 1934 has been peda trician at Evangelical Deaconess Hospital. Dr. Novelli was a member of the American Medical Association, and the Kings County and New York State medical societies

Frank Leslie Sullivan, M D, 50, of Scotia, died on February 15 A graduate of Albany Medical College in 1924, Dr Sullivan began practicing medicine in Schenectady in 1925 He was proctologist at Ellis Hospital, Schenectady, Schenectady City Hospital, Schenectady County Tuberculosis Hospital, and Eastern New York Orthopedic Hospital He was elected speaker of the House of Delegates of the Medical Society of the State of New York in 1946, and was elected second vice-president of the State Society in 1945 He was a delegate to the American Medical Association, a fellow of the American Board of Surgeons, a diplomate of the American Board of Surgery, and a member of the American Protologic Society

MEDICAL NEWS

[Continued from page 634]

Westchester County

"Neurosurgical Procedures for Everyday Practice" was the topic discussed at the regular meeting of the Westchester County Medical Society held February 18 at the New York Hospital—Westchester Division The speaker was Dr J Arthur MacLean, director of neurosurgery, Post-Graduate School and Hospital

Organized for the promotion of the welfare and treatment of persons affected by cerebral palsy, the

Westchester County Cerebral Palsy Association had its first clinic in the Bedford section on January 13 at St Matthews Parish House on Route 22 in Bedford Center.

At the present time the clinic is equipped to give complete medical examination and treatment by personnel trained in the special methods necessary for treating cerebral palsy. The treatment program includes physical therapy, occupational therapy, speech therapy, and instruction for home treatment including necessary apparatus and equipment for well-rounded rehabilitation.



G GROUND"

h secondary pyogenic infec therapeutic efficacy of Tar E L Pembroke, R H, 117 1415 [Oct 25] 1941) coal tar-rich in the subacorporated in a vanishing rless, greaseless, and color most valuable form Indi fantile) seborrheic derma indolent ulcers, and when iary infection supervenes, as dermatitis, Sul Tarbonis is rial influence of sulfathiazole

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HOSPITAL NEWS

Preliminary Report of Master Plan for Hospitals of New York City

A N AVERAGE of four general care hospital beds per 1,000 population are required for the care of New York City residents, according to a bulletin issued in February by the Hospital Council of Greater New York in New York City

In reporting some of the studies which have been made in the formulation of the Master Plan for the development of hospitals and related facilities in New York City, the Council suggests more efficient use of existing facilities rather than an increase in the number of general care hospital beds available

Despite the general impression that hospitals recently have been overcrowded, studies made by the Hospital Council reveal that "less general hospital care has been provided during the past five years than during the previous five years." In 1945, 8,759,630 general care patient days were reported. The greatest amount of general care service was provided in 1939 when 9,104,519 patient days were recorded

In making its studies of bed needs and other phases of the Master Plan which is to be presented this year, the Council divided the city into study areas, each with some of the features of a natural community Although living conditions and other economic factors were found to influence the need for hospitalization, the Council reports that the death rate of a community reflects the other factors involved

Studies show that approximately 120 patient days of general care have been provided in its hospitals for each death in New York City The Council con-

cludes that 041 bed per resident death should be available for the residents of the city

Pointing out a variation in the general care bed needs of the residents of each borough, the Council stated that 4 7 beds per thousand population are required by Manhattan, 35 by the Bronx, 39 by Brooklyn, 36 by Queens, and 44 by Richmond The Council states that "there is even more variation in the ratios for the study areas, which range from a low of 30 per 1,000 population to a high of Provision for the care of nonresidents also is made in Council estimates

Studies of the Council reveal that the proposed formula for calculating the number of general care beds needed does not require modification to include the birth rate of the community "In analyzing this problem," the Council reports, "it appears that the age distribution of the population is an important factor, since the need for hospital beds is primarily for persons in the second half of life." The Council found that the areas with high birth rates had a greater proportion of their population in the younger age groups than did the city as a whole or the areas with low birth rates

Other aspects of the Master Plan will be reviewed in future publications of the Hospital Council of Greater New York, a nonprofit organization, incorporated in 1938 to coordinate and improve the hospi tal and health services of New York City and to plan the development of these services in relation to com-

munity needs

Newsy Notes

A Cancer Prevention and Detection Clinic for doctors and nurses has been opened at Queens General Hospital It is held on the second Monday of each month from 6.00 to 9.00 PM Examinations are by appointment only
The Clinic is sponsored by the Queens County

Cancer Committee and is under the directorship of

Dr Leonard B Goldman

The Doctor's Hospital of Queens held a clinical conference on February 18 Dr Samuel Weiss, attending gastroenterologist, Polyclinic Hospital, New York City, and attending gastroenterologist, Jewish Memorial Hospital, New York City, spoke on "Newer Concepts of Hepatic Diseases," which was discussed by Dr Goodwin Distler, attending physician Mary Immagnifete Hospital and attending physician, Mary Immaculate Hospital, and attending physician, Queens General Hospital, in Queens

Plans to build a \$13,224,500 hospital and nurses' home in Elmhurst, Queens, in the triangular plot between Broadway and Baxter and Forty-first Avenues, were disclosed February 19 by Borough President James A Burke after an Associated Press dispatch from Washington reported a Federal Works Agency grant of \$342,000 to the City of New York

The money is to be used to finance the plans and specifications of the new hospital, which is to be known as the Elmhurst General Hospital and which is to serve the northern and western sections of the borough

Mr Burke said the plans, which he formed with Dr Edward M Bernecker, Commissioner of Hospitals, call for an 800-bed hospital to accommodate 2.700 persons *

The following is a recently announced list of hospitals in New York which have been approved fol-

lowing the twenty-ninth annual survey by the American College of Surgeons
Nassau County Nassau Sanatorium, Farmingdale, North County Community, Glen Cove, Meadow brook Homostood, Long Read Manager Long

dale, North County Community, Glen Cove, Meadow brook, Hempstead, Long Beach Memorial, Long Beach, Nassau Hospital, Mineola, Mercy and South Nassau Communities, Rockville Centre Suffolk Southside, Bay Shore, Central Islip State, Central Islip, Huntington Hospital, Huntington, Kings Park State Hospital, Kings Park, John T. Mather Memorial and St. Charles Hospital for Crippled Children, Port, Lefferson, Southampton Crippled Children, Port Jefferson, Southampton Hospital, Southampton, Pilgrim State, West Brent-

Corning Hospital, Bath Me-Steuben County morial Hospital, Bethesda Hospital, and St James Mercy Hospital, Hornell, and the Veterans Ad-

ministration Hospital at Bath

[Continued on page 640]



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[Continued from page 638]

Orange County Horton Hospital and the Middletown State Homeopathic Hospital in Middletown, St Luke's Hospital, Newburg, St Francis Hospital, Port Jervis, Otisville Sanatorium, St Anthony Hospital, Warwick, Goshen Hospital, Cornwall Hospital, and Tuxedo Memorial Hospital

Greene County Memorial Hospital

Betavia area Genesee Memorial and St. Jerome's hospitals in Batavia, the Wyoming Community Hospital, Warsaw, and the Medina Memorial rial Hospital

Niagara Falls Mt St Mary's and Memorial

hospitals

Buffalo Buffalo General, Sisters of Charity, State, Children's, Deaconess, Meyer Memorial, Emergency, Mercy, Millard Fillmore, and Roswell Park hospitals

Hudson City Hudson City Hospital Syracuse City Hospital, Crouse-Irving, Syra-cuse General, Onondaga Sanatorium, St Joseph, Memorial, Syracuse University Medical Center,

Syracuse Psychopathic, and University
Dutchess County Vassar Brothers Hospital, Dutchess County Vassar Brothers Hospital, Poughkeepsie, St Francis' Hospital, Hudson River State Hospital, Harlem Valley State, Wingdale, and Wassaic State School

Benedictine Hospital, Kingston, Ulster County and the Ulster County Toberculosis Hospital

and the Ulster County Tuberculosis Hospital
North Country Alice Hyde Memorial Hospital,
Gabriels Sanatorium, Stephen B Van Duzee Hospital, Gouverneur, Stony Wold Sanatorium, Lake
Kushaqua, General Hospital, Lake Placid, Massena
Memorial Hospital, A. Barton Hepburn Hospital,
and St Lawrence State Hospital, Ogdensburg,
Champlain Valley Hospital, and Physicians Hospital,
Plattsburg, Potsdam Hospital, New State
Hospital, Ray Brook, the General Hospital and the
Will Rogers Memorial Hospital, Saranac Lake, and
the Trudeau Sanatorium, Trudeau.
Yonkers St John's Riverside Hospital, St
Joseph's Hospital, and Yonkers General Hospital.

Joseph's Hospital, and Yonkers General Hospital.

Lawrence Hospital, Bronxville, and Dobbs Ferry Hospital, and Tarrytown Hospital.

Olean Olean General Hospital, Rocky Crest Sanatorium, and St Francis Hospital

Little Falls Hospital and Herkimer County Salisbury Center

Government hospitals Batavia, Canandaigua, Castle Point, New York City, Northport, Long Island, Sunmount, West Point, Fort Jay, Hempstead, Long Island, Brooklyn, Saint Albans, Sampson, Buffalo, Ellis Island, Stapleton, and Staten Island.

Southern-Central New York hospitals Hospital, Our Lady of Lourdes Hospital, Binghamton State, Broome County Tuberculosis Hospital, Charles S Wilson Memorial in Johnson City, Ideal at Endicott, Mary Imogene Bassett, Cooperstown, Chenango Memorial, Norwich, Aurelia Osborn Fox Memorial and Homer Folks, Oneonta, Tioga County General at Waverly

Queens General and Triboro hospital, Queens Jamaica and Mary Immaculate in Jamaica, Flubing, St John's in Long Island City, Wycoff Heights in Ridgewood, St Joseph's and Rockaway Beach in the Rockaways, and St Anthony's Hospital ın Woodside

Jamestown General and Women's Christian Association Hospital in Jamestown, Newton Memorial Hospital, Cassadaga

A clinic for the treatment of young children with emotional disturbances—the first of its kind to be established in New York City-was opened February 3 at a reception in its building at 227 East Fifty-ninth Street

Mrs Franklin D Roosevelt and Dr Katharine F Lenroot, chief of the Children's Bureau, United States Department of Labor, were principal spear ers at ceremonies in the new clinic, known as the

Council Child Development Center

The center is supported jointly by the New York section, National Council of Jewish Women, the Lieut Lester N Hofheimer Estate, and the Jewish Board of Guardians It seeks to discover the causes of behavior problems in apparently normal children and employs the services of pediatricians, psychiatrists, nursery teachers, and other specialists

At the Helm

Dr James A. Brussel, assistant director of Willard State Hospital, Willard, New York, and a lieutenant colonel in the Medical Reserve Corps, has been appointed consultant in neuropsychiatry to the Veterans Hospital at Sampson, New York.

Dr J D Carroll, of Troy, was re-elected president of the medical staff of the Troy Hospital in January at the annual meeting at the hospital

Dr Clement J Handron was re-elected vice-president and Dr J J Keenan, secretary *

Dr Ray E Persons, of Cairo, was elected president of the Greene County Memorial Hospital staff, at the annual meeting of that organization Dr Persons succeeds Dr T Earl McQuade

Other officers named were Dr Kenneth Bott, of reenville, vice-president, and Dr George L Greenville, vice-president, Branch, of Catskill, re-elected secretary

The other members comprising the board are Dr

Mahlon H Atkinson, of Catskill, Dr T Earl McQuade, of Covsachie, Dr Alton B Daley, of Athens, and Dr Edwin Mulbury, of Windham

A Troy surgeon, Dr Gilbert A Clark, has been elected president of the medical staff of the Samartan Hospital in Troy He succeeds Dr Douglas A Calhoun Other officers are Dr Elizabeth Palmer, vice-president, Dr H C Gordinier, secretary, and Dr Maurice K Grupe, treasurer Dr Clark is 3 graduate of Albany Medical College.*

Dr Victor A Bacile has been named president of a newly created medical board at St. Francis' Hospital, Poughkeepsie, it was made known in January by Sister M Perpetua, superintendent of the Hospital Simultaneously, Dr Bacile's election by the med-

cal and surgical staff as the hospital's chief of staff was made known Both designations are for a period of one year

[Continued on page 642]

^{*} Asterisk indicates that item is from a local newspaper



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[Continued from page 640]

Dr Bacile is a veteran of World War II, having served for more than three years with the Medical Corps from which he was discharged as a lieutenant colonel

Other members of the new medical board are Drs James T Toomey, Max M Simon, A A. Leonidoff, Richard J Boyce, John J McGrath, John H Ding-man, and James E McCambridge Dr McGrath was chosen vice-president and Dr Boyce, secretary, of the board

At the same time, Dr McGrath became assistant chief of staff of the Hospital Dr Louis D Goldberg

was named recording secretary of the staff

More than 125 Buffalo and Lackawanna women have responded to the appeal of local hospitals forward helpers to relieve overburdened professional staff nurses of many non-nursing duties Three hospitals—General, Millard Fillmore, and Child-Three ren's—started training classes in January

Dr Homer Kesten, director of pathology at the White Plains Hospital, spoke on the "Rh Factor" at a quarterly meeting of the White Plains Women's Auxiliary, held in January at the Hospital's Nurses Residence *

The Mount Sinai Hospital of New York City presented a clinical conference on February 28 Dr A L Kornzweig spoke on "Fibrosarcoma of the Orbit Treated by Radiotherapy", Dr Arthur Glick, "Polyvalent Epidermal Sensitization", Dr Abner Kurtin, "Podophyllin Therapy of Plantar Warts", Dr W M Hitzig, "Two Cases of Constrictive Pericarditis Surgical Therapy", and Dr Samuel Rosen, "Two Cases of Otosclerosis Fenestration Operation Performed a Year Ago with Restitution of Hearing" Dr Samuel M Peck was the chair-The next clinical conference will be held on March 28

The acquisition of an entire East Side block as part of the site for the new Metropolitan Hospital

was announced on February 4

The new hospital will replace the present Metropolitan Hospital on Welfare Island A capacity of 750 beds is planned for the general part of the structure, with the upper floors devoted to a self-contained unit of 250 beds for tubercular patients

Dr John H Powers, of the surgical staff of the Mary Imogene Bassett Hsopital, Cooperstown, discussed recent developments in surgery of the heart and blood vessels at a meeting in January

The appointments to the medical staff of Huntington Hospital for 1947 recently announced by Miss Mary Jane Hutchinson, administrator, named Dr Morris R Keen as president with Dr Neil Falkenburg, vice-president and Dr Samuel Teich as secretary-treasurer Drs Falkenburg, Joseph Patiky, J L Sengstack, and M Keen were appointed to the joint conference committee and Dr Edwin J Grace was voted clinical director The emeritus staff includes Drs G H Carter, W Delaney, R. Dexter, and L P G Gouley

Dr Joseph G Patiky was again named chief of surgery Others appointed to primary positions in medical departments were Dr N E Falkenburg,

medicine, Dr David E Warden, obstetrics, and Dr W E Carpenter, pediatrics

Eye, ear, nose, and throat specialists include Drs T R Faulkner, Max Kimbrig, pathology, Dr Herbert Holleb, anesthesia, Dr C J Bernstein, roentgenology, Dr S T Herstone, roentgen therapy, Dr B L Fauerstein, allergy, Dr H A Ambramsen, psychiatry, Dr R E Beck, dermatology, Dr Francis Elson, and ophthalmology, Dr Arthur Gallo *

On January 21, a dinner was given in honor of Morris Rosenthal, of Gouverneur Hospital, DrNew York City, who has retired as active visiting otolaryngologist and has been appointed active consultant. Many of his close friends, among whom numbered representatives of various medical societies of New York City, were present to do honor to Dr Rosenthal, in addition to his colleagues and associates of the Medical Board and staff of Gouverneur Hospital

Dr Arthur A Hobbs, Jr, roentgenologist at the Barton Hepburn Hospital, Ogdensburg, since March of 1940, resigned recently to take up a similar position at the Deaconess Hospital, Evansville, Indiana '

Dr Rudolph Zander is the new resident physician

at General Hospital, Utica

He takes the place of Dr Vincent DeLalla, who left in November to pursue graduate work at Strong Memorial Hospital, Rochester

The new resident received his degree in medicine from the University of Berlin in 1932 and came to

this country in 1938

He came to General from the J N Adams Memorial Hospital in Perrysburg, where he was in charge of the pediatrics department *

Dr Thomas Aldrich, of Rensselaer, was named Gov Thomas E Dewey to succeed the late Dr by Gov Thomas E Dewey to succeed the late Dr Arthur W Benson, of Troy, as a member of the Board of Visitors of the New York State Reconstruction Home at Haverstraw

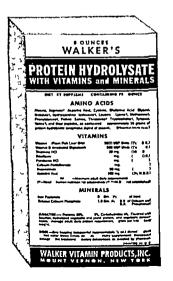
Dr Aldrich is a member of the attending staff of the Albany Hospital and has been engaged in the private practice of medicine in Rensselaer for more than a decade He was graduated from the Albany

Medical College *

Dr George M Mackenzie, director and physician in-chief of the Mary Imogene Bassett Hospital, Cooperstown, for the last twenty years, will retire from his post next September 1

The Hospital's board of trustees passed a resolution lauding Dr Mackenzie for his services to the institution, and expressed the hope that he would





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DEPARTMENT OF WORKMEN'S **COMPENSATION**

CONDUCTED BY DAVID J KALISKI, M.D., DIRECTOR

Lump Sum Nonschedule Adjustments

THE Workmen's Compensation Board has issued a bulletin to all referees, examiners, and compensation clerks on the subject of lump sum nonschedule adjustments which may be of interest to the medical

profession

Referees have no authority to make lump sum nonschedule adjustments except when the claimant's condition, as shown in the record, is clearly only temporary When there is permanency, or an indication of same, the referee has no authority to make an award A lump sum nonschedule adjustment is in full payment of all claims for compensation, including both cash benefits and medical care. It shall not include unpaid medical bills for past treatment or unpaid cash benefits

Notwithstanding payment of a nonschedule adjustment, a case may be reopened for further con sideration on proof that the claimant's condition has changed for the worse or that there is a change in the degree of disability The latter must be subthe degree of disability The latter must be substantial and material Upon reopening and further award, the carrier is not entitled to be credited with any lump sum nonschedule adjustment approved on or after April 16, 1945

Total disability cannot be adjusted under any provision of law, neither can schedule disabilities or death benefits A nonschedule lump sum adjustat may not be made in lieu of surgery where sur-

is indicated

The following evidence must be developed on the record and findings made by the referee before a case can be considered under Section 15, 5-b, for award

of a lump sum nonschedule adjustment

Disability must be partial, either permanent or temporary In cases of permanent partial disability when a lump sum adjustment is agreed to by all parties, the matter must be referred to the Work-men's Compensation Board for its consideration and decision

In a case of temporary partial disability, when a lump sum adjustment is agreed to by all parties, the referee makes his decision on the proposed lump

sum adjustment

Referees must develop a full record both as to permanent and temporary disability, the degree of disability, the claimant's earning capacity, and his right to compensation The record must contain record of accident, notice and causal relationship.

and must also show that compensation for partial disability has been paid for not less than three months, which period need not be continuous provided it amounts in the aggregate to at least three months

The record must show that the continuance of disability and future earning capacity cannot be ascertained with reasonable certainty, and that the proposed nonschedule lump sum adjustment is in the interest of justice, is fair, and in the best interest

of the claimant

The referee must be certain that the claimant fully understands the proposed adjustment and agrees to it with knowledge of its terms and finality under the law and of the limitations of his right to reopen the claim Such cases must be referred to the After-care Service for investigation and report,

or to the Rehabilitation Bureau

The record must contain the report of a physical examination by an examining doctor of the Board in accordance with Section 19, made not more than thirty days before the proposed adjustment ports must clearly show the claimant's condition, complaints, the diagnosis, and that the physician knew the examination was made in connection with an application for a lump sum nonschedule adjustment It should state whether the claimant's condition is a permanent or temporary partial disability, and give the physician's prognosis as to the continuance of physical disability and future working capacity

If the case, or one of the causes of the claimant's disability, is a functional neurosis, a lump sum nonschedule adjustment should be approved only if there is in the record competent medical evidence that such adjustment will have a therapeutic value and assist in the claimant's rehabilitation, or that the attendance of the claimant at hearings would be detrimental to his recovery Such medical testimony must be by a qualified physician A proposal for a lump sum adjustment may not be entertained, except in cases of psy choneurosis, during any period when the claimant is undergoing treatment, or where the claimant underwent treatment within three months next preceding the proposal The above provisions are applicable to lump sum nonschedule adjustments applied for on and after April 16, 1945

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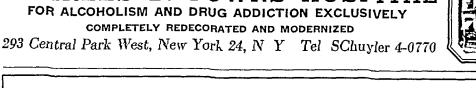
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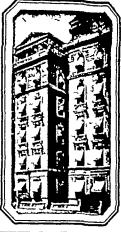
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Size of Articles -It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside Longer articles tend to lower reader interest An average of five or six seems to be the most desirable from this point of view Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, eg, twelve manuscript pages will make five Journal pages

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Titles.—The title should be brief and typed in capital letters. The subtitle can be longer and should be typed in caps and lower case letters. Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subheadings.—Subheadings should be inserted by the author at appropriate intervals

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Books—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed, Philadelphia, Lea & Febiger, 1927, vol 5, p 57

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Tables —While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page For that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations — These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space and the net meaning the sect.

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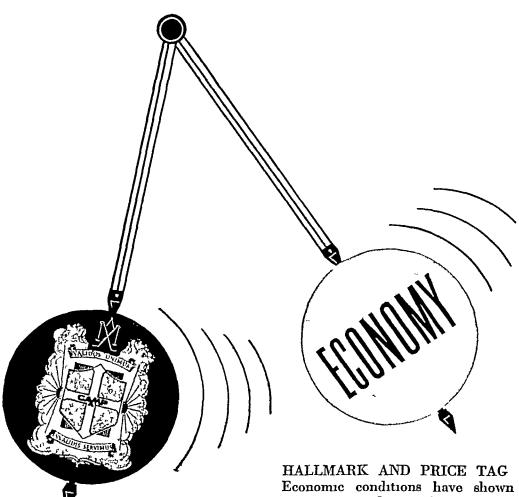
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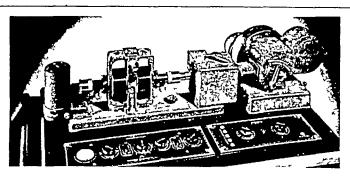
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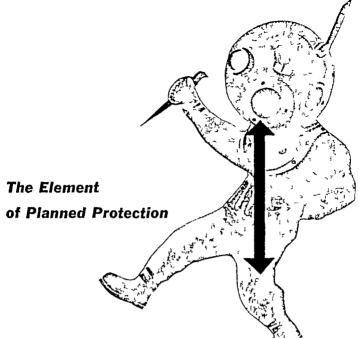
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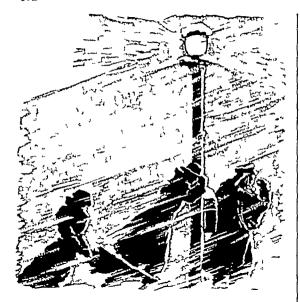
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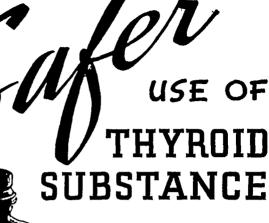
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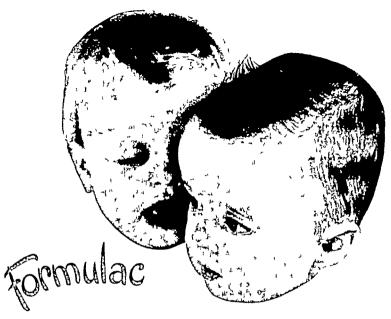
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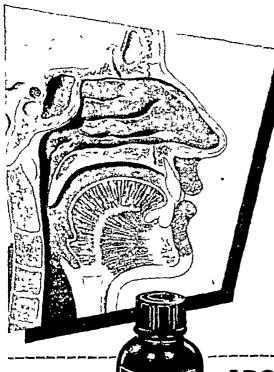
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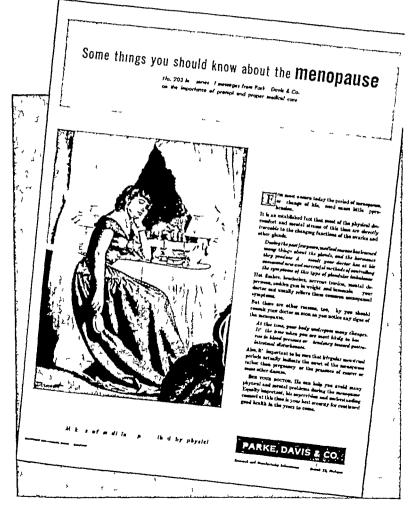


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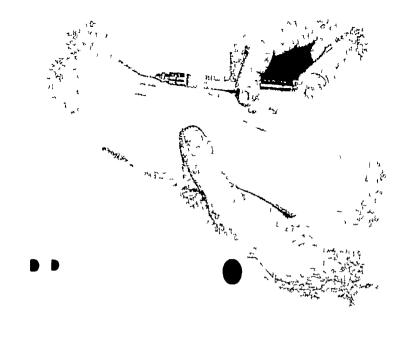
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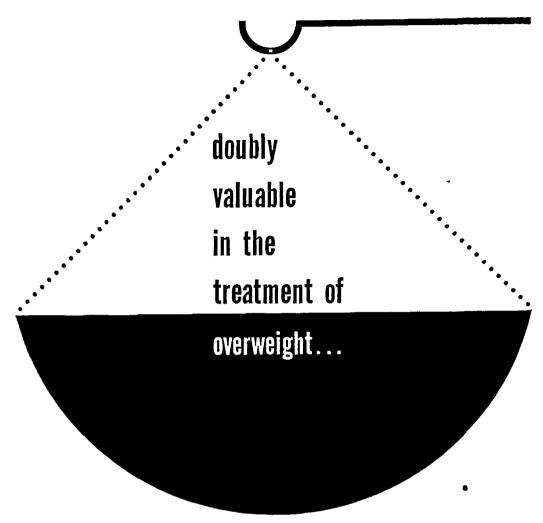
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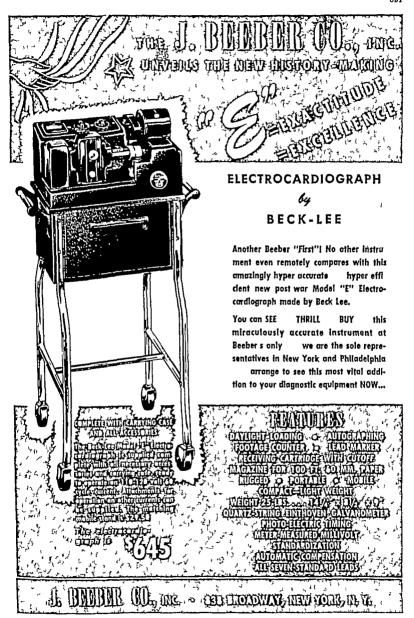
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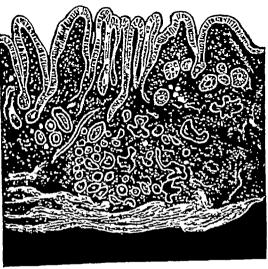
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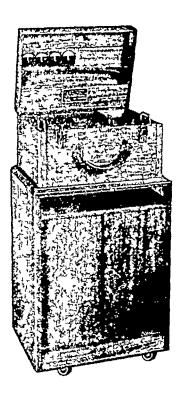
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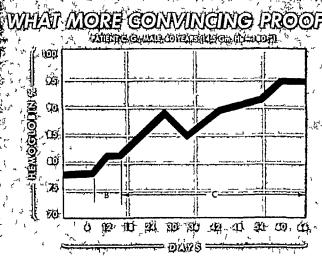
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of hypochromic anemia were recorded and graphed in which the rapid hemoglobin regeneration effected by Licuron B was contrasted with periods of no medication and periods in which iron alone was administered

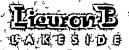
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ANNOUNCING



A SPECIAL SERIES OF LECTURES TUESDAY, MAY 6TH AT THE 'ANNUAL MEETING, BUFFALO AUDITORIUM

TEACHING DAY

Arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York

O W H Mitchell, M D, Chairman George Baehr, M D, New York Charles D Post, M D, Syracuse

PART I

OBSTETRICS AND GYNECOLOGY

9:30 A M

- The Practical Applications of Endocrines in Gynecology George P Heckel, M D, Rochester
- 2 Causes of Fetal Mortality John S Labate, M D, New York

PART II

PEDIATRICS

- Common Sense in Infant Feeding and the Use of Vitamins
 A. Clement Silverman, M D, Syracuse
- 2 Newer Knowledge in Experimental Poliomyelitis Claus W Jungeblut, M D, New York

PART III

MEDICINE

2:00 P.M

- Medical Aspects of the Atomic Bomb Joe W Howland, M D , Rochester
- 2 Fibrositis (Muscular Rheumatism) Including Dupuytren's Contracture A New Method of Treatment Charles LeRoy Steinberg, M.D., Rochester

PART IV

SURGERY

- Diverticulities of the Large Intestine Charles G Child, III, M D, New York
- 2 Recent Developments in the Care of Prostatic Disorders John E Heslin, M D, Albany

Each Lecture Will Be Approximately Thirty Minutes Followed By General Discussion

These lectures are presented by the Medical Society of the State of New York with the cooperation of the New York State Department of Health

NEW YORK STATE JOURNAL OF MEDICINE

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VOLUME 47

APRIL 1 1947

NUMBER 7

Editorial

The Annual Meeting, 1947

It is time now to plan to attend the Annual Meeting of the Medical Society of the State of New York to be held this year at Buffalo, New York, May 5 to 9

The meetings of the House of Delegates, the Section Meetings, and the scientific exhibits will be housed this year for the first time in the Buffalo Memorial Auditorium, a short distance from the Hotel Statler The Convention Committee reports that the number of scientific exhibits this year will be approximately double that of last year, but the space afforded by using the Memorial Auditorium will be ample to accommodate the exceptionally large atten dance which is anticipated

It is hoped that we shall have an early Spring, and for those members and their families who will attend, the trip to Niagara Falls and down the Gorge to old Fort Niagara will be an added lure Come one, come alli

As usual, we urge our readers to reserve their hotel accommodations early Many new features, impossible during the war years, have been added to the 1947 program to make this year's meeting the most successful, inspirmg, and educational ever held by the physicians of the Empire State. The banquet will be held on Wednesday night at the Ho-With so many doctors now out of the services, papers to be read at the Section Meetings should be of more than usual interest and diversity. And while at the time of this writing the names of the principal speakers have not been definitely announced, the Editors assure you that nobody will be disappointed

Many matters of serious consequence will come before the House of Delegates for consideration and decision The aftermath of World War II has yielded profound social. economic, and political changes to which the institutions of medicine must accommodate themselves if they are well and truly to serve the best interests of the people and the profession

the meetings and deliberations of the House of Delegates the organized profession of the State will attempt to deal with these changes by the democratic process of free and open debate. The compli cated structure of our modern civilization is enveloping the practice of medicine, the system of medical education and the research groups, the hospitals and clinics in a web of changing laws, attempts to break down standards of licensure and practice.

and to impose governmental control and direction upon the profession

Medicine must preserve its fluidity, it must be able to adapt itself functionally to the real, the demonstrable needs of a changing economy, a changing social structure, and to make its own constantly improved technology and practice readily available to the sick. It must be jealous of its own independence of thought and action but without arrogance, it must remain free from the clutching claws of a ruthless and stultifying bureaucracy, it must scrutinize closely all proposals for change to be sure that such are practical and not merely apparently so

These are some of the functions of the House of Delegates which are frequently lost sight of In addition, the House must

consider well the qualifications of those whom it elevates to positions of leadership in the medical profession of the State, the officers of the Society, the delegates to the A M A, those who must make the democratic representative system work

At the annual banquet, certificates will be given this year for the first time by the Society to all those practitioners in the State who have been in the practice of medicine for fifty or more years

All who can possibly do so are urged to attend this year. The Convention Committee has labored long and hard to make this the best meeting ever held in the State. The facilities of the Buffalo Memorial Auditorium will be used also for the first time. Come yourself and bring your colleagues.

BCG

Recently, magazines and digests having wide circulation have undertaken to inform the public on the various alleged shortcomings, negligences, and derelictions of the medical profession with respect to the advancement of the public health, compulsory sickness insurance, and what have you This is a proper function of the lay press If the profession is, in fact, dilatory, it should be spurred to action But what action, and how fast?

As an illustration, take the case of B C G Recently, articles have appeared which convey to the public the impression that this preparation of viable organisms has been neglected in the ceaseless fight against tuberculosis. Interest in this procedure has varied to a great extent during the many years that active immunization against tuberculosis has been studied. Those most familiar with the subject have differed in their opinions regarding the true value of B C G.

They know that it is a preventive measure which requires very careful supervision and control. To use B C G without a clear understanding of these requirements is to invite confusion, false hopes, and a real danger from faulty methods. The question of its use is now the subject of much careful planning in the State of New York between

representatives of the State Department of Health and the Council Committee on Public Health and Education of the Medical Society of the State of New York

Primarily, BCG must be properly prepared This the State Department of Health is now doing at Albany But this is only the first step, its use must be carefully safeguarded

Having progressed to the point where a reliable vaccine is ready for use, who shall receive it? Articles in the popular press infer great and needless loss of life from tuberculosis because the use of the vaccine is neglected. People are either positive or negative tuberculin reactors. Tuberculin positive reactors do not need it and should not receive it. Negative reactors may receive a degree of protection from its use. Careful records and follow-up are essential to scientific check and double check on the degree of protection afforded the recipient.

To organize the procedure for a populous state as large as New York is a great responsibility. To this end the Council Committee on Public Health and Education of the Medical Society of the State of New York and representatives of the State Department of Health have held meetings to formulate state-wide procedures.

At present, it seems to responsible medical

men the part of wisdom to confine the use of BCG to the protection of those most exposed to infection who are found to be negative tuberculin reactors

Concurrently, a program of postgraduate medical education in the form of clinics and conferences will be held in various portions of the State with those physicians who are to participate in the development of the controlled use of B C G in their localities. In this manner an orderly program with adequately recorded and scientifically con-

trolled data becomes available for the expansion of the carefully integrated procedures for the benefit of the people of the State

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If this is neglect of a medical modality, as some of the popular press seem to infer, it is an intelligent neglect deliberately calculated to assure protection to those who need it, with a minimum of risk and a maximum of scientifically directed, purposeful action by responsible representatives of medicine and government in this State

Let Them Eat Sawdust!

To those thoughtful people who have observed the operation of government controls in the matter of meat and other food products, fuels, and housing, to go no further afield, we address this editorial

Would you care to see the institution of American medicine, by which we mean medical education, hospitals, and medical practice, in a similar state of confusion?

It seems to us that the serious national postwar impairment of nonmedical services and supply, partly at least as a result of mept government controls, affords a warning that cannot be ignored.

The confusion and inept nature of governmental attempts at control of anything seem to reflect confused and inept thinking on the part of the people who have far too long permitted the establishment and expansion of the alphabetic agencies and their now well-entrenched propaganda machines

Propaganda, promises, and proscription produce no meat, build no houses, shelter no people, feed no invalids, warm no hospitals, mine no coal

Will the people in their wisdom turn the control and direction of American medicine also over to the grasping alphabetic agencies of government? If they, the people, do this, if they subject the medical schools, the hospitals, the practice of medicine, the care of the sick to the cold, blundering, impersonal recklessness of government agencies in the manner that has been repeatedly proposed under the guise of "health insurance," they will do it in the face of such warning experience as the people of other countries have

had but have disregarded. They will do it as well in indifference to the experience of other countries which have undergone such controls. They will do it against the best advice of the American medical profession.

Propaganda, promises, and proscription are, you will agree, no substitute for per-This is to indict no political ad formance ministration or party but to state a fact Yet, political control of medical institutions once established must subject them to such substitutions since, demonstrably, this is the fact wherever it has been tried Is medicine motivated by selfish considerations in opposing political controls? Certainly modern medicine is built around scientific facts and principles It deals with the lives of human beings, their medical emergencies, situations in which performance, immediate, skilled, and intelligent-not promises, propa ganda, and/or proscription-is essential

No thoughtful person will deny that when sick people are in need of medical service they need it usually at once, not later when it suits some bureaucrat's convenience to authorize it under regulation 297031-A46. when sick poeple need food they need it now and in kind and quantity ordered by a doctor, not promises of it sometime after a cabinet conference, three public hearings, authorization by four unions, and delay by six unauthorized strikes, with subsequent determination by endless fact-finding authorities that there is none to be had people? What are they but an aggregation of statistics for bureaucrats to juggle-let them eat sawdust.

Compensation

Our son looked up from his morning paper 1

"What do you think of this, Father? Interns at the City Hospital are paid \$1,440 a year and the elevator operators \$1,800"

"\$1,440 a year? Why that's a lot of When I was an intern I never was monev No intern ever was paid a cent fought for the jobs Will I ever forget the Combined Board Hospital Examinations!"

And we were off into a happy fog of reminiscences Later in the day, when our head had cleared somewhat, it began to dawn on us that from our son's point of view we must have sounded like an old fogy quick to resent such a charge, phrases began drifting through our mind "Social justice" "Pay according to deserts" Vague generalities like that When you come to think of it, it does seem strange that an elevator man, about the most unskilled laborer we can think of, should command more money than a holder of the degrees of Bachelor of Arts and Doctor of Medicine Why is it? It is because trustees are shrewd men who know their way around They do not, as the French say, "wipe their noses upon broken bottles" They know that the doctor wants to work and the elevator man doesn't

This important grasp of elementary facts goes back to the nursery Scientists, inventors, explorers, many doctors are children Give them an Arctic Expedition, give them a laboratory, give them a University Hospital. give them the most lovely toys that they can imagine and how happy they will be grateful to the lavish parent that thought of and provided for their every want How can you mention such a thing? How vulgar!

Money is a vulgar subject Just as vulgar as shabbiness, parsimony, nonhospitality, loneliness, monotony, and boredom

nd the elevator man don't If the 1p+ try this one excite

time professor of dest universities in research and us paid \$8,500 imes, October 18

a year We don't know that that is the exact amount and we wouldn't tell if we did

On that sum he is supposed to maintain the social standards expected of a professor. including entertaining, to educate, clothe, feed, and amuse a fairly large family Yes. we know it doesn't cost as much to live in his town as it does in New York

For it he gives full time to teaching and the hospital That is, full day time the evenings he writes his book Because he is an acknowledged expert in the treatment of a certain disease, he is required to see private patients that he doesn't want to see The fees exacted from these patients by the university go into the funds of his department Pretty smart, what? The professor pays for himself, see?

Some years ago both he and his wife were simultaneously seized with illness, for which they were treated in the university hospital-his-and charged full fees

Why doesn't he ask for more money? Because he likes his job better than he likes the nonessentials And the trustees know it He says proudly that he could easily make \$50,000 a year in private practice heve it

We suppose that to himself makes up the difference by thinking of the classes of adoring students that will pass on his name to coming generations discovery he may some day make Of the book that he has written

We were once talking to a trustee of a famous university. He was weighing the ments of two bacteriologists who had applied for a position at the university hospital "A is the better man, according to his references, but he's married and has two children and wants \$5.000 B's aren't quite so good, but he's a bachelor and will come for \$3,500"

"For Heaven's sake, why don't you take A and give him money enough to live on and make him and his family all happy? That's what you'd do yourself"

He looked surprised and pained of course I would, myself But when you are a trustee, you're spending other people's money "

And running other people's lives, we

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wanted to say, but didn't Oh, yes His friends say the professor we referred to above is turning just a little pink

And is it any wonder? The professor is

an intelligent man, and, consciously or not, he realizes that he is being exploited. Naturally, he would like to see the rest of his profession in the same boat.

Current Editorial Comment

Is There a Real Need for Sickness Benefits Legislation?—Is there a need—a real, honest, factual nonpolyncal need—for auckness insurance or sickness benefits legislation in New York State?

The question is of vital interest to manufacturers of the State who are sich of guesswork and propaganda on the subject. They

want to know the facts

Associated Industries of New York State, Inc, has engaged the services of the National Industrial Conference Board, the foremost statistical organization in the United States, to adduce the facts

Associated Industries of New York State has a membership of 1,500 organizations in all branches of industry, representing \$5,000,000,000 000 of invested capital and employing \$800,000 persons or two thirds of all factory workers in the State. That is a lot to think about. When such an organization is interested to know the facts there is probably good reason for that interest. Stated in Bulletin No. 20-DD under date of July 10. 1946, the reason appears

It is the big principle of regimentation and socialization in which we are primarily interested It is to definitely know the facts in connection with that big principle that we are engaging in We feel that if we have facts which this survey cannot be challenged with respect to the experience of other countries with similar laws, together with the short but bitter four year experi ence of the State of Rhode Island, it will defi nitely prove what we believe to be true-that the passage of such legislation would be a tragic disadvantage rather than a kindness to those whom it is intended to benefit. The questions upon which the decision rests in broad torms are as follows

- 1 (a) Is any compulsory health insurance system or sickness benefits law necessary in view of existing voluntary medical and hospital plans? (b) To what extent are such voluntary plans now used and by whom?
- 2 (a) Is any such system of compulsory health insurance truly American and democratic?

(b) Will the adoption of such a system (or a suckness benefits law) lead to the socialization of in dustry and the professions in the United States?

3 Will the adoption of any system of compulsory health insurance or sickness benefits lead to thee reation of a gigantic administrative bureaucracy and make sickness the football of politics?

- 4 Is there any rational basis for a requirement that industry should be compelled to contribute to any system of compulsory health insurance?
- 5 To what extent, if any, would the adoption of a system of health insurance or sickness benefits in New York State handicap New York om ployers in composition with other states?

6 (a) Will compulsory health insurance improve or impair existing medical and hospital services? (b) Will such a system improve or impair medical research and the development of new medical and surgical technics?

Dental Carles and Dietary Carbohydrates For more than fifty years, since the in vitro experiments of Miller in 1890, when he published The Micro-organisms of the Human Mouth, the theory has gained ground that carles are promoted by the disintegration of the inorganic constituents of the dental enamel by the acid products of carbohydrate fermentation. In time the importance of vitamins and minerals in the diet became better understood, including particularly vitamins A and D, calcium, phosphorus and, more recently, fluorine

A recent report by King¹ considers the effects of a daily supplement of sweets and chocolate biscuits on the deciduous teeth of infants living at two nursery institutions in England The tests were made on 68 children, 22 of whom were under observation only six months, with no controls The other 46 children were divided into three groups including sixteen controls observed for twenty-four months, seventeen children who received sweets and chocolate biscuits, observed for twenty four months, and thirteen children who received chocolate biscuits, under observation for eighteen

¹ King, J D Lancet, Lordon, pp 546-549 (May 4) 1945

months All of the 68 children were given a careful dental examination by dental surgeons immediately before the trials began and at intervals of six months

The tests consisted of giving sweet "fruit-drops," each weighing about 64 Gm, or a chocolate biscuit, each weighing about 86 Gm, (or both), "every evening after the last meal and after any cleaning of the teeth with toothbrushes or mouthwashes"

The preliminary dental examination of the 68 children showed dental caries in only two (one child had 2 carious teeth, the other child had 6 carious teeth), with a total of 8 carious teeth. Succeeding dental examinations at intervals of six months to two years showed no increase in caries activity "Indeed, at the end of the tests, previously active caries became 'arrested'"

The average daily diet in those nurseries. from the standpoint of calories, minerals, Compared and vitamins, was excellent with the requirements suggested by the United States National Research Council's Committee on Foods and Nutration (1941). the diet of those children was adequate or above the recommendation, in calories, protein, total calcium, phosphorus, vitamin A. vitamin D, and in thiamin The fluorine content of the drinking water was million The excellence of parts per the of the 68 children is tested by the fact that those who had lived in those institutions for more than three years had the best teeth to be found in Eng-This is shown by a comparison of the following percentages of dental caries institution children, 45 per cent, rural Lewis, 76 per cent, London South East, 19 to 27 per cent, and Sheffield, 18 to 22 7 per cent

The value of King's report is reduced almost to the vanishing point by reason of (1) the small number in the test-only 68 childien, (2) the period of observation was too short, 22 for only six months, ten for eighteen months, and only 25 children for twenty-four months, (3) the use of too small an amount of sweets and chocolate, or both-never exceeding half an ounce, and often varying from only 6 to 13 Gm daily, (4) the sweets and chocolates were given only once a day, not repeated or habitual use many times a day as is commonly practiced by many children, and (5) the institutions selected for the tests are exceptional for the high quality of diets served, and the children living in those institutions for more than three years have teeth twice as good as those found in the best rural areas of England, and about four times as good as those found in Sheffield and in London The 1,302 teeth in the 68 children selected for this test, showed a carries incidence (0.61) of less than 1 per cent

The question of the causes of dental caries can be solved only by observations and periodic dental examinations of thousands of people over a period of a decade Such an experiment is being undertaken by the New York State Department of Health to determine the effects of fluorine in drinking It will extend over water on human teeth a period of ten years, using Newburgh, New York (population 32,000) as the experimental area, and Kingston (29,000), 23 miles distant, as the control The report by King is well prepared, filling eight columns, with five tables It would be valuable if, instead of tens it included tens of thousands of test subjects, and if the report covered a period of five to ten years instead of six to twentyfour months Its length and profusion of data are in contrast to its lack of convincing evidence concerning the relation between dietary carbohydrate supplement and dental carres

The Incredible Dr Paul Brooks, in his column in *Health News*, has brought an extraordinary fact to our attention ¹

We have always looked on undertakers with admiration We regard our own profession as quite sufficiently grizly, but after all, some of our patients do get well, whereas the undertaker practices in unrelieved monotony Above all did we think of him as a good business man, and yet he has been fooled and on a very large scale, too, and by whom? The doctors

The undertakers figured that on the transports bringing home the wounded there would surely be some dead men who had died on the way home. The Army thought so, too. We would have thought so Even the toughest, hardest-boiled ambulance-riding intern is bound some day to turn up with a corpse.

They prepared for a thriving business with 300 embalming tables, 300 dressing tables, caskets, uniforms, desks, and a staff of 120. That was early in 1942. And they didn't get a body. As we reflect upon the facts, this seems almost impossible, but for the facts we pass the buck to Dr. Brooks You've got to admit it makes a darn good story. It shows what the medical profession can do when it gets its back up

¹ Health News 23 220 (Dec 80) 1946

LABORATORY AND CLINICAL CRITERIA OF RHEUMATIC CARDITIS IN CHILDREN

LEO M TARAN, M D Brooklyn, New York

A LITTLE over two decades have passed since it was shown that nearly all patients suffering an attack of rheumatic fever present transient electrocardiographic evidence of heart disease. It was pointed out then that it was impossible to say during the course of the acute stage of the disease whether heart disease was established even in the case of apparent affection of the cardiac valves. It was felt that heart muscle damage could become apparent only with passage of long periods of time sometimes years after the acute disease.

Since then much solid evidence has been added to show that few, if any individuals with rheu matic fever escape heart disease. It has been the common experience of students in this field that many patients, without obvious clinical or laboratory evidence of rheumatic active disease continue to show progressive cardiac damage. And it is widely appreciated that these patients harbor a subacute carditis, which is insidious and subclinical and occurs more frequently than the acute phase of the disease. The presence of rheumatic activity is thus always suspected of being associated with a smoldering inflammatory process in the heart muscle even in the absence of the more chasac rheumatic manifestations.

But despite the increase in knowledge of the natural history of rheumatic fever, no specific diagnostic tests have been forthcoming cent years many laboratory tests have been proposed for measuring rheumatic activity These established in the mind of the physician a confident method for determining when the pa tient is no longer active While it is widely known that none of these tests, singly or in combination, can act as an adequate screening method for rheumatic activity a great reliance is placed upon them even by those who have seen many exceptions to the rule And even the student of rheumatic disease has been inclined to consider these nonspecific tests as pertinent in evaluating the presence of active rheumatic disease

Our experience with large numbers of children with rheumatic carditis seems to throw some doubt upon the diagnostic value of the currently used laboratory aids, and demonstrates clearly that the clinical assessment of the patient and a

Presented before the 140th Annual Meeting of the Medical Society of the State of New York, Section on Pediatrics, May 2, 1946 careful analysis of his heart action are the more adequate diagnostic criteria of rheumatic carditis. It is thus the purpose of this paper to present observations on the value of the commonly used laboratory aids in the diagnosis of rheumatic activity and to describe a group of clinical criteria, which have been found more helpful in screening the smoldering type of rheumatic carditis.

Two hundred boys and girls, six to fourteen years of ago, were under observation at the St Francis Sanatorium for Cardiac Children from the beginning of a rheumatic episode of carditis to the end of the active process and for a minimum of six months following cessation of rheumatic activity. Children who showed signs or symptoms of heart failure were not included in this study. Any child who had an intercurrent infection or illness which might affect the clinical or laboratory course of the carditis was excluded from this study.

The treatment of this group of children consisted of complete bedrest, a balanced diet, and moderate amounts of synthetic vitamins. Medication was used only to control annoying symptoms

The laboratory and clinical measurements were made at frequent intervals during the entire period of observation. These consisted of the essential tests which are in current use in both private and institutional practice in following the course of rheumatic activity.

Laboratory Measurements

Leukocutosus -- One in every 10 of our cases showed no elevation of the white blood count at any time during the entire course of active rheumatic carditis Nine out of every 10 showed a leukocytosis during the first two weeks from the onset of the illness, and 7 out of every 10 continued to show such elevation at the end of the fourth week. No leukocytosis was observed in any of our cases after the seventh weak from the beginning of the active episode It is significant that, while all cases having a leukocytosis had obvious manifestations of clinical rheumatic activity, 9 out of every 10 cases continued to show clinical evidence of active rheumatic disease after the total white blood count had returned to normal.

B Fever —Fever, as a significant manifestation of rheumatic carditis, is not borne out by

5

our observations All of our cases showed a mild febrile course for a minimum of one week from the onset of activity The greatest majority of cases, however, remained afebrile after the twelfth week from the onset of the acute process, and the average febrile period for the entire group of children was six weeks one fifth of the cases (20 per cent) had a lowgrade fever after the fifth week, and the longest febrile period was twelve weeks. While it is true that all our cases during the febrile period showed obvious signs of rheumatic active disease, the greatest majority of our cases (90 per cent) continued to demonstrate rheumatic activity after the temperature was completely normal

C A-V Conduction—In our experience, a prolonged PR interval in a rheumatic patient, without other laboratory or clinical signs of rheumatic disease, cannot be regarded safely as a manifestation of rheumatic active disease, and the return of the conduction time to normal does not always mean cessation of activity

Thirty-five of our children (17½ per cent) did not show any prolongation of the A-V conduction time at any time during the entire course of the active rheumatic process. It is probable that some of these might have shown a prolongation of conduction time had electrocardiograms been taken at more frequent intervals. Ninety-nine per cent of the children who had a prolonged auriculoventricular conduction time at the onset of the carditis showed a normal conduction time later. However, 75 per cent of the cases showed clinical evidence of rheumatic active disease when the auriculoventricular conduction time had returned to normal.

D Pulse Rate —The elevation of the pulse rate was found to be out of proportion to the elevation of the temperature, both as regards the degree of elevation and the duration during which the pulse rate was found to be rapid. Thus, the children who had a temperature of 101 to 102 F (38 4 to 38 9 C) had an average pulse rate of 140. Similarly, other children whose temperature had become normal continued to have a pulse rate of 120 to 130.

The first three weeks after the onset of illness, the pulse rate was found to be higher than at any other time thereafter. None of the 200 cases showed a pulse rate of less than 100 before the end of the ninth week from the onset of the acute episode, and none had an elevated pulse rate twenty-seven weeks after the onset. The most marked decline in pulse rate was observed at the beginning of the tenth week following the onset.

It is noteworthy that four out of ten children whose pulse rates remained normal continued to show some evidence of active rheumatic disease

Sedimentation Rate—In our group of cases, the sedimentation rate was not as good a guide of rheumatic activity as is commonly re-All children showed marked elevation during the first eight weeks from the onset of the illness, the elevation being most marked during the first four weeks. At the end of eight weeks, 15 per cent of the cases had normal sedimentation rates but many of these continued to show evidence of active rheumatic disease After the twentieth week, an increasing number of children showed a normal sedimentation rate, and at the end of thirty-two weeks, the sedimentation rate became normal in all the cases, although 40 per cent of the group still showed some clinical evidence of mild rheumatic activity

F Weight Gain — Consistent gain in weight has been considered as indicative of the onset of the quiescent phase of rheumatic disease. Our findings do not seem to substantiate this observation

More than half of our group of children were of normal or above normal weight at the beginning of the rheumatic episode. All children showed some loss in weight during the first eight or nine weeks of the active episode. Four months after the beginning of the illness, all children in this group were gaining weight consistently, but the average per cent gain was less than would be expected for age, sex, and duration of period of observation.

At the end of seven and a half months from the onset, all children had reached a normal weight gain level, although at this time 40 per cent of the cases still showed mild rheumatic activity

G Hemoglobin—Secondary anemia is usually present during rheumatic activity, the degree of anemia being related to the severity and the duration of the manifestations of the disease. It is considered a characteristic finding during active rheumatic carditis

All our cases showed a moderately severe anemia at the onset of the acute episode. At the end of twenty-eight weeks, one in every five children still showed a low hemoglobin level, and it was only thirty-two weeks after the onset that the hemoglobin of all the children had returned to a level of 12¹/₂ Gm or more

It may be said, therefore, that in our group of cases none showed a normal hemoglobin at the beginning of the illness, and all the children showed a normal hemoglobin eight months after the onset of the illness. On the other hand, 40 per cent of the cases showed clinical evidence of rheumatic activity after the hemoglobin had returned to normal

H Vital Capacity—It is generally agreed that a diminishing vital capacity is one of the earliest signs of left ventricular failure—It has

been suggested that a low vital capacity in a rheumatic patient when all other factors which might influence the vital capacity are excluded is to be considered as a good index of rheumatic activity in the heart muscle

In our experience the vital capacity seems to be the most sensitive single index of the progress of rheumatic active disease All children showed a vital capacity of 40 per cent or more below three months of the rheumatic activity none of our children showed a rise in vital capacity After the first three months some cases showed a gradual rise in vital capacity, but none reached normal for age and body surface until sixteen weeks following the onset of rheumatic carditis At this time, one in every four children had a normal vital capacity The last case whose vital capacity reading returned to normal was eight and a half months after the onset of active rheu matic disease On the other hand even after this lapse of time from the onset one quarter of the cases still showed mild clinical evidence of rhoumatic activity

In summary, it may be stated that those laboratory measurements upon which consider able reliance is placed in evaluating the progress of active rheumatic disease did not seem to be adequate for a diagnosis of activity in our group of cases. At the end of nine months from the onset of rheumatic activity all children in our group showed normal laboratory data, and yet a large percentage continued to demonstrate, clinically, rheumatic carditis

What then are the clinical criteria of rheumatic activity? The clinical criteria were evolved from a careful and frequent observation of the patient, and from a detailed study of his heart action during the entire course of the active process and for many months after the onset of quiescence. Many of these criteria have been described frequently in the literature, some have

not been clearly demonstrated

Clinical Observations and Criteria

Appearance of Patient —Fatigability without evidence of cardiac insufficiency, is the symptom which can be adjudged best from careful observation of the patient, rather than from a provocative inquiry into symptoms of fatigue. The child who under normal circumstances, is anxious to participate in all childhood activities, during mild active rheumatic carditis devises ways and means of substituting less vigorous and, in some instances, completely circumscribed activities, provided he is given the chance to do so

Emotional instability capricious appètite, restless sleep and disturbance in the habit of evacuation and urination form part of the syn drome of mild rhoumatic carditis Marked and frequent fluctuations of expressions of elation and depression are obvious manifestations during this phase of the disease.

The pallor of rheamate active disease during the acute stage is well known. This is often far and above what one would expect from the level of the hemoglobin. The discrepancy between the degree of pallor and the level of the hemoglobin continues during the entire active rheumatic process. A close parallelism exists between the degree of pallor and fatigability. Afternoon and evening pallor is of greater intensity than that noted after a night's rest Increase in physical exertion or emotional disturbance accentuates the pallor after the initial increase in coloring following exertion.

These manifestations are a definite part of the general picture which is presented by the patient who is suffering from mild rheumatic activity As long as the patient presents these manifestations, rheumatic active disease must be suspected

Auscultatory Evidence -The cardiac rate in this group of children may be rapid or slow, but always markedly labile Stimuli, which in quescent hearts do not disturb the cardiac rate. cause, in this group, marked fluctuations Furthermore, this fluctuation is longstanding Physical exertion and emotional disturbance produce a sinus tachycardia of the tic tac type, lasting several hours Continued bedrest may slow the heart rate to the average normal, only to be markedly accelerated when bedrest is terminated When, however, active carditis has subsided this disturbance in cardiac rate is of distinctly lesser degree and of markedly shorter duration In a quiescent heart, the return to normal of the accelerated heart rate is measured in terms of minutes, in active carditis, it is measured in terms of hours and, not infrequently, in terms of days

Cardiac sounds and murmurs in mild carditis are over changing. The volume and pitch of both first and second heart sounds vary from day to day and often from beat to beat. Murmurs change in quality, direction, and extent of transmission. The evanescent character of cardiac murmurs in rheumatic hearts is well known. The frequency and multiplicity of changes observed in this group of children is noted only in the actively inflamed hearts. It would seem that the cardiodynamics responsible for cardiac sounds and murmurs is in a state of flux in the active heart, and stabilizes only when the heart becomes quiescent.

The cardiac rhythm in active carditis simulates; that of an embryocardia, irrespective of the rate. The normal ratio of the duration of systole and duastole is definitely disturbed. On auscultation

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it would seem that the time interval between the first and second heart sounds is longer than the interval between the second and first sounds It is well known that during exercises the diastolic period is foreshortened to a greater degree than the systolic period, but the sinus tachycardia following exercises or during fever is distinct from the embryocardia type of rhythm noted in carditis And this type of rhythm is not modified by cardiac rate, as long as carditis continues Occasionally, a sinus bradycardia with a one to one rhythm is observed in active Since it is well known that the duration of mechanic and electric systole are for practical purposes equal, it was possible to substantiate our observations by electrocardiographic measurements

A fuller description of these observations has been presented for publication (See Taran, L M, and Szilagyi, N Am Heart J 33 14 (Jan)

As rheumatic activity subsides, the disturbance in rhythm gradually returns to normal restoration period to the normal ratio is slow and unstable In complete physical and emotional rest, the patient, who is definitely approaching quiescence, shows short periods of normal cardiac rhythm Diastole becomes relatively longer These periods of normal rhythm are punctuated by intervals of the tic-tac variety of rhythm At this stage, physical exertion or emotional disturbance blots out the periods of normal rhythm and the tumultuous character of the cardiac action is accentuated

The unstable character of the cardiac rate. the evanescent character of sounds and murmurs, and the disturbance in rhythm was noted in all of our cases during the initial phase of the acute In 1 out of every 4 cases, these auscarditis cultatory signs persisted after all laboratory evidence of rheumatic activity had subsided It is of great significance, from the therapeutic standpoint, to note that the group of children showing only auscultatory evidence of carditis, did poorly when permitted to resume normal childhood activities Some showed symptoms of cardiac insufficiency, and a few presented unequivocal evidence of cardiac enlargment after a short period of observation Many children in this group began to show obvious signs of The auscultatory signs of carditis reactivation increased and corroborative laboratory evidence When, however, all auscultabecame manifest tory signs of carditis had definitely subsided, a return to normal physical activity presented no untoward effects and signs of rheumatic reactivation were not observed

Discussion

Dr Philip Rosenblatt, Brooklyn -The report by Dr Taran is particularly valuable since it emphasizes a phase of medicine which seems to be going out of fashion With the discovery of new methods and technics and consequent increased familiarity with the laboratory, there is a tendency for the doctor to place greater reliance upon laboratory reports than upon his clinical judgment

This trend is greatly deplored by most pathologists, since we know that the laboratory should be used for confirmation of clinical impressions and not

merely for diagnosis

Rheumatic fever offers no exception to this maxim There exists as yet no definite test which is diagnostic of the disease, and most students agree that there is a strong possibility that rheumatic fever has not been reproduced in experimental animals recent years, the generalized nature of rheumatic fever has been stressed Extensive changes have been found throughout many organs, but it would seem, from a study of the morbid anatomy, that the supporting or connective tissues of the body show The clinical signs and sympthe greatest change toms are as protean as the anatomic changes and vary in duration and intensity

These factors have been well illustrated by Dr Taran. I do not, however, share his optimism in placing complete reliance upon such observations as auscultatory signs since the failings of the human ear are well known While this might serve very well for an individual here or there, certainly, in the vast majority of cases, this criterion would not prove

I would much rather propose a full evaluation of all the available data, not disregarding even the much maligned sedimentation rate. It should be fully realized that one or even two clinical or laboratory observations might not suffice Only the entire picture, carefully evaluated, should be the criterion of choice in the absence of any single specific diagnostic procedure

TECHNICAL EXHIBITS at the ANNUAL MEETING

PHYSICIANS planning to attend the Annual Meeting of the Medical Society of the State of New York, May 5 to 9, in Buffalo, will want to spend some time viewing the many excellent exhibits arranged for their inspection. The Memorial Auditorium affords ample space for a greatly expanded Scientific Exhibit Section The number of Technical Exhibits, too, has been increased Exhibits will be conveniently located adjacent to meeting rooms

EFFECT OF ULTRAVIOLET AIR STERILIZATION UPON INCIDENCE OF RESPIRATORY INFECTIONS IN A CHILDREN'S INSTITUTION

ASIX YEAR STUDY

REGINALD A HIGGONS MD, and GERTRUDE M HYDE. M.D. Port Chester, New York (From the Pediatric Department of St. Luke & Hospital New York City)

THE epidemic incidence of acute respiratory L infections in children's institutions has always been a serious problem which interferes with optimum results in the children's care, and in creases the necessary length of stay and the per patient day cost In 1937 a survey of this problem and the literature to that date was presented to the Chicago Pediatric Society by Dr. Charles McKhann et al 1

In the children's wing of the Convalescent Branch of St. Luke's Hospital, New York this problem has often been acute (Fig 1) hospital draws the major portion of its patients from the wards and clinics of the parent institu-The types of cases cared for include mildly active and quiescent rheumatic disease mal nutrition tuberculous contacts, childhood type of tuberculosis with no open lesion, orthopedics, emotional adjustment problems postacute med ical and postacute surgical illnesses and one six bed small infant ward. The average yearly admissions total about 300 children with 10 000 to 12 000 patient days care

In past years the epidemics of acute respiratory diseases occurring during the winter months have reached such proportions at times that ad missions had to be restricted and the complete child population put on bed care in order to cut down the number of contacts. One episode will illustrate the problem. During one winter epidemic before control measures were instituted 22 of a total census of 30 children developed a severe type of grippe requiring a three-week period of closed quarantine with continuous bed care for all inmates in order to eradicate the infection

W F Wells2 has shown that pathogenic bacterm may be recovered from the air of children s wards in direct proportion to the number of regu

ultraviolet air sterilization in killing air borne bacteria Henle et al 1 have been able to demonstrate protection of laboratory animals against

lar inhabitants of the ward and in proportion to the types of bacteriologic flora to be found in their upper respiratory tracts Koller's has demonstrated the effectiveness of such air-borne infection by the use of ultraviolet air sterilization. Harts has demonstrated the same type of protection against wound infections in surgery Many other limited applications of this principle have been reported . S M Wheeler et al 10 were able to demonstrate that ultraviolet irradiation of the barracks at a naval training station caused a 25 per cent reduction in the incidence of respiratory infection among the inhabitants of that barracks as compared with the incidence in the control barracks

It has been shown by experimental workers in the General Electric Company laboratories that the wavelength most efficient in killing air-borne pathogens is 2537A. They developed in their laboratory a fluorescent type tube lamp with a special glass resembling fused quarts in its ability to transmit a high percentage of rays of this wavelength

Koller has developed the following specifica tions for the installation of radiant units, hung on the side walls, seven feet above the floor and so baffled that only the upper half of the room is irraduated

Ceiling height, feet Floor area per 15	8	10	12	14	16
watt lamp square foot Floor area per 30	80	100	120	140	160
watt lamp square foot	200	250	300	350	400

Such an installation will effect a sanitary ven tilation equivalent to at least 100 complete air changes per hour In our experience there have been no deleterious effects from the lights children have no difficulty in sleeping in the faint glow which resembles moonlight, sufficient light is afforded at night to obviate the necessity for night lights for nurses, the attendant staff soon noted that the usual children's institution odor had completely disappeared and some of the nurses commented upon the freshness of the atmosphere comparing it with that experienced at higher elevations

To the best of our knowledge after a rather careful search of the literature the children's building of St Luke's Convolescent Hospital is the first institution of its type to install these lamps 11 throughout, so that every cubic foot of air in the whole building is subjected to a sterilis-

Presented at the 140th Annual Meeting of the Medical Bociety of the State of New 1 rk Secti n on Pediatrics, May 2 1048



Fig 1 St Luke's Convalescent Hospital

ing effect equivalent to more than 100 complete air changes per hour. The children are never exposed to unsterilized air, day or night, except when outdoors. We feel that complete coverage of the whole building is essential as it has been shown that air currents from unsterilized portions of a building may carry pathogens to the children in distant locations, and also may infect children in transit through the unsterilized areas. Early in the study an attempt was made to correlate the diminution in the output of the bulbs with the incidence of infection (Fig. 2)

It will be seen from Fig 2 that as the efficiency of the lamps falls below 75 per cent of their original output, the incidence of infection represented by the lower line begins to rise. This is true even though there is no epidemic peak in the curve for the winter 1940 to 1941 used in this test. Because of this experience, we have since tested the output of each bulb periodically with a Luckiesh-Taylor Ultraviolet Meter, containing a special fluorescent material whose maximum sensitivity is for 2537A radiation. All bulbs are replaced immediately as their output reaches 375 microwatts per square centimeter at one foot

In discussing proper care of the lights, the necessity for frequent dusting must be mentioned as accumulation of dirt on the bulbs results in a rapid decrease in their output. Porters using stepladders which raise their heads to the seven foot level must wear sun glasses to protect their eyes. Careless exposure of the eyes or skin to direct radiation of 2537A wavelength results in a superficial crythema which is uncomfortable but not serious, nor as long lasting as that produced by the longer rays from 2800A to 3000A

Fig 3 shows the comparison of institutional respiratory disease during a three-year period from October, 1939, to October, 1942, without the benefit of ultraviolet air sterilization, as compared with the three-year period from October, 1942, to October, 1945, with the sterilizing lamps in operation. These lines represent the percentage of children with temperature elevations caused exclusively by respiratory disease. The top line represents the three-year control period, and the bottom line the three-year period with ultraviolet air sterilization. All children in the institution have a rectal temperature reading taken both AM and PM.

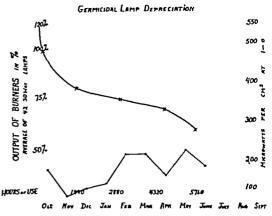


Fig 2 Germicidal lamp depreciation

routinely, and every four hours, if elevated Only those children showing temperature readings above 100 by rectum, and showing symptoms or signs of respiratory infection, are included in this study. All other causes of temperature elevation, such as rheumatic disease, surgical infections, chronic bronchial or pulmonary disease, sickle-cell anemia, etc., were excluded from the study.

Obviously the total number of bed care days is much greater than the figures in this chart would indicate, as children are not allowed up until their temperature has remained normal for several days It can be seen easily that the incidence of infection during the winter months of the three years before lights were installed was definitely greater than during the winter months of the years 1942 to 1945 It will be noted also that during the winters of 1940 to 1941 and 1941 to 1942 there occurred high peaks of epidemic proportions, and that there was also a tendency to a secondary rise in the spring months of April and May in the year 1941 to 1942 This secondary peak would suggest a loss of immunity in the remaining inmates with reinfection of the same group by new admissions

It is interesting to note that the year 1944 to 1945, which shows the highest peak in the period with lights, follows the same cycle as the untreated years but does not reach the same height. It will be remembered that the incidence of influenza type B in the general community was at a very high level during this same winter. It should be noted that there is no apparent tendency to a secondary spring rise in the lines for the treated years.

It is interesting to note that during the spring of 1943 the lights were turned off on May 31 due to a shortage of bulbs, and were allowed to remain off until October 1 The curve representing infections for that spring continues to climb upward after the lights were turned off, in spite of summer weather (represented by the dotted

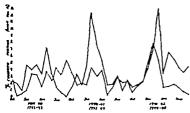
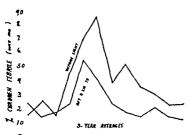


Fig. 3 Six year comparative study, showing tem perature reactions before and after air sterilization



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Fig 4 Average curves showing percentage of febrile children in periods before and after air

sterilization

lme) Because of this observation, the lights have been kept on continuously both winter and summer since October, 1943

Fig 4 illustrates the average curve for the three-year period before air sterilisation, com pared with the average curve for the three-year period with air sterilization. The curves themselves are self-explanatory Statistical analysis of these figures shows that during the threeyear control period, 3 98 per cent children were febrile, as against 2.38 per cent for the threeyear experimental period. This shows a difference of 1 60 per cent or eleven times the stand ard error of the difference and hence is a differ ence not to be attributed to sampling errors nor to chance. Comparison of the control and ex perimental periods during the winter months alone again shows a difference of 196 per cent, which is again eleven times the standard error of the difference. These figures indicate a reduction of 33 per cent in the actual number of chil dren febrile from respiratory disease for the treated years as against the untreated years

Fig 5 was constructed to study the relation ship between the total patient census day by day, with the numerical incidence of respiratory discase cases. It will be noted that there is no

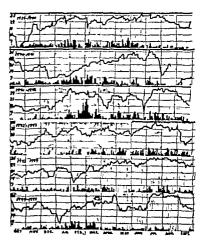


Fig. 5 Incidence of respiratory infections as related to total ceusus. Solid line denotes period without lights Solid blocks denote febrile patients

significant relationship. There are high peaks of infections occurring during periods of relatively low census and vice versa, during both the control and the experimental periods. For instance during the control period, July, 1940, shows a high census with a low incidence of infection, whereas January, 1941, shows a low census with more than twice the number of infections

In the experimental period the same holds true December, 1942, shows almost no infection in spite of a high census, whereas, January, 1945, with a relatively low census has a consider able number of infections

Something must be said about some interesting coincidental observations during the experimental period. There was an obvious though unmeas ured decrease in the incidence of respiratory disease among the adult attendants, even though they do not live in the same building and are in unsterilised air except during their working hours.

It is interesting to note that ordinary house plants do not tolerate the ultraviolet radiation and usually die in a short period of time.

Our experience with contagious disease outbreaks has been limited, but we feel that the lights are of definite benefit in this regard During January, 1944, we apparently admitted a child with unrecognized pertusus, and simultaneously there developed 5 cases of pertusus among the inhabitants of one run-around ward with a census of twelve No other cases developed elsewhere in the institution among a census of 25 children, although the diseased cases were kept in the institution throughout

In November, 1944, a case of chicken pox developed in the preschool age group which numbered 12 children, all of whom slept in one room It was interesting to observe that only 4 of the 12 children contracted the disease although all were susceptibles according to their histories of these 4 contact cases contracted the disease individually at intervals of fourteen days or No other cases developed in the remainder of the institution

One case of scarlet fever and 1 case of mumps occurred during the experimental period without any secondary cases of either disease

Studying the above observations seems to demonstrate to us that contagion due to direct mouth to mouth contact between ambulatory children at play cannot be safeguarded against entirely by the use of ultraviolet air steriliza-This very intimate type of contact, which goes on all the time in an indwelling children's institution, probably accounts for the incidence of respiratory disease noted during the experimental years We do believe, however, that the lights effectively prevent the air-borne distant spread of infection, thereby preventing mass epidemics among the inhabitants of such institutions

Because of these convictions, we feel that the original installation cost of about \$2,000, and the maintenance cost of about \$500 per year, needed to keep 50 lights operating at an output above 350 microwatts per square centimeter at one foot at all times, is justifiable for any institution

Our unreported experience for the winter of 1945 to 1946 follows the same general pattern as that of the reported years, in spite of the fact that the incidence of respiratory disease in the community reached epidemic proportions in this period 264 King Street

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- (May) 1945

 11 Raymaster Germicidal Unit George W Gates & Co Franklin Square Long Island N Y

HOTEL RESERVATIONS FOR ANNUAL MEETING

Reservations are being made in the following hotels in Buffalo for guests at the Annual Meeting

> Buffalo Washington and Swan Streets Richford 210 Delaware Avenue Gravstone 24 Johnson Park Lafayette Washington and Clinton Streets 140 North Street Lenox Markeen Main Street at Utica Street Statler Niagara Square Touraine 274 Delaware Avenue Stuvvesant 245 Elmwood Avenue 675 Delaware Avenue WestbrookWorth 200 Main Street 715 Delaware Avenue Sheraton

It is essential that those desiring to attend the Annual Meeting make reservations as soon as possible

A NEW RICKETTSIAL ILLNESS OCCURRING IN NEW YORK CITY

Supplementary Report

BENJAMIN SHANKMAN, M D, Kew Gardens, New York

(From the Department of Cardiology, Queens General Hospital)

IN A recent issue of this JOURNAL, the writer reported a new illness, occurring in New York City that defied identification as a known disease. In the light of my personal observation of the great majority of the reported cases, symptoms and clinical course were described, environmental factors considered and physical and laboratory findings analyzed.

The causative organism could not be estabished However, I emphasized the possibility of rickettsia carried in a rodent parasite, and specified Allodormanyssus sanguineus (Hirst), a mite known to be a parasite of rodents and

capable of attacking man

This theory of causation has since been confirmed by laboratory investigations by the United States Public Health Service ¹ In these studies, a nekettisin was recovered from a saline suspension of the tissues of mites (A sanguineus (Hirst)) taken from the apartment house development where the illness was concentrated. It was found to be morphologically culturally, and serologically indistinguishable from another mite strain isolated from a mouse 'bitten' by A sanguineus (Hirst).

Both mite strains produced disease in mice, guinea pigs, and chicken embryos, and as antigens in the complement fixation test gave a reaction pattern typical of the antigens of one of my patients. Furthermore, guinea pigs convalescing from the effects of one strain were found to be immune to the other strain. It is indicated therefore, that the human infection is acquired from A sanguineus (Hirst) probably through biting

The name "rickettsial pox" is proposed in the Public Health Reports because of a clinical resemblance to chicken pox. This is an unfortunate choice of terms. In the majority of cases there is no resemblance to chicken pox for the lesions are more often papular than vesicular.

Another controversial aspect concerns enlargement of the spleen. In a bulletin issued by the New York City Department of Health, it was indicated that the spleen was enlarged in 50 per cent of the cases. This is in direct contradiction of my experience as previously reported. In none of my cases was the spleen ever found to be pal pable.

A number of interesting facts and cases have

come to light since my previous article Lesions have been noted on mucous membranes in 6 new cases examined by me and my earlier generalization to the contrary must, therefore be qualified

The possibility of diagnostic error is clearly shown in 2 of the more recent cases. In one, a child aged 21/2, years exhibited markedly swellen and tender unilateral posterior cervical glands, associated with fover and chills. A pediatrician attributed glandular enlargement to pharyngits and gave the child sulfonamide therapy. However, when the child's head was shaved, the characteristic initial lesion of the illness was revealed on the child's scalp. He was placed on aspirin, and an uneventful recovery took place

The second case was that of a man aged 32, with an ulcerated lesion on the glans penis and bilateral inguinal glandular swelling and tender ness. The diagnoses originally entertained by this writer were chancroid chance lymphogranuloma inguinale herpes progenitalis. There was no history of trauma or drug intake. Three days later the patient broke out with fever, chills, and rash characteristic of the illness in question.

Preventive measures remain the chief problem. The great majority of the cases were treated during the months of July and August However, there have been cases continually during the succeeding months Since the previous article I have seen forty more cases and six patients were under my treatment during three weeks this past With that number of cases current in cold weather the spring and summer months will probably bring a multiplication of the mites which apparently thrive in a warm atmosphere. having been found preponderantly in and about incinerator walls. Thus a greater incidence of the disease may be expected-perhaps equalling or exceeding last year's endemic proportionsunless preventive measures are promptly and intensively undertaken Obviously, this is a matter for action by the New York City health authorities

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CORRESPONDENCE

Diphtheria Prophylaxis

To the Editor

Inasmuch as the matter of diphtheria prophylaxis is of such great importance, I should like to comment on the paper entitled, "Diphtheria in Upstate New York, 1908–1946," by Ingraham and Korns of the Division of Communicable Diseases, New York State Department of Health (New York State J Med

46 2414 (Nov 1) 1946)
These authors state that, "Whenever prophylactic antitoxin is given there also should be administered in every instance an accompanying injection of 10 cc of alum-precipitated toxoid injection of toxoid should be given a month later The combined use of antitoxin and toxoid has been standard French and German practice for some years The evidence in humans is not clear-cut as to the extent to which the antitoxin interferes with the antigenic action of the toxoid Experiments on animals indicate that antitoxin interferes but slightly with alum-precipitated toxoid as compared with fluid toxoid, although the latter is at least partially effective "

This statement is at variance with an editorial comment entitled, "Combined (Active-Passive) Diphtheria Prophylaxis," which appeared in the Journal of the American Medical Association (113 1884 (Nov 18) 1939) The writer presents evidence that depute the fact that active resembles the contraction of the contraction o that despite the fact that active-passive diphtheria immunization has been proved possible in laboratory

animals, it is not feasible in man He cites the work of Paschau (Klin Wchnschr 18 7 (Jan 7), 60 (Jan 14) 1939) and Frey and Schmiel (Zischr f Immunitatisforch w Exper Therap 95 486 (June) 1939) of the Red Cross Hospital, Vienna These investigators injected 2,000 units of diphtheria antitoxin intramuscularly into each of 20 children, and followed this with single or multiple subsurfaceous in lowed this with single or multiple subcutaneous in jections of diphtheria toxoid Alum-precipitated toxoid was used in most of the tests Periodic titrations of the antitoxin content of the blood serum was They found that not only could then performed no active immunity be induced by this method, but that the toxoid had the adverse effect of hastening the elimination or destruction of the injected anti-They concluded that combined active-passive immunization is not feasible in the human being, since the two types of immunity are not compatible with each other. This conclusion was confirmed by one of their patients, who contracted diphtheria during the course of their attempted combined immunization

I trust that this letter will lead to further clanfication on the subject of diphtheria prophylaxis.

> (Signed) IRVING KOWALOFF, M.D. 7 Groton Street Forest Hills, New York

January 15, 1947

Reply by Dr Ingraham

To the Editor

The method of combined active and passive immunization for unimmunized familial childhood contacts of diphtheria cases was recommended largely on the basis that opportunity should be taken to If a parent initiate active immunization promptly had failed to secure active immunization for his child, it is probable that his interest in having the child immunized would be evanescent

It is necessary to take issue with the statement in the editorial in the Journal of the American Medical Association for Novebmer 18, 1939, that "

had the deleterious effect of hastening the elimination or destruction of the transferred antitoxin' Neither the authors quoted, nor any subsequent, have demonstrated that the antitoxin in combined immunization is eliminated at a significantly more rapid rate than is antitovin given by itself Heterologous serum is normally eliminated with considerable rapidity, and it has long been known that passive immunization can only be relied upon for a twoto-three week period Furthermore, the failure to protect, cited in the editorial, can be duplicated among persons given only antitoxin Hence, I believe it safe to assert that there is no valid evidence to indicate that combined active and passive immunization has any deleterious effect

Since 1939, a considerable amount of positive evidence on the value of the procedure has been accumulated, both in humans and in animals, which has largely explained the negative results cited German authors used larger doses of antitoxin than are currently recommended in this country they failed to follow blood titers on their subjects for a sufficiently long period. The most important studies on this subject are by Downie, Glenny, Parish, Smith, and Wilson, in the British Medical Journal (2 717 (Nov 22) 1941), and by Fulton, Taylor, Wells, and Wilson, in the British Medical Journal (2 759 (Nov 29) 1941) The paper by Downie et al also contains a valuable review

The first team of workers utilized some 300 thirdyear medical and farm-training students mately half the group were given 01 cc of alumprecipitated toxoid, and 350 to 500 units of diph theria antitoxin, followed four weeks later by 0.3 of alum-precipitated toxoid The other half were given alum-precipitated toxoid by the same schedule, but no antitoxin Blood titers were fol schedule, but no antitoxin lowed for a period of twelve to twenty-seven weeks. The general conclusion was that the antitoun in the combined method does interfere to a certain extent with the primary response to toxoid, but does not abolish the sensitizing influence which leads to the very rapid production of antitoxin when toxoid is administered at a later date

The second team of workers conducted a successful field trial with the method of combined immunization in seven residential and nonresidential schools in which diphtheria had broken out

population investigated was about 1,500

Although the details of optimum proportions of toxoid and antitoxin have not been worked out, it does appear to be highly probable that in instances where passive immunization against diphtheria is indicated, there is virtue in the simultaneous administration of alum-precipitated toxoid

For those who are interested in a more complete review of the subject, we would strongly recommend the two articles quoted above in the British Medical Journal, together with the accompanying editorial

in the latter issue

(Signed) HOLING S INGRAHAM, M D Director Division of Communicable Diseases New York State Health Department

February 15, 1947

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Council-Part IV PUBLIC HEALTH ACTIVITIES David W Beard, Chauman, Schoharie Donald Malven, Dutchess Abraham Koplowitz Kings Everett C Jessup, Second District Branch W T Boland, Chemung Council-Part V REHABILITATION RURAL MEDICAL SERVICE A. N Selman Chairman, Rockland Et alley B Folts, Seneca E. L. Harmon, Westchester M C L McGuinness, New York J L. Sengstack Suffolk Council—Part VI PUBLIC RELATIONS AND ECONOMICS PUBLIC MEDICAL CARE WOMAN MEDICAL STUDENTS AND INTERNS WOMAN MEDICAL STUDENTS AND INTERNS
MIDICAL SERVICE AND FUNIAG ESLATIONS
Edward P Flood, Chairman, Bronx
Goodwin A. Distler, Queens
Stephen H Curtis, Section Delegate
Charles Prudhon, Jefferson
Porter A. Steele, Erie Council-Part VII Denver M Vickers, Charman, Washington John E. Wattenburg, Cortland Leo S Schwarts, Kings John M Galbrath, Nassau A. W Duryee New York Council—Part VIII VETERANS AFFAIRS Liabon with U.S. VETERANS ADMINISTRATION
Leo E. Gibson, Chairman, Onondaga
John L. O Brien Bronx Benjamin M Bernstein Kings Nelson W Strohm Effe Joseph P Henry Monroe Council—Part IX LEGISLATION Andrew Eggston, Chairman Westchester Thurman B Givan, Kings Wm B Rawls New York John L. Edwards, Columbia Felix Ottaviano Madison Council-Part \(\lambda\) WORKMEN'S COMPENSATION
Fred W Holcomb Chairman, Ulster
J. H. Diamond Richmond Olin J Mowry, Oswego Arthur A Fischl, Queens Ralph Sheldon Wayne

Council—Part XI

PUBLICATION AND PUBLICITY

CONTRACT WITH XINGS COUNTY MEDICAL SOCIETY

Eugene H Coon, Chairman, Nassau

Frank LaGattuta, Bronx

Iyan Peterson, Suth District Branch

Charles S Lakeman, Monroe Irving Sands Kings Council—Part XII

MISCELLANEOUS CONVENTIONS MEDICAL LICENSURE NURSING WOMAN S AUXILIARY OFFICE ADMINISTRATION AND POLICIES, ETC.

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Took And Policies, Erc.
Joseph Geis, Chairman, Essex
Donald D Frentce, Albany
Burrill B Crohn, New York
John J Gainey, Kings
J M Crumb Chenango

Reference Committee

REPORTS

New Business A
Leo F Simpson, Chairman, Monroe
John Dugan, Orleans
J F Kelley, Oneida
R P Doody, Rensselaer
Joseph Tenopyr, Kings
New Business B
Frederick Williams, Chairman, Bronx
Joseph H Cornell, Schenectady

Harold B Davidson, New York
Morris Maslon, Warren
Thomas M Brennan, Kings

New Business C
Theodore J Curphey, Chairman, Nassau
J L Amster, Bronx
Norman S Moore, Tompkins
Clarence G Bandler, New York
George C Vogt, Broome

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ANNUAL REPORTS

MEDICAL SOCIETY OF THE STATE OF NEW YORK

1946-1947

Report of the President

To the House of Delegates Gentlemen
The Medical Society of the State of New York
has suffered grievous blows during the past year
First Dr Kirby Dwight, for several years Treasurer and recently a Trustee, after a lingering illness, died early in December Only those closely associated with him can appreciate the tremendous less his death has brought to the Society His keenness of intellect, his tolerance his unfalling humor and his

wisdom will be sorely missed Next Dr James M Flynn a former President, and active in the committees of the Society died later in the same month Aggressive determined and an intense advocate of all for which medicine

stands, his place will be hard to fill.

Then there came a crushing blow in the sudden death on January 16 last of Dr William Hale our President. Quiet and unassuming he did a tromendous amount of work for the Society shall miss him greatly
Thirty days later Dr F Leslie Sullivan Speaker

of the House of Delegates was taken from us. He had been a tireless worker for the Society had a

genial personality and was respected and admired All this causes us to pause and wonder why so many of our officers have been stricken. It is not age as none of them were old. Is it because we have placed too heavy burdens on those we have chosen for positions of importance? These men with the exception of Dr Dwight were active in the practice of medicine, which in itself is a sufficiently heavy load Then we have put more and more on them, willing as they were, and it seems probable that we have asked too much

I do not believe that the vast majority of our members realize what the Society does for them More affort should be placed on keeping them in

formed.

The Directory will soon make its appearance again That and the JOURNAL are familiar to all our mem bers, but that is not true of our other activities

The Public Health and Education Committee with its numerous subcommittees does a tremendous amount for our members which they little realize
The new Veterans Medical Service Plan of New

York, Inc. has been the greatest step ever to protect the private practice of medicine. It is estimated that \$8,000 000 to \$10 000 000 will come to the doctors of New York State yearly because of it.

At least \$25 000 000 is spent yearly in Workmen a Compensation fees. In our Society this is presided over by the Workmen's Compensation Committee and Direct Private
and Bureau.

The Legislative Committee, our Executive Officer and the Bureau of Public Relations have done a noble task the past year The chiropractic bill was defeated and medical research was protected to mention only two of their tasks.

The Society, through its Committee on Malpractice Defense and Insurance not only provides in surance at reasonable rates, but even though the member is not insured, he has free legal defense in

any suit.
The Public Relations and Economics Committee together with the Bureau of Medical Care Insurance is assisting in the formation and improvement of voluntary medical care plans, another protection to the private practice of medicine.

The status of the welfare patient and of the doctor taking care of him has been immeasurably bettered by the Subcommittee on Public Medical Care

There are many other committees which are active and all working for the protection of both the public and the physician

The activities of the Society are constantly ex panding and that means increased expenditures Where else could one obtain the services he obtains

where ease could one obtain the services he obtains for his membership duce?

In my opinion the House of Delegates should give serious thought to increasing the duce.

At this writing my term as President has been less than a month but already I have met with the wholehearted cooperation of committee chairmen the directors of the various Bureaus, the office staff, and especially the help of Dr Anderton and Mr Anderson. I realise more and more how for tunate the Society is in having such efficient per sonnel. One does not have to preside over the Council, but merely to sit in it, month after month to know how devoted all the Council members are to the interests of the Society It is a privilege to be associated with them.

For a survey of the Society's activities during the past year, attention is invited to the report of Dr Hale's activities, compiled by the Public Relations Bureau which follows, and to the reports of Officers

and the Council

Respectfully submitted LOUIS H BAUER, M D , President

Dr William Hale took office in May 1946 as President of the Medical Society of the State of New York and served actively until his untimely death on January 16

In his inaugural address to the Society in May 1946 Dr Hale declared his interest in three different spheres—matters to which he would turn his attention during his term of office. They were medical care for war veterans, development of the Woman s Auxiliary as a useful and constructive influence in Auditary as a usual and constructive innuence in medical society affairs, and cooperation in the cam paign against cancer — In a high degree he attained these aims before his death.

Dr Hale gave his time, energy, and thought most generously during his term of office. In June, shortly after his inaugural, he addressed the annual conference of public health officers and nurses in Saratoga Springs, urging greater understanding between practicing physicians and public health executives. He pointed out that the aim

of both groups was the same, only the functions differed. His talk was widely reprinted in the

public press and in medical journals

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To each of the district branches of the Society, Dr Hale brought a special message as he attended their annual meetings. He spoke in turn on the necessity for a high quality of medical care for the veteran, he outlined and clarified the socialized medicine issue, he praised the progress of voluntary medical insurance throughout the State and urged more support for the organized plans. In a talk before the Bronx County Society, he described the functions of the State Society and emphasized the importance of the county unit in the life and effec-

tiveness of the state unit He addressed the Monroe County Society's annual meeting in December

To the development of a joint plan by the Society and the Veterans Administration for the medical care of veterans, Dr Hale made an exceptional contribution. He served as acting chairman of the hason committee of the two organizations until Veterans Medical Service Plan of New York, Inc., was formed. He then became one of the directors of the plan.

Until the very last, Dr Hale was an effective spokesman for the Society he headed On Saturday, January 11, he spoke on the A.M A radio series, "Doctors Then and Now," over the coast-to-coast network of the National Broadcasting Company On January 13 he addressed the Zonta Club of Utica on socialized medicine and was scheduled to speak to the Century Club the same week. His sudden death on January 16 cut short a career of great usefulness to the profession he served so heartily and so well

Report of the Secretary

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To the House of Delegates, Gentlemen

Membership—Elected in 1946 were 1,685 new members, 251 were reinstated. The net increase for the year, as shown below, was 1,290

Membership-December 31, 19,234 1945 1,685New members—1946 Reinstated members—1946 251 21.170Deaths 200 254Resignations License revoked 1 Licenses suspended 3 458 20,712

Dropped for nonpayment of dues as of December 31, 1946

Total membership as of December 31, 1946

843 members are in the service of our country

Honor counties (none of whose members failed of their dues in 1946) include Broome, Cayuga, Chautauqua, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Lewis, Madison, Ontario, Orange, Orleans, Putnam, Richmond, Rockland, Schuyler, Seneca, Tompkins, Warren, Wayne, and Wyoming

Comparative totals of membership since 1935 fol-

1935	14,064	1941	17,781
1936	14,662	1942	18,313
1937	15,529	1943	18,652
1938	16,177	1944	18,941
1939	16,785	1945	19,234
1940	17,409	1946	20,524

Publication.—Preparation of the Medical Directory of New York, New Jersey and Connecticut, the first since 1942, has entailed much diligent work by a special staff. Its issue was delayed by difficulty in obtaining paper. It is regretted that some members of our profession returned too late from service with the armed forces or Public Health Service to be listed. However, we hope that another edition

or a supplement in 1948 will rectify such unavoidable errors

During the past year, the New York State Journal of Medicine has continued to improve, both in editorial and scientific contents. A new section regarding veterans' affairs has been added, as well as summaries of minutes of the Council meetings.

Council.—The Council organized directly after the last Annual Meeting—It has met monthly since then, except in July and August, 1946—The Council delegated Dr J Stanley Kenney and your Secretary to represent our Society at the 1946 annual meetings of the Medical Society of New Jersey and the Medical Society of the State of Pennsylvania. Also, the Council has invited the medical societies of Vermont, Connecticut, New Jersey, and Pennsylvania to send representatives to our own Annual Meeting this year

Our full quota of delegates represented the Society in the House of Delegates of the American Medical Association at San Francisco, California, in July, and at Chicago, Illinois, in December Under the chairmanship of Dr Floyd S Winslow, your delegates carried out your instructions and those of the Council, attended the meetings conscientiously, and represented our Society properly

Although reports of the Council and committees appear elsewhere, your Secretary takes pleasure in commending to you the diligent and untiring work of members of these bodies. A reorganization of committees has been attempted. At the request of the American Medical Association, the Council voted in October, 1946, to add a Subcommittee on Mental Hygiene to the Public Health and Education Committee.

Directives from the House of Delegates to the Council are reported under the heading, "Résumé of Instructions of the 1946 House of Delegates and Actions thereon of the Council, Board of Trustees, and Officers"

Comments.—Your Secretary has endeavored conscientiously to perform his prescribed duties. I have attended all committee meetings, except when

two met at the same time. Your Secretary went to each of the eight District Branch meetings the American Medical Association Annual Meeting of State Secretaries and Editors the A.M.A. House of Delegates the regional meeting of the American Medical Association Council on Medical Service in Philadelphia on November 21, the Annual Conference of County Medical Societies Secretaries in Albany on October 23 the Annual Meeting of County Society Legislative Committee Chairmen February 25 the American Medical Association Seventh Annual Congress on Industrial Health in Boston Massachusetts on September 30 and I represented your Society at the Congress of Physical Medicine in New York City on September 4 and the American Social Hygiene Association in New

York City on February 5 I was also honored with an appointment to the New York State Labor Department Committee to Study Proposed Changes in the Workmen s Compensation Law Minimum Fee Schedule, and to the Nurse Advisory Council of the Education Department.

In closing, allow me to express publicly my deep personal gratitude to my fellow officers, the council lors, trustees and members of the office staff of the Medical Society of the State of New York, for their over willing cooperation courtesy and thoughtful

ness during the past year

Respectfully submitted W P ANDERTON M D . Secretary

(The Report of the Treasurer will be published in the April 15 issue)

Report of the Board of Trustees

To the House of Delegates Gentlemen

This report covers the period from May 1 1946 to February 12, 1947 A brief supplemental report for the period, February 12 to May 5, 1947 may be issued for presentation to the House at the Annual Meeting

Meetings of the Board were held in May June, September, October November, and December of

1946 and in February of 1947

Dr George W Kosmak declined to stand for re-election to the Board of Trustees because of the great increase in his duties as Managing Editor of the Nzw York Statz Journal or Videocine and was succeeded by Dr. Kirby Dwight who had served the Society so faithfully as Treasurer for so many years Unfortunately the Board which had profited so much from Dr Dwight's advice during his term as Treasurer was not to have the advantage of his judgment and wisdom because he was taken seri ously ill before the June meeting of the Board and was able to attend but one other meeting, in November prior to his death in that month. was a great loss not alone to the Board of Trustees but also to your House of Delegates and to the medi cal profession of the State He was not only a learned physician but a wise financier and above all a gentleman of the old school in the best sense of that term. He will not be forgotten by those of us who were associated with him for many years and who were his friends as he was ours

The Society and the Board were very fortunate in the election by the Council of Dr Edward R. Cun niffe to complete the unexpired term of Dr Dwight because of his former experience and great sorvice as a member of the Board of Trustees and as Presi dent of the Society In the opinion better choice could have been made In the opinion of the Board no

Finances.-The report of the Treasurer will give the detail of the income from various sources and classified expenditures and the Society's invest ments and its net worth so that duplication of that report will not be made here.

It may be interesting, however to consider the continuing increase in the expenditures of the Society over a period of the past several years and here below is given the comparison of the budget appropriations and the expenditures from January of 1933 to January 1947 together with the receipts from annual dues for the corresponding years
The column headed 'Income' in the table on page

718 (top) represents the income from dues only and does not include any of the income from invest ments which income the Trustees have endeavored to preserve for reinvestment and the maintenance of the integrity of our Investment Fund which was originally constituted solely for the purpose of maintaining a working capital that might be preserved against an emergency confronting the whole pro-

fession of the State

For years the intent and purpose of the Board of Trustees since its foundation has been to maintain the total expenditures well within the dues income so that whatever surplus accrued might be transferred to the emergency investment fund of work ing capital. It should be remembered also that the budget does not originate with the Board of Trustees. It originates with the Council and is sub-mitted to the Board of Trustees for their considera tion and their making of changes only, as in their opinion is compatible with sound finance Any changes in policy must be initiated by the House of Delogates or the Council, and the Board has been ex tremely careful to avoid even the appearance of making any changes in the policy of the Society As a result of the financial policy of the Board of Trustees, it might be noted that as of the last com-plete audit up to and including December 31, 1945 received by the Board on November 26 1946 the total value of the Society's investments was \$473 925 which was in excess of the costs of these invest ments in the sum of \$47,460.59 and the total appreciation from the date of purchase on the bonds and mortgages was \$11 842.77, and on the pro-ferred and common stocks from the date of purchase, \$35 977.82 and some of these purchases went back to the year 1926 when the first Board of Trustees was elected and the first small sum of money was set aside from the income of the Society to provide the nucleus of the investment fund. In addition to the appreciation of the capital investment, the average yield has approximated 41/4 per cent and for

Year	Annual Dues Income	Budget Appropriations	Expenditures
January 1 to December 31 1934 July 1 1933 to June 30 1934	\$132,076 00	\$157,766 <i>5</i> 0	\$118 217 00
January 1 to December 31 1935 July 1 1934 to June 30, 1935	\$140 782 00	\$123,998 31	\$ 111 635 55
January 1 to December 31 1936 July 1 1935 to June 30 1936	\$142 185 00	\$134,331 20	\$123 909 44
January 1 to December 31 1937 July 1, 1936 to June 30 1937	\$156 300 00	\$158,345 27	\$143,797 08
January 1 to December 31 1938 July 1 1937 to June 30 1938	\$ 158,469 00	\$153 429 38	\$149,567 16
January 1 to December 31, 1939 July 1 1938 to June 30 1939	\$165 000 00	\$158 650 32	\$113 938 59
January 1 to December 31 1940 July 1 1939 to June 30 1940	Not available	\$201,705 00	\$177,800 00
Year	Total Dues Income	Budget Appropriations	Expenditures
1940 to 1941) 1941 to 1942 } 1942 to 1943 }	None of these a year to January 1 annual income	re available At this time withrough December 31 for all	e changed our fiscal accounts as well as
January 1 to December 31 1944	\$128 090 00	\$160 416 66	Approximate \$ 98,996 00
January 1 to December 31, 1945	\$148,190 00	\$193,416 66	\$131 745 69
January 1 to December 31 1946 January 1 to December 31 1947	(estimated) \$149,450 00	\$200 755 83 \$202 278 50	\$178,080 19
Tanday a to 2000mbd of 1011		4-410 00	

the fiscal year of 1945 the yield on the securities held by the Society was 4 03 per cent. It has been fortunate that from its inception the Board of Trustees has had at least one of its members a physician who is also a bank officer.

The A Walter Surter Estate was closed during the month of December, 1946, and the final settlement made with the executors of the Estate and the final sum in settlement paid to the Society These moneys will accrue to the A. Walter Surter Lectureship Fund

The custodian of the investment fund of the Society is the Chase National Bank of the City of New York, at 11 Broad Street, New York City, and in their report, under the date of January 8, 1947, they list our investment portfolio as follows in the table

below

The indicated annual income of \$13,373 represents a return of 3 3 per cent on the invested funds, excluding from consideration Series "C," "D," and "F" Savings Bonds on which interest accrues in the form of increased redemption value. The composition of the portfolio continues to be conservative.

Contracts —Renewal of annual contracts with Dr David W Kaliski, Dr Robert R. Hannon, Mr George P Farrell, and of the triennial contract with Mr Dwight Anderson, and a new contract with the firm of Hackeling and Oberkirch for the annual audit of the accounts of the Society, as recommended by the Council, were approved by the Board of Trustees Also, in accordance with the recommendation of the Council, Mr Thomas E Walsh was engaged as an assistant to Mr Dwight Anderson under an agreement as recommended by the Council, and all the written contracts were signed by the Chairman of the Board, for the Board Also, there have been increases of approximately 10 per cent in the pay of practically all of the employees of the State Society as recommended to the Board of Trustees by the Council

The Veterans Medical Service Plan of New York, Inc—All the members are undoubtedly familiar with the fact that at the request of the Veterans Administration the Medical Society of the State of New York was asked to supervise the extension of

	TOTAL B		TOTAL PRI	KB	TOTAL CO	KB	Tota All Sect Under R	RITIES EVIEW
	${f Amount}$	%	Amount	%	Amount	%	${f Amount}$	%
US Government	\$291 723	96 4	\$		8		\$291 723	62 6
Railroad and Equipment Public Utilities Industrials	10 940	3 6	15,900 26 575	32 9 54 9	3,920	3 4	26,840 30 495	5 8 6 5
Amusements					3,250	28	3 250	07
Autos and Accessories					11 601	10 1	11 601	2 5
Building Supplies					1 600	1 4	1 600	0 3
Chemicals			561	1 2	28 586	24 8	29.147	63
Electrical Equipment					7 175	6 2	7 175	15
Metals				11 0	13 575	11 8	13 575	29
Oils			5,350	11 0	17 247	15 0	22 597	49
Retail Trade					$12\ 025 \\ 2,500$	10 4	12 025	2 6 0 5
Shoes					10 088	2 2 8 8	2 500	0 5
Steel Miscellaneous					3 600	3 1	10,088 3 600	2 2 0 8
			40.000	100.0				
Total	\$392,663	<u>100 0</u>	\$48 386	100 0	\$115 167	100 0	\$466,416	100 0
% of Portfolio Income	64 9 \$6 27		10 \$2,2	4 26	24 7 \$4 87		100 \$13,3	

medical care to veterans with service-connected disabilities, to be provided by physicians of their own choice and that a Council Committee entered into negotiations with the Veterans Administration following which pegotiations a contract was com pleted by the Veterans Administration and a non profit corporation entitled The Voterans Medical Service Plan of Now York, Incorporated All of the Board of Directors of this corporation are mem bers of this Society and the majority of them are officers or members of the Council or of the Board of Trustees of this Society The details of this organi sation will be given in the report of the Council and will not be touched upon here except as to certain financial arrangements which had to be made to put the plan in operation. According to the terms of the contract, the Veterans Administration agreed to reimburse the corporation for expenses incurred in the payment of the salaries of the coordinators in the Regional Offices of the Voterans Administration who were to be employees of the corporation in the sum of not to exceed \$10 000 per annum per Regional Office and these payments were to be made quarterly in arrears. The plan went into effect on September 10, 1916, and in view of the fact that the contracts entered into with the coordinators provided for payment of their salaries monthly and that no moneys would be received by the corpora tion from the Veterans Administration for any ex penses whatsoever until the expiration of the first quarter of the operation of the plan it was necessary for the corporation to secure a sum of money sufficient to pay the salaries of the coordinators in the first three Regional Offices constituted corporation was therefore granted a loan of \$15 000 by the Board of Trustees upon the recommendation of the Council This loan was secured by a joint and several note signed by each member of the Board of Directors of Veterans Medical Service Plan of New York, Inc., payable to the Society without interest. In addition to that sum, a grant of \$2,000 without security was made to the Veterans Medical Service Plan to cover expenses of meetings of the Board of Directors stationery and other necessary expenses of the Board and the coordina tors. It is hoped that arrangements may later be made with the Veterans Administration to have this sum of \$2,000 reimbursed to the Society, because one of the conditions of the contract with the Veter ans Administration was that renegotiations of the contract by either of the two parties might be made at the termination of each quarter following the signing of the original contract. It may be necessary sometime in the future to authorize the Board of Trustees to earry this sum as a grant-in-aid to
the Veterans Medical Service Plan, Inc. and cancel
the note held as security following an agreement
with the corporation that if and when the plan ter
minates and the final payment is made by the Veter
ans Administration to the corporation the corpora
ten will repay this original lean of \$15 000 to the
State Secrety upon the receipt of the final settlement.
This can only occur if and when the plan is ter
minated and the contract between the Veterans
Administration and the Veterans Medical Service
Plan Inc, is shrogated.

Resolutions Received from the House of Delegates.—The Board desires to express its appreciation of the approval by the House of Delegates of the report of the Beard of Trustees made to the 1946 meeting of the House as stated in Section 59 of the Minutes of the House for that meeting and desires to report anew that the Board of Trustees has directed that the plan recommended by the House at that time has been placed in operation

In accordance with the direction of the House at the last meeting that the Council and the Trustees provide for an audit of the accounts concerned in the matter of malpractice insurance and legal defense, the Board approved and entered into a contract with the firm of Hackeling and Oberkarch pursuant to the recommendation of the Malpractice Defense and Insurance Board and of the Council, and this contract was signed by the Chairman of the Board for the Board. In view of the fact that this audit must cover a period of at least ten years, the cost to the Society will be nearly true that of the cost for the annual audit for the Society proper

Miscellaneous—The Trustees desire to express their sincere appreciation of the efficient cooperation of the Secretary and the Treasurer of your Society for their great aid and their loyal faithful and devoted service to the Society and the conduct of the executive supervisory, and financial affairs of the Society—The Board further desires to express its thanks to the legal counsel and the attorney for the time and faithful and extremely valuable legal advice that they have given to your Board and desire to commend them therefor

Recommendations.—The recommendations of the Board will be presented in a supplementary report.

Respectfully submitted

ALBERT A. GABTNER, M D WILLIAM H ROSS M D JOHN J MARTERSON M.D EDWARD R. CUNNIFFE, M D JAMES F ROOMST M.D Chairman

Report of the Council

To the House of Delegates, Gentlemen

Your Council has the honor to report on the executive and administrative affairs of the Society in the period following your last meeting on April 29 to May 3, 1946 The various matters that came before it, actions thereon, and recommendations, are here presented

and note processes

Finance Committee

The Council Committee on Finance has the following membership

Louis H Bauer, M D, Chairman
J Stanley Kenney, M D
F Leslie Sullivan, M D (deceased)

Hempstead
New York
Scotia

By direction of the House of Delegates, the Finance Committee has given further study to the proposition of the Society's financing the advanced education of the children of its members who died in the military service during the late war. This is to constitute the War Memorial of the Society

All counties but two have furnished the necessary information These counties are Oswego and Putnam Since they are small counties they will not affect the figures materially

There are 64 children in all, 34 boys and 30 girls

The age groups are as follows

Age	Number	Boys	Gırls
0 to 5 years	21	14	7
6 to 10 years	24	12	12
11 to 15 years	12	Б	7
16 to 20 years	5	2	8
Over 21 years	2	1	1

Since the Society must budget its funds as far as possible, the Committee recommends that "advanced education" be interpreted to mean college education for not more than four years, and advanced professional education for not more than four additional years. To pay actual expenses would entail a great deal of bookkeeping and require numberless vouchers on the part of the recipients. Hence, the Committee recommends that the money be provided in the form of scholarships in the amount of \$1,000 per year per person. These scholarships should be known as the Medical Society of the State of New York War Memorial scholarships.

There is no way of estimating how many of the children will wish to take advantage of the plan — It is believed, however, that we should plan on all of them wanting college education, with two thirds of the boys and one third of the girls desiring advanced

professional education

This will amount to nearly \$500,000 It will be distributed over a period of twenty years. The first four years will average about \$5,000 a year. It will increase to a maximum of about \$33,000 a year for the period 1961 to 1964. Then it will taper off and in the final four years will drop to about \$12,000 a year.

With the increasing commitments of the Society, it is manifest that the Society cannot finance this

through its present dues income

Voluntary contributions may be sought, especially during the next two years. An intensive campaign could be conducted to raise funds for the purpose If every member of the Society would contribute twenty-five dollars, the total amount necessary could be raised. It seems idle to believe that this amount will be raised by voluntary contributions

It seems probable that sufficient sums can be raised to finance the project for the first few years. Then it will be necessary for the Society to decide whether to levy an assessment or to request the Trustees to take the amount necessary from year to year out of the capital funds.

An alternative would be to raise the dues now to at least \$15 a year, earmarking \$3 00 of each member's dues for a period of eight years for this purpose The other \$2 00 would go to the general expenses of the Society, which the Finance Committee

feels is both needed and justified

The Committee feels that the House of Delegates, if it approves establishing the War Memorial, should determine the method of financing it

It will also undoubtedly be necessary to form a committee to administer the program and determine eligibility

Constitution and Bylaws

The Council Committee on Constitution and Bylaws has the following membership

James R. Reuling, M D , Chairman
George W Kosmak, M D
W P Anderton, M D
Bayside
New York
New York

There have been no official meetings of the Committee during the year All matters referred to the Committee have been handled informally, but re-

ported to the Council for approval

Requests from the counties of Monroe, Oneida, Erie, Westchester, Queens, Tompkins, Onondaga, Warren, New York, and St Lawrence for approval of changes in their Bylaws have been received These have all been acted upon, in a few instances after some correspondence with the Secretary of the county society concerned

PART I

Postgraduate Education

The Council Committee on Public Health and Education has the following membership

O W H Mitchell, M D, Chairman George Baehr, M D Charles D Post, M D

Advisers

Edward S Godfrey, Jr, MD, Commissioner, State Department of Health, Albany

James E Perkins, MD, Deputy Commissioner,

State Department of Health, Albany

The Council Committee on Public Health and Education arranges for instruction in a wide variety of subjects. Speakers are provided by the Committee for meetings of county medical societies, hospital staffs, and other medical groups. This program is made available through the combined efforts of the faculties of the medical schools and research institutions in New York State, the New York State Department of Health, the Dental Society of the State of New York, the Division of Industrial Hygiene and Safety Standards of the New York State Department of Labor, the Medical Society of the State of New York, and several other organizations and associations

For programs arranged by the Committee, the Medical Society of the State of New York pays the traveling expenses of the speakers, and the honoraria for all speakers are paid by the New York State Department of Health

Instruction may be arranged as a single lecture, series of loctures, or a teaching day which is a combination of clinics, demonstrations, and lectures for

an afternoon and evening

The Committee prepares and distributes the Course Outline Book which lists subjects and speakers available The Course Outline Book has been revised annually, but this year because of printing difficulties, it is many months late and there will not be a publication issued in 1947 but a supplement will be distributed to those who have already re-

ceived the 1946-1947 issue

On June 13 1946, in New York City, the Council Committee on Public Health and Education held its annual conference with representatives of the New York State Department of Health to review the activities of the Committee in the field of postgradu ate medical education for the year and to discuss plans for the coming year To acquaint the group present with the work accomplished by the Committee for the past five years data were distributed. This material showed the counties in which instruction was presented the subjects given and the per centage of attendance at meetings of county medical societies from 1941 to 1946. The Committee ex pressed the appreciation of the Medical Society of the State of New York to the New York State Department of Health for not only the cooperation of the Department in developing programs but, also for the financial assistance received Present at this conference were the Assistant Commissioner for Medical Administration the Assistant Commissioner for local Health Administration, and several directors of various divisions of the New York State Department of Health the Director of the Division of Industrial Hygiene and Safety Standards of the New York State Department of Labor, mem bers of the Council Committee on Public Health and Education, chalrmen of the Subcommittees of the Council Committee on Public Health and Education and some of the officers of the Medical Society of the State of New York.

In May, 1946 letters were sent to the physicians who arranged courses of instruction for inclusion in the Course Outline Book requesting them to make any changes in subjects and speakers desired

Letters were also sent to the heads of several departments of the nine medical schools in the State, requesting them to provide the Committee with names of physicians from their departments who would be willing to participate in the postgraduate program of the Medical Society of the State of hew lork. As a result of this correspondence additional series of loctures on bacteriology, general medicine neuropsychiatry proctology and surgery are included in the 1946–1947 Course Outline Book

On September 11 1946 in New York City, the Council Committee on Public Health and Education held a conference to discuss final plans for the printing of the Course Outline Book. Present at this session in addition to the Committee members, were some of the officers of the Medical Society of the State of New York, the Deputy Commissioner of Health and directors of the several divisions of the New York State Department of Health.

Following this conference, the material for the Course Outline Book was submitted to the printer The book contains 67 announcements, including courses of lectures teaching day programs and single lectures on special subjects.
Copies of the 1946-1947 Course Outline Book have

been mailed to the following officers of the Medical Society of the State of New York, presidents secretaries and chairmen of Public Health, Postgradu ate Education and Program Committees of county medical societies, the delegates from the various county medical societies to the Annual Meeting of the House of Delegates of the Medical Society of the State of New York in May, 1947 in Buffalo, members of the Council Committee on Public Health and Education, and the Subcommittees, Regional Chairmen in Obstetrics and Pediatrics, the ex-presidents of the Medical Society of the State of New York, the presidents of the District Branches, section delegates, the State Commissioner of Health. the Deputy Commissioner of Health Deputy Commissioner for Local Health Administration, and directors of the various divisions of the New York State Department of Health, district health officers city and county health commissioners, physicians who arranged courses for inclusion in the Course Outline Book, President, President-elect, and Secretary of the Dental Society of the State of New York, deans of the medical schools in the United States, presidents of universities in New York State, librarians of the medical schools in New York State, secretaries of the state medical schools in New York State, secretaries of the state medical scoletos in the United States executive health societies in the various states executive heatin officers of the various states secretaries of the na-tional medical societies, members of the New York State Board of Regents, the New York State Commissioner of Education and directors of some of the divisions of the New York State Education Department, the Director of the Division of Voca tional Rehabilitation of the State Education Department, Commissioner of Mental Hygiene, State Department of Mental Hygiene, Commissioner, Deputy Commissioner for Public Assistance and Director of Vocational Rehabilitation Service of the State Department of Social Welfare, officers of the American Medical Association and members of the Council on Medical Education and Hospitals, Council on Medical Service, Council on Industrial Health the Director of the Bureau of Health Education, members of the Section on Preventive and Industrial Medicine and Public Health of the American Medical Association, representatives of the National Foundation for Infantile Paralysis, and the Metropolitan Lufe Insurance Company, the Surgeon General of the United States Public Health Service, Secretary and Executive Secretary of the State Charities Ald Association, and repre-sentatives of the New York State Health Preparedness Commussion

Arrangements for postgraduate instruction pre-sented as series of lectures or as single lectures on special subjects, were made for 29 county medical societies. The following counties have had or will have had this instruction

County	Instruction	No Lecture
Broome	Rheumatic Fever— Rheumatic Heart Disease	1
Cattaraugus	Cancer	1
Chemung	General Medicine	1
Chenango	Gynecology Padiatrice	1
	Plasma Therapy	1
Clinton	Tropical Diseases	1

Cortland	General Medicine Allergy Rheumatic Fever—Rheumatic	3 1	Tioga	Traumatic Surgery Surgery	1
Coromac	Heart Disease Otolaryngology	1 1		(Plasma Therapy Cancer	1
Delaware	Obstetrics	2	Tompkins	Rheumatic Fever—Rheumatic Heart Disease Cancer	1
Herkimer	Gynecology	1	Ulster	Surgery	2
Jefferson	Cancer Chemotherapy and Antibiotics Orthopedics Pediatrics General Medicine Obstetrics Surgery	1 1 1 2 1 1	Warren (Joint Mee	(General Medicine Surgery Chemotherapy and Antibiotics oting General Medicine	2 1 1
Livingston	Cancer	1	Academy (Medicine)	of	
Monroe	Surgery General Medicine Cancer	1 1 1	Wayne	General Medicine Orthopedics Plasma Therapy	1 1 1
Montgomery	Gynecology	1		l Meetings and Teaching Day ings, invitations are sent to the m	
Nassau	General Medicine Dermatology Orthopedics Allergy Cancer Pediatrics Tuberculosis	8 1 2 1 1	of the med in which the in certain are held and for pi	ical societies in counties adjacent ne instruction is given, or to the management of the management of the management of the management of the committee will arrange for sometimes, medical schools, hospitalist of the medical schools.	to that nembers neetings peakers rams to
Ontario (Geneva Academy of Medicine)	Obstetrics Chemotherapy and Antibiotics Surgery General Medicine Rheumatic Fever—Rheumatic Heart Disease	1 1 1 2 1	New You Journal of Bureau of of the Stat newspaper	the American Medical Association, Public Relations of the Medical e of New York for publication in t	and the Society he local
Orange	General Medicine Penicillin Therapy Surgery	$\begin{smallmatrix}2\\1\\1\\1\end{smallmatrix}$	Meetings of	r Teaching Days have been held the Region Instruction	No
Oswego (Oswego Academy of Medicine)	General Medicine Dermatology Obstetnics	4 1 1	Dutchess	Columbia Dutchess Cancer* Orange Putnam, and Ulster	5
Otsego	Psychiatry	1	Franklin	Clinton Essex, Franklin, Cancer* and Hamilton	4
Richmond	Rheumatic Fever—Rheumatic Heart Disease Pediatrics Dermatology Cancer General Medicine Allergy	1 1 1 1 5	Rensselaer Tompkins	Columbia, Greene, Rensselaer, Saratoga, Soheneotady and Washington Cayuga, Chemung, Cancer*	5
	Obstetrics Orthopedics	Î 1	Tompana	Cayuga, Chemung, Cancer* Cortland, Schuyler, Seneca, Tioga Tomp- kins, Wayne and Yates	•
Rockland	General Medicine Gynecology Traumatic Surgery	8 1 2		mmittee arranged for postgraduate presented in 32 counties with a es	
St. Lawrence	Chemotherapy and Antibiotics General Medicine Obstetrics Surgery	1 2 1 1	At the r of Health, State of N ber 12, 1	equest of the New York State Dep. the Council of the Medical Societ lew York voted at its meeting on 1946, that invitations to attend	y of the Septem- Cancer
Schenectady	General Medicine Surgery	1	cal Societ Departme	Days be sent to nonmembers of the y of the State of New York if the ent of Health so desired	ne State
Seneca	General Medicine Obstetrics	1 1	Saranac I Fulton, S	mications have been received fi Lake Medical Society and the aratoga, and Tioga County medic	Albany, al socie-
Steuben	Orthopedics	1	ties, indic graduate l	cating their desires for a series lectures to be given in the near fut	of post- ure
Sullivan	Obstetrics Cancer General Medicine Surgery Neurology	3 1 5 1 1	* Traveli	munication has been received faing expenses and honoraria of spea programs provided by the New Yot t of Health	kers and

Chnton County Medical Society indicating a desire for a senes of lectures to be given in the fall.

Arrangements are being made for postgraduate instruction to be presented before the Cayuga, Cortland, and Schenectady County medical so-

Requests have been received from the Broome and Queens County medical societies for Regional Can cer Teaching Days to be held in the near future and arrangements are being completed
The Cheming County Medical Society will have a

Spring Teaching Day

At the request of the Convention Committee, the Council Committee on Public Health and Education has arranged for a Teaching Day to be held at the time of the Annual Meeting on Tuesday, May 0, 1947 in Buffalo This Teaching Day will consist of eight lectures-four lectures will be given in the morning and four in the afternoon. Subjects were selected which will not conflict with the Scientific Section and Session programs to be held Wednesday

Thursday, and Friday
Public Health matters receiving particular emphasis this year from the New York State Department of Health and the Medical Society of the State of New York have been cancer chemotherapy and the antibiotics, industrial health diseases of the chest meningitis, pollomyelitis, pulmonary disease tuberculoss gynecology obstetries orthopodics pediatrics, plasma therapy public health and pre-ventive medicine, rheumatic lever—rheumatic heart disease, synhilis, and tropical disease in the return

ing veteran

PART II

Maternal and Child Welfare

Maternal Welfare.—At the request of the Director of the E MIC Bureau of the New York State Department of Health, meetings of the Council Committee on Public Health and Education and the Committees on Maternal and Child Welfare were held in New York City on June 12 and August 14 1940 to consider qualifications of physicians who requested specialists ratings in the E.M.I C Program. Also present at these sessions were some of the officers of the Medical Society of the State of New York and representatives of the New York State Department of Health

The Chairman of the Council Committee on Public Health and Education received a com-nunication dated August 19 1946 from the Direc-tor of the E M.I.O. Bureau of the New York State Department of Health requesting that the Medical Society of the State of New York designate physicians in certain specialties to act as advisers to the Department in the processing of applications from physicians requesting specialists ratings in the E.M.I.C. Program. The names of the following physicians were submitted to the President of the Medical Society of the State of New York and were approved at the meeting of the Council on September 12 1946

Oldaryngology Gordon D Hoople M D 713 East Genesce Street, Syracuse 2

General Surgery Edward R. Cunniffe, M D 2515

Grand Concourse Bronx 58 Orthopedic Surgery Charles M Allaben M D 114 Murray Street, Binghamton

Plastic Surgery Gustave Aufricht, M D, 103 East 80th Street New York 28 ermatology Herbert H Backus M D 89 Dermatology Herbert H Bryant Street, Buffalo 9

Internal Medicine Albert F R. Andresen, M.D., 88 Sixth Avenue, Brooklyn

The above-mentioned physicians will act in an advisory capacity to the State Department of Health in the E.M.I.C. Program the Rehabilitation Program and any other activities for which the Department desires such service

At the request of the New York State Department of Health a meeting of the Council Committee on Public Health and Education was held on September 11, 1946, to consider the qualifications of physicians who requested specialists' ratings. Present at this meeting were the chairmen of the Committees on Maternal and Child Wolfare, members of the Subcommittee on Rehabilitation, the group of physicians designated as advisers to the State Department of Health, some of the officers of the Medical Society of the State of New York, and the representatives of the New York State Department of Health.

On November 12, 1946 a meeting of the Committee on Maternal Wolfare and the Committee on Public Health and Education was held in New York to discuss the postgraduate educational program with regard to holding of regional maternal welfare teaching days throughout the State meeting the Committee recommended that letters be mailed to the Regional Chairmen in Obstetries expressing the desire of the Committee that such meetings be held. This was done and it is hoped that a teaching day will be held in each of the twelve

Committee members were some of the officers of the Medical Society of the State of New York. The Chairman of the Committee on Maternal Welfare has attended meetings of the Subcommittee on Rehabilitation For a report of these activities, see the report of the Subcommittee on Rehabilita-

Present at this meeting in addition to the

The Subcommittee on Maternal Welfare has the following membership

Charles A. Gordon M D Chairman. Paul W Beaven M D Edward C Hughea, M D Brooklyn Rochester Syracuse James K Quigley, M D Rochester

Regional Chairmen in Obstetrics

New York, Richmond Bronx Counties George W Kosmak, M.D., 23 East 93rd Street, New York 28

Kings, Queens Nassau, Suffolk Counties Harvey B Matthews M D 162 Clinton Street, Brooklyn

Westchester Rockland, Dutchess, Putnam. Orange Counties

Julian Hawthorne, M.D., Highland Hall Apartment, 131 Purchase Street, Rye Schenectady Fulton, Montgomery, Scho-

harie, Greene, Ulster Counties
William M Mallus, M.D., 1264 Union
Street, Schenectad, 8
Albany Washington, Baratoga, Columbia,

Warren, Rensselaer Counties Joseph O C. Kiernan, M.D 490 Madison

Avenue, Albany 6 Clinton, Essex Franklin, St Lawrence Counties

Street, Plattsburg

fferson Lewis Herkimer, Hamilton Jefferson

Counties Wendell D George, M D , 203 Trust Com pany Building, Watertown

Onondaga, Oswego, Oncida, Madison, Cortland, Cayuga Counties
Edward C. Hughes, M.D., 713 East

Genesee Street, Syracuse 2
Broome, Tioga, Chenango, Otsego, Delaware, Sullivan Counties Stuart B Blakely, M D, 140 Chapin Street, Binghamton

Monroe, Orleans, Wayne, Livingston, Ontario, Yates, Seneca Counties
Ward L Ekas, M D, 176 South Goodman
Street, Rochester 7
Champing Schulder Struker Townskie 10

Chemung, Schuyler, Steuben, Tompkins, 11 Allegany Counties R Scott Howland, M D, 531 West Water

Street, Elmira Erie, Niagara, Chautauqua, Cattaraugus, Genesee, Wyoming Counties Lewis F. McLean, M.D., 826 West Dele-12

van Avenue, Buffalo 9

Child Welfare —Members of the Committee on Child Welfare attended meetings held by the Council Committee on Public Health and Education to consider qualifications of physicians requesting specialists' ratings in the E M I C Program. For a report of these activities, see the report of the Committee on Maternal Welfare

The Chairman of the Committee on Child Welfare has attended meetings of the Council Commit-tee on Public Health and Education with the Subcommittee on Rehabilitation For a report of these activities, see the report of the Subcommittee on Re-

habilitation

On December 4, 1946, and January 8, 1947, meetings of the Committee on Child Welfare were held in New York to further consider the plan of the New York State Department for the establishment of "Pediatric Institutes for General Practitioners" The plan is to have the State divided into regions with the Institute centered around the medical schools in the State The plan has not been suf-ficiently developed to receive the approval of the Committee on Child Welfare

At the meeting of the Committee on Child Welfare, on January 8, 1947, the use of B C G vaccine in New York State as a part of the Tuberculosis Control Program was discussed It was the opinion of the Committee that the medical profession in this State should be informed about BCG immunization and that an educational program should be inaugurated Present at these sessions, in addition to the Committee members, were some of the officers of the Medical Society of the State of New York and representatives of the New York State Department of Health

The Subcommittee on Child Welfare has the following membership

Paul W Beaven, M D, Chairman Rochester A Clement Silverman, M D, Vice-Chairman Syracuse 2

Charles A Gordon, M D
Albert D Kaiser, M D
Alexander T Martin, M D
William J Orr, M D Brooklyn Rochester New York Buffalo Frederick H Wilke, M D New York

Regional Chairmen in Pediatrics (for regions comprising counties as shown in the list of Regional Chairmen in Obstetrics)

Regions

Harry Bakwin, M D, 132 East 71st Street. New York

- Charles A Weymuller, M.D., 85 Pierrepont
- Street, Brooklyn 2 Reginald A Higgons, M D, 264 King Street, 3 Port Chester
- James J York, M.D., 930 State Street, Schenectady 7
- Hugh F Leahy, MD, 176 Washington 5
- Avenue, Albany 6 Sidney Mitchell, M.D., 71 Court Street, 6
- Plattsburg
 Norman L Hawkins, MD, Woolworth
 Bldg, Watertown
- Brewster C Doust, M D, 713 East Genesee 8
 - Street, Syracuse 2
 Marjorie F Murray, M D, Mary Imogene
 Bassett Hospital, Cooperstown
- 10 Albert D Kaiser, M D, 729 Buckingham Street, Rochester 7
- George R. Murphy, M. D., 531 West Water Street, Elmira William J. Orr, M. D., 333 Linwood Avenue, 11
- 12 Buffalo 9

PART III

Industrial Health

9

The Study Committee on Industrial Health has the following membership

Herbert H Bauckus, M D, Chairman Buffalo Stuart A Good, M D Buffalo Leonard Greenburg, M D Leon H Griggs, M D David J Kaliski, M D New York Syracuse New York

The Study Committee on Industrial Health held a meeting in New York City on November 13, 1946, to discuss the educational program Present at this conference were members of the Council Committee on Public Health and Education, and some of the officers of the Medical Society of the State of New

Many of the lectures arranged by the Committee on Public Health and Education for county medical societies are a part of the Industrial Health Program even though not so designated

PART IV

Public Health Activities

Canter — The Subcommittee on Cancer has the following membership

Ralph T, B Todd, M D, Chairman
Frank E Advair, M D
George C, Adien M D
John S Fitzgerald, the M D
William P Howard, cil M D
Victor C Jacobsen, Notace Tarrytown New York New Rochelle Utica Albany Victor C Jacobsen, Noteo Louis C Kress, M.D. novit Troy Buffalo

Louis C Kress, M D note.

Clyde L Randall, M D to ning of the Council Committee on Public Health a devias held in New York Subcommittee on Cancer wheemer, and addition to the City Present at this conference, in addition to the Committee members, were see a State of New York the Medical Society of the New in blic becoming more ment of Health With the puin funds being made interested in cancer and more larges, research, and available for educational purposition at the to simulate individual physician to simulate individual physician

medical profession generally, to participate in an

active and progressive program
On October 9 1946, a meeting of the Council
Committee on Public Health and Education and the Subcommittee on Cancer was held in New York City Present at this conference, in addition to the Committee members were some of the officers of the Medical Society of the State of New York and representatives of the New York State Depart-ment of Health This meeting was held for the purpose of developing a plan whereby groups inter ested in cancer, such as the New York State Divinon of the American Concer Society the State available for educational purposes, and the Medical Society of the State of New York, could be more closely integrated After thorough discussion the following motion was made

That the Council of the Medical Society of the State of New York submit a recommendation to the State Division of the American Cancer Society and the other divisions—Westchester Nassau and New York City—and the Commis moner of Health of New York State, expressing its opinion that a great deal of value could result from the establishment and maintenance of an romical use of funds in an effective program The Council feels that a mechanism for coordination and conference should be established

The Council suggests that the Commissioner of Health of the State of New York and the proper representative of the Medical Society of the State of New York call such a meeting of the representatives of the New York State Division of the American Cancer Society including repre-sentatives of the Westchester Nassau Suffolk and New York City Divisions and representatives of the New York State Department of Health and the Medical Society of the State of New York.

This Motion was adopted at the meeting of the Council of the Medical Society of the State of New

York on October 10, 1946 On November 7, 1940 in New York City, a meet-ing of the Council Committee on Public Health and Education and the Subcommittee on Cancer was held with the representatives of the New York State Divisions of the American Cancer Society, including New York City, Nassau Westchester, and the New York State Division Also present at this conference were some of the officers of the Medical Society of the State of New York and representatives of the New York State Department of Health and the City of New York Department of Health At this conference the programs of the different groups represented were discussed

On February 11 1947 in New York City the Chairman of the Council Committee on Public Health and Education and the Chairman of the Subcommittee on Cancer conferred with the Deputy Commissioner of Health and the Director of Cancer Control of the New York State Department of Health regarding a plan for having regional meetings of representatives of the State Department of Health, the Council Committee on Public Health and Education, the Chairman of the Subcommittee on Cancer, and the chairmen of cancer committees

of county medical societies. Twenty-seven lectures on cancer have been given in eleven counties including four teaching days. For a report of these activities see the report on Postgraduate Education These lectures which are

presented jointly by the Medical Society of the State of New York and the New York State Department of Health, have been well attended and received

Requests have been received from Broome and Queens County medical societies for Regional Cancer Teaching Days and arrangements are being completed

Hard of Hearing and the Deaf -The Subsemmittee on Hard of Hearing and the Deaf has the follow ing membership

Gordon D. Hoople, M. D., Chairman Syracuse C. Stewart Nash, M. D., Vice-Chairman, Roches-

Edmund Prince Fowler, M D New York Karl W Gruppe, M D Marvin F Jones, M D Utlca New York Harry K Tebbutt, M.D. Albany

A conference of the Subcommittee on Hard of Hearing and the Deaf and the Council Committee on Public Health and Education was held in New York City on January 8, 1947 Representatives of the State Departments of Health, Education, and Welfare were present as were some of the officers of the Medical Society of the State of New York. At the conference, the plan for the establishment and maintenance of conservation of hearing centers in strategic cities throughout the State was discussed.

During the past year a conservation of hearing center has been established in Syracuse. A similar center is in the process of formation at Buffalo and preliminary steps have been taken for the establish ment of a center in Utica. This will mean that within a short time each of the main cities of New York State will be serviced by a conservation of hearing center and in the metropolitan district by

more than one

Mental Hygiene.—The Secretary of the Medical Society of the State of New York received a com-munication dated August 30 1946 from Dr. W. W. Bauer Bureau of Health Education of the American Medical Association, regarding the following reso-lution passed by the American Medical Association House of Delegates at its July 1946 meetings Stateunds Mental Hygiens and Mental Diseass Pro-

gram WHEREAS there is an urgent need in most of the states for well-organized and adequately financed mental hygiene programs, for research activities in the field of mental diseases, and for improved institutional care of the mentally ill.

WHEREAS, the medical profession should give increased leadership and support to such activi-

ties therefore be it

Resolved That each state medical association be requested to take the lead in the development of an adequate state-wide mental hygiene and mental disease program and to cooperate with other groups in stimulating public support in order that sufficient funds may be secured for the proper operation and maintenance of such activities.

At the meeting of the Council of the Medical Society of the State of New York on September 12, 1946 it was voted that the President be authorized to appoint a committee to study the matter

At the meeting of the Council of the Medical Society of the State of New York on October 10, 1946 the following names were submitted as mem-bers of the Subcommittee on Mental Hygiene and approved

S Bernard Wortis, M D, Chairman New York Leslie A Osborn, M D John Romano, M D Harry A Steckel, M D Buffalo Rochester Syracuse

This is a Subcommittee under the Council Com-

mittee on Public Health and Education

On December 3, 1946, in New York, a meeting of the Council Committee on Public Health and Education and the Subcommittee on Mental Hygiene was held to consider matters pertaining to outpatient treatment of veterans with service-connected psychiatrıc disabilities under Veterans Medical Service Plan of New York, Inc Present at this meeting were the Secretary of the Medical Society of the State of New York and representatives of the New York State Regional Office of the Veterans Medical Service Plan of New York, Inc , and representatives of the Veterans Administration

The Subcommittee on Mental Hygiene of the Medical Society of the State of New York was represented at a meeting of the New York State Joint Legislative Committee to Study the Problem of Cerebral Palsy held in New York City on Decem-As a result of the discussion ber 12 and 13, 1946 at this meeting, the Committee prepared the follow-ing letter which was submitted to the Council of the Medical Society of the State of New York at a meeting on Feburary 13, 1947, and was approved

February 25, 1947

Honorable Abraham Schulman, Chairman Estate of New York
Joint Legislative Committee
to Study the Problem of Cerebral Palsy
The Capitol
Albany New York Albany, New York Dear Mr Schulman

Dear Mr Schulman

The Medical Society of the State of New York believes there is real need for additional familities for research and treatment for patients afflicted with cerebral palsy. While a considerable amount has been done in the past such as that of the Newark State School Newark, New York the government should increase its participation in the expansion of the research and treatment program throughout the State Such a program should have clearly defined standards for workers in this field which includes physicians, occupational therapists physiotherapists and special nursing aids. If the Medical Society of the State of New York, through several of its committees can be of further assistance please let me know

let me know

Sincerely yours, (Signed) O W H Mitchell, M D, Chairman

County Health Departments —At the request of the State Department of Health, a meeting of the Council Committee on Public Health and Education was held on August 14, 1946, in New York City, to discuss the expansion of the public health program of the State with particular emphasis on increasing of State financial participation in county health departments As a part of the Governor's health program, provision is made to increase the State subsidy from 50 per cent to 75 per cent for the first \$100,000, and 50 per cent for additional monies to simulate interest in establishing county health The Chairman of the Council Comdepartments mittee on Public Health felt that this had to do with planning and developing of policies and should be discussed with the Planning Committee of the Medical Society of the State of New York

Present at this conference were members of the Council Committee on Public Health and Education, some of the officers of the Medical Society of the State of New York, and representatives of the

New York State Department of Health

Homologous Serum Jaundice—A communication dated November 7, 1946, was received by the Chairman of the Council Committee on Public

Health and Education from the Assistant Commissioner for Medical Administration, New York State Department of Health, requesting the ap-proval of a proposed study by the Department to determine the incidence of homologous serum jaundice in patients who have been transfused with the dried blood plasma which is now being distributed throughout the State This plan was considered at the meeting of the Council Committee on Public Health and Education, and the Committee on Child Welfare on December 4, 1946, in New York Also present at this session were some of the officers of the Medical Society of the State of New York and representatives of the State Department of Health ' The group approved the plan and recommended that the Department prepare a report form to be approved by the Committee At the meeting the Council Committee on Public Health and Education and the Committee on Child Welfare on January 8, 1947, in New York, the Department submitted the form which will be sent to the attending physician for information about hepatitis and jaundice in anyone that has received injections of their plasma products This form was approved by the Committee

BCG Immunization —BCG immunization was discussed at a meeting of the Council Committee on Public Health and Education and the Committee on Child Welfare held in New York on January 8, 1947 At this conference some of the officers of the Medical Society of the State of New York and representatives of the New York State Department of Health were present. It was proposed that B C G vaccine be used as a part of the Tuberculosis Control Program in New York State. It was the opinion of those present that an education program for the medical profession be inaugurated Also, it was recommended that letters be sent to the deans of the nine medical schools in New York State requesting the names of members of the faculties who were interested in or who had had recent experience with BCG immunization

On February 12, 1947, the Council Committee on Public Health and Education held a conference in New York City to consider an educational program in B C G immunization as a part of the Tuberculosis Control Program in New York State Present at this meeting were some of the officers of the Medical Society of the State of New York, representatives of the nine medical schools in New York State, and representatives of the New York State Department After a thorough discussion of the procedure, it was recommended that an advisory committee be appointed by the New York State Department of Health and the Medical Society of the State of New York, to work out a plan whereby instruction would be available for those who are to be in charge of the immunization and for county medical societies, hospital staffs, and other medical groups This recommendation was presented to the Council of the Medical Society of the State of New York at a meeting on February 13, 1947, and was approved

PART V

Rural Medical Service

The Committee on Rural Medical Service was formulated in November, 1945 Dr Dan Mellen, of Rome, was named Chairman of the Committee and serving with him were Dr Homer J Knickerbocker, of Geneva, and Dr Edward P Flood, of the Bronx.

The Committee is available for conference with the American Farm Bureau Federation and all other farm organizations since all planning for im provements in rural health must have the benefit of the experience and advice of the organized medical profession Inquiries have been few and prob-lems no more than would be normally expected. The Committee on Rural Medical Service has been working with the Committee on Veterans Postwar Affairs in filling vacancies in rural communities So far, the problems of rural medicine in New York State have not been great.

Dr Mellen and Dr Flood attended the National Conference on Rural Health which was held at the Palmer House in Chicago Illinois, on March 30, 1946 The Conference was for the purpose of bettering medical care in rural areas. It was a splendld meeting and nearly every state was repre-

Rehabilitation

The Subcommittee on Rehabilitation has the following membership

O W H Mitchell, M.D Chairman Syracuse Charles M. Allaben, M.D. Albert F. R. Andresen, M.D. Gustave Aufricht, M.D. Binghamton Brooklyn New York New York Conrad Berens, M.D Raymond E Meek M D Ralph T B Todd, M.D New York Tarrytown

The Subcommittee on Rehabilitation attended the meeting of the Council Committee on Public Health and Education and the Committee on Child Wel fare held in New York City on September 11 1946, to consider qualifications of physicians who request specialists ratings in the E.M.I.C. Program. For report of these activities, see the report of the

Committee on Maternal Welfare

At the request of the New York State Department of Health meetings of the Subcommittee on Rehabilitation were held in New York City on January 8 and February 13 1947, to consider the fee schedules for diagnostic and consultation examination and surgical procedures of the Bureau of Medical Rehabilitation, State Department of Health, and the Division of Vocational Rehabilita tion of the State Education Department. Present at these conferences were representatives of the State Department of Social Welfare, the group of physicians who were designated as advisors by the Medical Society of the State of New York, and some of the officers of the Medical Society of the State of New York.

As in previous conferences, there was splendid cooperation between the representatives of all agen-

cies concerned.

PART VI

Public Relations and Economics

The Council Committee on Public Relations and Economics has the following membership

Carlton E. Wertz, M.D. Chairman Harry Aranow M.D. Buffalo Bronx Charles M Allaben, M.D. Binghamton The Committee submits the following report

Public Medical Care

The Subcommittee on Public Medical Care has the following membership

Christopher Wood, M.D., Charman White Plains Carlton E. Wertz M.D. Buffalo Charles F. Rourke, M.D. Schenectady Howard P. Webb M.D. Utlea

Under the very able chairmanship of Dr Ralph T B Todd, the Subcommittee on Public Medical Care, in addition to its consideration of various welfare policies and problems, spent well over a year studying in detail and revision upward the schedule of reimbursable charges of the State Department of Social Welfare In the latter part of 1946 your present Committee reviewed and approved this schedule and then presented it to the Council. The Council in granting its approval made two stipulations. First, the schedule does not represent the full value of the medical services given and second, the difference between this schedule and the full value represents each physician a contribution to needy persons of the State

In November 1945, cloven county and city Com missioners of Public Welfare, and seven physicians serving as consultants or directors of local welfare plans were appointed to work with your Commit-tee and the State Department of Social Welfare, the whole group forming what has since been termed the Joint Committee with membership as follows

New York State Department of Social Welfare

Harry O Page, Deputy Commissioner Peter F Birkel, M D, Medical Director Miss Marion Rickert, Medical Social Work Supervisor

Stella M Dorsey Senior Medical Social Worker

Association of Public Welfare Officials

Ralph G King, Chairman Essex County Ruth Taylor, Westchester County Roy Newcomb Eric County George H Peet, Lockport City Elmer G Butts Wayne County Charles G Burnett, Steuben County Percy W Woodruff Chemango County Leon H Abbott, Onondaga County Robert Campbell, Nassau County James H. Robinson, Binghamton City Carroll M Hall, Jamestown City

Local Welfare Medical Consultants or Directors

Dorothy Grey, M.D. Allegany County Depart-ment of Public Welfare Leo Reimann, M.D. Cattaraugus County Depart-ment of Public Welfare

ment of Public Wellare
O Millon Meeks, M.D Nassau County Department of Public Welfare
John Sassani, M.D Blinghamton
Robert H. Gray M.D. Westport
Robert S Cleaver M.D. Brewster
Anthony A Mira, M.D., New York City Department ment of Welfare

Medical Society of the State of New York

Carlton E. Werts, M.D. Buffalo Howard P. Webb. M.D., Utlea Charles F. Routke M.D., Schemeotady W.P. Anderton, M.D., New York Christopher Wood M.D., White Plains

The geographic distribution of this enlarged joint committee insures much more precise information and discussion regarding local procedures and problems. It also provides at any given meeting a considerable proportion of medical viewpoint and opinion.

The new schedule of reimbursable charges was formulated after study of insurance plan fee schedules for the low income group, and represents approximately two thirds of the Workmen's Compensation Minimum Fee Schedule. In some surgical procedures, the reimbursable charges included after-care only while in hospital and provide payment for services rendered in the office or home, rather than including two, three, or more weeks of after-care as in the Compensation Fee Schedule

In discussing the new schedule of reimbursable charges, a number of points should be noted. The schedule of necessity embraces the State as a whole, it cannot be varied to accommodate innumerable local conditions and circumstances. It is a schedule of charges of which the State will reimburse 80 per cent to the locality. Therefore, on each dollar spent locally the State pays eighty cents and the locality expends twenty cents of its own tax funds. Nothing whatever in this schedule prevents higher fees being paid locally if the Commissioner of Public Welfare can be persuaded to recommend, and the Board of Supervisors persuaded to authorize, increased expenditure of local tax funds.

The State Department of Social Welfare is willing to establish a schedule at the highest rates possible, consistent with available funds, the present schedule will remain in effect until December 31, 1947, and revision can be sought after that date. It should be pointed out that these are rates for services rendered to persons with little or no income, the indigent and the medically indigent, and the medical profession has always varied its fees accordingly However, it should also be pointed out that the same type of medical care is rendered to rich and poor alike, the physician giving similarly to each of his time, thought, energy, and experience, his work with one having in actuality the same worth as his work with the other Furthermore, the provision of sufficient and proper medical care at adequate fees will reduce the hospital and chronic care costs, and increase the number of persons capable of partial or complete self-support

Considerable adverse comment and criticism have appeared concerning the forwarding of payments for medical services directly to the patient, who in turn is supposed to remit these payments to the physician. This procedure is a requirement of the Social Security Board and must be followed if the State is to receive reimbursement from Federal funds. However, efforts are being made in various quarters and in various States to have this requirement rescinded.

Your Committee feels that tremendous progress has been made in developing public medical care programs under the New York State Social Welfare Law

It has been established beyond question that the medical aspects of medical relief should be supervised by the medical profession. The New York State Department of Social Welfare and the Association of Public Welfare Officials are as sincerely desirous as we are of obtaining and maintaining the best possible quality of medical care. An article emanating from the Joint Committee, outlining the present status of public medical care in New York State, has been prepared and will be published in the New York State Journal of Medicine as soon as space can be secured. Your Committee strongly urges that similar cooperative efforts, now existing on a State level, be established with Welfare Officials in each local welfare district

During the coming year, your Committee will continue its efforts to obtain effective working relationships among all who participate in medical care programs. A further goal is the preparation of a new Manual of Medical Care—unchanged since the days of T E R R A.—embracing the philosophy, standards, and practices of the total medical welfare program in New York State

PART VII

Medical Care Insurance

The Subcommittee on Medical Expense Insurance is composed of the following members

A H Aaron, M D, Charman
Leo F Simpson, M D
Leo E Gibson, M D
Frederick M Miller, Jr, M D
John E Heslin, M D
C Otto Lindbeck, M D
Abraham Koplowitz, M D
Kirby Dwight, M D (deceased)
Buffalo
Rochester
Syracuse
Syracuse
Albany
Jamestown
Brooklyn
Brooklyn
New York

The Committee has held two meetings August 15 in Buffalo and November 20 in Syracuse

The Committee outlined its program at the August 15 meeting and the following matters were discussed and acted upon

We recommended a uniform contract on a statewide basis, preferably an inhospital, medical-surgical plan on an indemnity basis, and recommendation was made that counsel be consulted and after study and further consideration, the matter again be placed before the Committee for discussion

Mr George P Farrell, Director of the Bureau of Medical Care Insurance, submitted a standard report form to be used by all medical care plans in the State for reporting enrollment, premium income, and claim expense. The Committee suggested that copies of this form be sent to each plan in the State for their information and individual action. Mr Farrell also suggested that copies of these reports should be filed with the Bureau of Medical Care Insurance quarterly.

The following public relations program was discussed and recommendation was made that the Bureau conduct this program personal appearances by the Director, releases in county medical society bulletins, New York State Journal of Medicine, and other means of publicizing medical care insurance was suggested, as well as the cooperation of the Woman's Auxiliary in arranging programs. The Committee felt that a program of this nature would be helpful in creating public and professional interest

Reciprocity between New York State plans was discussed in detail. It was deemed advisable to obtain regulations from each plan on reciprocal policies and recommendation was made that this

Information be obtained by the Bureau
On invitation, the New York State Insurance Department has sent to each meeting representatives, namely, Mr William C Gould, chief of the Mutual and Fraternal Bureau, and Mr Victor Cohen, chief of Policy Bureau The Committee unanimously feels that a working relationship with the State Department of Insurance has been established and should be continued and that their help and guidance will be of inestimable value in the Committee's program.

At the November 20 meeting directors of New York State medical care plans were invited to attend The meeting was devoted largely to an informative discussion of Associated Medical Care Plans, an organization formerly known as Medical Service Plans Council of America, which is an association of voluntary prepaid medical care plans throughout the United States, approved by state medical societies and whose purpose is to seek joint action by such plans on a national scale and to be closely coordinated with the activities of the Council on Medical Service of the American Medical Associ-Benefits of affiliating with this national association were discussed and additional information was brought to the attention of directors of New York State plans It was revealed that state society approved plans, underwritten by commercial insurance companies were acceptable by Associated Medical Core Plans for membership The directors expressed disfavor of this policy No recommendation or action was taken regarding New York State plans affiliating in Associated Medical Care Plana.

Informative papers on problems encountered in administering medical care plans changes in con tracts, public reaction to new plans and reciprocity were presented at the November meeting by direc-tors of the various plans. The Committee wishes to express its appreciation to the directors for their cooperative efforts in preparing the papers. A recommendation was made that abstracts of the papers be published in the NEW YORK STATE JOURNAL OF MEDICINE

The Committee recommends through the Coun cil Committee on Public Relations and Economics that the Medical Society of the State of New York establish standards of acceptance for approval of nonprofit voluntary medical care plans in New York State.

The Committee wishes to express its thanks to the officers of the Society for their interest and attend

ance at meetings.

Bureau of Medical Care Insurance.—The Bureau of Medical Care Insurance George P Farrell, Direc-

tor, reports as follows

The activities of the Bureau have been carried on under the direction and recommendations of the Subcommittee on Medical Expense Insurance of the Council Committee on Public Relations and Economics.

In carrying out the public relations program, Mr Farrell has prepared papers on the various aspects of medical care insurance and has appeared before five county medical societies, six Woman s Auxiliary groups, and twelve women a club and civic organisations throughout the State On invitation of Dr O W H. Mitchell, Chairman of the Council Committee on Public Health and Education of the Medical Society of the State of New York, papers on 'Voluntary versus Compulsory Health Insurance' were presented before the senior students of

the Syracuse University College of Medicine Releases on the activities of the Bureau have been published in the New York STATE JOURNAL OF

MEDICINE and county society bulletins

A pamphlet entitled Check and Double Check on Sickness Insurance, prepared by outside sources and compiled in question and answer form, has been released through the Public RelationsB ureau of the Medical Society of the State of New York. pamphlet has been widely distributed and will bring to the public a clear picture of the advantages of a nonprofit voluntary prepaid insurance system as compared to a compulsory program.

A questionnaire regarding reciprocity arrangements between New York State medical care plans

has been prepared and submitted to the following

United Medical Service, New York, Western New York Medical Plan, Buffalo, Genesco Valley Med! cal Care Plan, Rochester Central New York Medical Plan, Syracuse, and Medical and Surgical Care, Inc., Utica. The plans agreed to accept a transferred subscriber and allow credit accrued un der original contract for waiting periods toward all limitations, under new contract to be issued also, they will allow a subscriber to apply for any type of contract being currently offered by the plan and will accept a subscriber from an out-of-state medical care plan which reciprocates.

Waiting periods for maternity benefits will be credited from date of original contract on transferred members, provided the original contract

offered this service

The Genesee Valley Medical Care Plan reserves the right to reject or make an exception for any physical condition which existed at the time of enroll ment in the original plan.

This agreement among nonprofit voluntary plans in the State is a definite advantage to its 600 000 members in having the guarantee of continued mem

bership and protection without penalties

Mr Farrell as a member of the Liaison Committee with Veterans Administration has attended stated meetings. He has also attended District Branch meetings, the American Medical Association House of Delegates, the Council of Medical Service of the American Medical Association, Associated Medical Care Plans, the Third Semi annual Meeting of the Middle Atlantic States Regional Conference of the American Medical Associa tion Council on Medical Service, as well as New York State Insurance Department conferences, medical care plan directors' meetings, and other groups

Descriptive literature has been obtained from New York State plans and other plans throughout the United States for study and comparison pur poses. The Bureau is currently engaged in this study and complete survey report will be published

at a later date

The standard reporting form referred to in the Committee's report has been mailed quarterly to the plans and a recapitulation of the information received reveals an accurate picture of the progress of each plan This information will be compiled by the Bureau and distributed to all plans which will enable them to study the experience and progress of other plans. This information will help plans to proceed on a sound underwriting basis

Mr Farrell spent a considerable amount of time with the officers and special committees of the Western New York Medical Plan, analyzing their experience and on invitation of the Northwestern New York Medical Plan, Albany and Genesee Valley Medical Care Plan Rochester, has consulted with them on several occasions during their forms.

tive periods.

We are including in this report a progress report of the New York State plans as follows

The total increase in enrollment during 1946 in The total increase in enrollment during 1949 in New York State plans was 329 794, or 122 per cent Total membership (subscriber and dependents) as of December 31 1936 was 508,042, which exceeded by approximately 20 per cent the estimate made by the Bureau in last year s report.

There was an increase of 317,880 members or 118 per cent, in the following four plans which have been in operation for one year or more prior to January 1 1940 United Medical Service New York City Western New York Medical Plan Buffalo Medical and Surgical Care, Inc., Utica, and Cen-

tral New York Medical Plan, Syracuse

The Genesee Valley Medical Care Plan, Rochester, issued its first contracts August 1, 1946, and had a membership of 11,914 as of December 31, 1946 The Northeastern New York Medical Service, Inc, Albany, started active operation early in

At present Chautauqua County is considering forming its own plan, and Jefferson County is considering becoming an affiliation with Medical

and Surgical Care, Utica

The Blue Cross Hospital Plans promote and administer both the hospital and medical care plans and the following is a comparison of the increase in membership in both plans during 1946. The medical care plans have been operating a year or more prior to January 1, 1946

	Hospital Plans	Medical Plans
United Medical Service, New York City	585,555	244,164
Western New York Medical Plan, Inc., Buffalo Medical and Surgical Care,	54,412	39,221
Inc, Utica Central New York Medical	27,890	27,687
Plan, Inc , Syracuse	41,829	6,808
Plan, Inc , Syracuse	41,829	

These comparative gains are particularly significant in view of the fact that the total medical plan membership is 16 428 per cent of Blue Cross membership in the above plans as of December 31, It is evident that there is a potential field to increase membership in the voluntary prepaid medical care plans

It is gratifying to note that the doctors are cooperating and supporting the plans to foster adequate medical care under voluntary plans present time, approximately 70 per cent of all practicing doctors are participating in the plans within

the State

During 1946, all plans in New York State had an earned premium income of \$3,100,444, with incurred claims in the amount of \$2,009,869 As of December 31, 1946, the surplus, including statutory requirements, was \$868,796

It is reasonable to expect from 1946 experience that enrollment will reach 1,000,000 members by

January 1, 1948
Mr Farrell wishes to express his appreciation to Mrs Alfred L Madden, President of the Woman's Auxiliary, and Mrs Michael M Schultz, Program Chairman, for the excellent work carried on by the Woman's Auxiliary in arranging programs on

medical care insurance

The Bureau also wishes to express its thanks to Dr Carlton E Wertz, Chairman of the Council Committee on Public Relations and Economics, to Dr A H Aaron and his Committee for the help and cooperation it has received, and, to the Public Relations Bureau and the New York STATE JOUR-NAL OF MEDICINE for their assistance during the past year

PART VIII

Veterans' Affairs

The Council Committee on Veterans' Affairs was established in June, 1946, superseding the War Participation Committee which was dissolved fol-lowing the close of the war Membership is as lowing the close of the war Drs Dan Mellen, Chairman, Rome, follows

William F MacFee, New York City, James F

Rooney, Albany
The Committee's function was to continue part
of the activities of the War Participation Committee in aiding medical officers to re-establish themselves in civilian locations

A comprehensive questionnaire was sent to county medical societies throughout the State, requesting information as to the number of physicians in practice, opportunities for additional physicians, housing and office facilities, and general information which would be helpful in the Committee's program Returns were favorable but data received was not sufficiently uniform for tabulation It was valuable, however, in answering inquiries

Over 300 interviews with medical veterans have been held at the offices of the Society, and many

mail inquiries answered

In November a letter was sent to the secretaries of the county societies expressing appreciation for their cooperation in the Committee's work and requesting final data on opportunities for physicians in the smaller communities Replies have been received from all but a few counties They contained information useful in answering inquiries about rural openings

Inquiries have decreased to such an extent that activities are about closed Results of the Committee's work, as evidenced by the reactions of those who sought help, have been gratifying The Committee recommends that it be dissolved and further

inquiries answered by the Secretary

The Committee wishes to express its thanks to those in the Society office for their help and cooperation in carrying out the Committee's program

Liaison with Veterans Administration

The Council Committee on Liaison with Veterans Administration has the following membership

Herbert H Bauckus, M D , Chairman, Buffalo Louis H Bauer, M D Laurance D Redway, M D W P Anderton, M D Edward R. Cunniffe, M D J Stanley Kenney, M D Dan Mellen, M D' George P Farrell, Esq

This Council Committee was appointed to prepare for the administration of some plan to render medical care to veterans with service-connected or

service-aggravated disabilities or disease

Early in 1946, the committee went to Washington, DC, and there met Maj Gen Paul R Hawley, MD, chief medical director of the Veterans Administration, and Colonel Harding, directly in charge of medical care At this meeting there was a general discussion of ways and means and final objectives to be obtained in giving private medical care to the veteran

On May 21, in New York City, the committee met with representatives of the Veterans Administration, Dr Lyman C Duryea, medical director, Dr F E Lane, chief outpatient division, Mr Williams liam Fredericks, assistant director of finance, Mr Emmett F Good, assistant solicitor, legal division, and Mr William Duff, field division, public relations Dr Duryen stated that the Veterans Administration wanted to see a plan put into effect which would be federally controlled, and doctors' fees paid by the Administration through the Comptroller General's office, clinics to be established throughout New York State where patients would receive initial examination to determine eligibility

for treatment, and two treatments. He then would be referred to a private physician or specialist for further treatment

An alternative plan was suggested whereby the patient be given an identification card at the clinic inting his service-connected disabilities certifying his eligibility to obtain medical care, with free choice

of physician
The members of the Linison Committee felt that the most satisfactory medical care would be under medical society control, payment of fees being by number of visits according to a fee schedule plan was that the veteran visit the physician of his choice, fill in a blank form furnished by Veterans Administration to physician such completed form to be sent to a Regional Office of Veterans Administra If sufficient information were tion for adjudication given on the blank, adjudication could be made immediately, if more information were needed the veteran would be examined at clinic, and when adjudication was established an identification card would be given the veteran with a listing of disabili ties and authority for further treatment.

Following this meeting and embodying the policies suggested by the members of the committee the Veterans Administration submitted a new plan to the committee and with certain additions and correc

tions it was accepted
The Lasson Committee, at special meetings in various cities of the State, met with groups of specialists in the profession for consideration of a proper fee schedule. In these discussions impor tance was attached to the Workmen a Compensation Fee Schedule of New York State and the fact that the profession in general thought that the present Workmen's Compensation Fee Schedule was in adequate. The present fee schedule now in use adequate. The present fee schedule now in use with the Veterans Administration is the result of with the Veterans Administration is the result of these deliberations and the schedule has, of course the approval of the Veterans Administration

The Lanson Committee also adopted a means of designating specialists, and the specialists are designated by one of four means. They are physiclans who have certificates from the various Na tional Specialty Boards, those who are Fellows of the College of Physicians, or Surgeons, and also those who meet the standards set up by their county committees for qualification under the Workmen's

Compensation Law of New York State

The Veterans Administration felt that it would like to deal with New York State as a separate unit. In order to elect a contract it was necessary to set up a membership corporation in New York State which would represent the medical profession. Ac cordingly, the Veterans Medical Service Plan of New York State Inc. was formed and it was this organization that made the contract with the Veter ans Administration

This joint agreement was signed August 7 1946 On September 16, 1946, the Plan began its work under these auspices. The Lusison Committee has had numerous meetings during the year and its last meeting prior to this report was on February 18

1947

At these meetings the various problems brought out by the actual working of the Plan are discussed and to the meeting are invited the Board of Directors of the Medical Service Plan and various officers of the Medical Society of the State of New York. In a supplemental report of the Veterans Medical Care Plan to be submitted at a later date, we hope that there will be statistics of the work done during the first six months of the Plan

It should be noted that in the administration of

this medical service the county medical society is of great importance. The county medical society keeps a lust of its physicians and specialists for the use of the authorising physicians of the Veterans Administration and in every way has been encour aged to watch closely the developments of the Plan The authorizing physicians are located in each Re-gional Office of the Veterans Administration and at several contact offices located throughout the State. It should be noted that the decision for authoriza tion is made by the physicians employed by the Veterans Administration

The Lasson Committee has reported regularly through the Council and has secured approval of the Council on all the important measures it has

At each Regional Office there is a coordinator who is a physician employed by the Veterans Medical Service Plan This coordinator reviews the medical reports and must make final approval of the services rendered before they are paid for by the Finance Department of the Veterans Administration.

The committee is much indebted to Frederick E Lane, M D, director of the Outpatient Department for New York State, for his cooperation and for his regular attendance at the various conference

meetings.

PART IX

Legislation

The Council Committee, charged with the duty of studying legislation and putting forth the post tions taken by the Society consists of the following

Harry Aranow M.D., Chairman Walter W. Mott. M.D. Bronz White Plains Leo F Simpson M.D. Rochester

The Council Committee on Legislation respecfully submits the following preliminary report. This report is a preliminary report in so far as the Legislature [at the time of submitting this report] is still in session and will not adjourn until the latas ten in seem and with not sujourn and the lat-ter part of the month. There has been very little action taken on the part of the committees or the Legislature on the bills in which we are interested

up to the date of this report

As there was an election last fall, there has been a large number of changes in the members of the Legislature both in the Senate and in the Assembly There are many new members. There is a much larger Republican majority in both houses than heretofore. It was apparent that with this Re-publican majority and a Republican governor the program favored or sponsored by the Republican party would be carried out without any difficulty, in spite of the efforts that would be made by the minority members of the Legislature. The resuits of legislation so far this year have shown that what was anticipated along this line is being carried through There has been on the part of the minority members a tendency to introduce bills that would be controversial or embarrasaing to the majority This of course, is part of the game of politics. It has resulted in the introduction of a very large number of bills this year To date there have been 5,200 bills introduced in both houses, If this is not a record, it is a near record. Among this large number of bills there has been quite a number in which it was thought the members of the medical profession would be interested These have been reported to the members of the profession and the county societies through the bulletins issued by the Committee on Legislation As mentioned above, however, at the time of this report there has been very little action on these bills either in the committees to which the bills have been referred or on the floor of either house. In the supplementary report further information will be given on the bills which we have followed and the final action on these bills.

At the beginning of this legislative session it was not known just what type of legislation we would have to be prepared for, either in the way of support or opposition It was thought that there would be a bill for the licensure of the practice of chiropractic, but it was not known just what type of bill would be introduced — It was also thought that there would be some bill introduced to prevent vivisection, but there was no evidence that a strenuous effort to pass such a bill would be made It was anticipated from the democratic platform in the campaign of last fall that one or more bills providing for State compulsory health insurance would be introduced Another bill which was looked forward to this year was the bill that would revise the Education Law generally This bill has been introduced and further comments on it will be made below anticipated, also, that there would be bills introduced to amend the laws governing the practice of medicine in connection with workmen's compensation, health insurance, partnerships, group practice, and the practice of specialties in the field of medicine Such bills have been introduced and they also will be

commented on in this report The anticipated bill for the licensure of the practice of chiropractic was introduced late in the session The first bill, Senate Int 1464—Santangelo, Assembly Int 1759—Noonan, was introduced on Tuesday, February 11 Rumor had it early in the session that there would be two chiropractic bills introduced this year This rumor was verified on Wednesday, February 19, when a second bill for the heensure of chiropractic was introduced by Senator Seelye (Senate Int 1839) and in the Assembly by Mr Coville (Assembly Int 2012) On the same day that the bill was introduced by Senator Seelye, the bill introduced by Senator Santangelo was acted on in the Senate The action of the Senate at that time was to discharge committee and strike out the enacting clause This wo This would indicate rejec-The companion bill in the Assembly so far has not been reported out This action would indicate that efof committee forts will be made to pass the Seelye-Coville Bill The Seelye-Coville Bill does not set up standards for heensure for the practice in the healing arts which the medical profession could support for any school or cult The medical profession is interested in this legislation as a matter of protection to the Our interest lies in the protection of the public from the standpoint that anyone given the privilege of diagnosis and treatment should have sufficient scientific training and background to insure safety to the public in such matters The requirements for admission to licensure in this bill do not meet the requirements which the medical profession considers safe for the public It would permit the examination of those now practicing by a board of five members appointed by the Board of Regents, all members of this board to be chiropractors This board of five members would license any present practitioner of chiropractic who meets the requirements in regard to age, moral character, citizenship, residency for one year in New York State, and is a resident course graduate chiropractor, after a spe-

cial examination by this board in the principles and practice of chiropractic There is no requirement. for a thorough examination in the basic scientific subjects bearing on the practice of the healing arts The Committee on Legislation, in conjunction with the Public Relations Bureau of the State Society and Mr Dwight Anderson, its Director, are endeavoring to bring a strong opposition to the passage of this bill The Public Relations Bureau, on being informed that a chiropractic bill had been introduced, immediately got out a News Letter on this subject, reprints of the article that appeared in Hygera, later condensed in the Reader's Digest, entitled "Can Chiropractic Cure?", a leaflet entitled "Urgent" giving the basic arguments against the passage of this bill, and post cards entitled "Voter's Ballot," in large numbers Mr Thomas E Walsh and Mr Edgar L Cook, working with Mr Dwight Anderson, Director of the Public Relations Bureau, are traveling through the State distributing this material to the legislative committees and officers of the county societies for the use of the medical profession and their friends in opposing this legislation At the time of this report these bills have not been reported out of committee It is hoped that sufficient opposition will be registered with the chairmen and members of the committees concerned and the legislators in both houses—to prevent these bills from being reported out of committee and any action taken on them.

Up to the time of this report no bill has been introduced which would prevent scientific experiments or tests on living warm-blooded animals, or dogs. As the date for the introduction of bills has passed, it is not anticipated that such a bill will be introduced this year. There has been a bill introduced in the Senate by Senator Young—Senate Int 1904 (Assembly Int 2290—Stuart)—which would amend the Penal Law that such scientific tests on living animals shall be conducted in laboratories or institutions approved by the State Health Commissioner, subject to standards fixed by the Commissioner and inspection of such laboratories by the Commissioner The attitude of the State Society on this bill has been that although it did not entirely approve the introduction of this bill, it would not oppose its passage

As anticipated, a bill was introduced this year to set up in the Health Department compulsory health insurance. This bill, similar to one that has been introduced for several years, would establish the same type of compulsory health insurance as the Wagner-Murray-Dingell Bill proposes for the whole country. The bill is Assembly Int. 493—Farbstein It has not been reported out of committee and it does not appear that it will progress this year. Last year a similar bill was introduced by Assemblyman Farbstein in the Assembly and by Senator Corcoran in the Senate. A strong fight to bring the bill out of committee was defeated in both houses last year. It is called to your attention that it remains necessary for your Legislative Committee to watch such attempts at this type of legislation and make its representation against it.

The Legislature, in the 1940 session, adopted a concurrent resolution creating a joint legislative committee to investigate, review, and study problems involving the education system of the State This committee has been known as the Joint Legislative Committee on the State Education System, and also as the Coudert-Rapp Committee It has been continued from year to year and will be continued for another year This committee has made a study of the whole Education Law, the primary

object being to recodify and bring up to date the Education Law, correcting errors removing obsolete portions, etc. There has been a completely new system of indexing and numbering the articles and sections under the Education Law Several times this last year members of your Legislative Committee, the Medical Practice Committee and the Committee on Licensure of the State Society have met with members of this committee and their associate counsel to consider these portions of the law pertaining to the practice of medicine. The Executive Officer sat in on the final hearing on the section of the law pertaining to the practice of medi-cine before the bill was drawn up amending that section A bill amending the Education Law gen erally was introduced on Friday, February 7 by Senator Griffith in the Senate (Senate Int 1301) and in the Assembly by Mr Milmoe (Assembly Int This bill as introduced is a large volume, approximately 23/4 inches thick and containing 1 275 pages. At the meeting with the associate counsel of this committee it was brought out that there was no intention of making any substantive change in the Education Law and that any controversial matter would not be included in the amendments, as this bill amends the Education Law so generally that if any controversial changes were attempted as amendments, the opposition would endanger the passage of the bill as a whole. It was for that rea son that several of the amendments which members of the State Society would like to have seen made, could not be included in the amendments proposed in this bill. The members of the State Society committees agreed with the associate counsel and members of this committee on the amendments proposed in this bill. If this bill is passed and is enacted into law the article governing the practice of medicine will become Article 131 in stead of Article 48 as in the present law and will be entitled Medicine, Ostcopathy Physiotherapy The sections will be Section 0501 through Section 6517 inclusive, instead of Sections 1250-1266 as in the present law This bill has already been passed in the Senate and it is thought that it has an excellent chance of passing the Assembly and being signed by the Governor The State Legislative Committee and the County Legislative Chairmen have expressed themselves as being in favor of the passage

Your Committee on Legislation has also been interested in a number of bills affecting workmens compensation It has been working with the Chairman and Director of the Workmen's Compensation Bureau in regard to the bills that have been hatroduced amending the Workmen's Compensation Law Our opposition has been made known concerning the bills to which we are opposed and support given the bills which the members of the Society and the Workmen's Compensation Bureau favor The same has been true in regard to bills that would amend both the Workmen's Compensation Law and the Education Law in regard to partnerships and group practice. There has been an expression of opinion on the part of many of the officers and members of the State Society that it was desirable to amend the Workmen's Compensation Law and the Education Law to permit the practice of medicine by partnership and group practice. It has been difficult, however to get bills proposing such amend ments that were considered proper bills and that would not permit undesirable practice under such amendment to the law At the meeting of the County Legislative Chairmen this year, discussion

centering on this subject brought out the expression that in so far as we have not been able to accomplish what we wished along this line, it may be necessary for us to support bills that may not be wholly satisfactory at this time, with the idea of correcting any abuse by future legislation, should such abuse occur. At this meeting it was voted to support the Turshen Bill, Assembly Int. 893, which would amend the Education Law and provide that restrictions on splitting fees in the practice of medicine shall not forbid or render illegal, partnership of physicians maintaining common office nor division of profits between members if partnership certificate is filed. This bill also prohibits a physician being a partner in more than one partnership

Your Legislative Committee and the legislative chairmen of the County Society Committee also voted to support the Clancy Bill, Assembly Int. 1283 which defines x ray diagnosis and prohibits any person other than a medical practitioner, dentist, or podiatrist from diagnosing fluoroscopic or registered shadow of any part of the body, or from using x-ray or radium for treating human ailment.

Your Executive Officer at the request of the Medical Grievance Committee and on approval of the Legislative Committee obtained the introduction of a bill which would authorize revocation, suspension or annulment of license and registration of a medical practitioner for newspaper advertising for patronage or for addiction to the use of narcotic drugs. This bill was introduced by Senator Grif fith in the Senate and by Mr Milmoe in the As-

sembly, at our request

The Committee on Legislation and the legislative charmen of the County Societies have registered strong opposition to the three bills amending the Education Law, introduced in the Scnate by Senator Griffith and in the Assembly by Mr. Milmoe which if enacted would permit physicians to practice as partners and to pool fees, and also permit insurance companies to contract with license physicians to practice on their behalf for persons insured under their contracts or policies, or such partners or groups of physicians to make such contracts. The objections to these bills were not on the ground of the group practice or partnership practice, but on the ground that this would establish more or less the corporate practice of medicine which was thought to be very undesirable from the angle of the profession and a danger to the public in regard to good medical practice.

There has been an attempt on the part of the Legislative Committee to obtain legal recognition of certain specialties as the practice of mediene which may only be performed by duly licensed physicians. The specialties which were being considered are the practice of x my, anesthesia, physiotherapy, and pathology Some progress can be reported along this line this year but not as much as was hoped for Further efforts will be continued next year.

The date of adjournment of the Legislature has not been fixed at the time of the writing of this report. It has been suggested that the Legislature will probably adjourn on Saturday March 22. As there has been very little action on the bills in which we are interested up to this time it is anticipated that during the remainder of the month of March and until final action is taken on the large number of bills in which we are interested it will be a busy time. It will be necessary then to give further information and final action in a supplementary report.

PART X

Workmen's Compensation

The Council Committee on Workmen's Compensation, consisting of Dr Maurice J Dattelbaum, Chairman, Dr Joseph P Henry, and Dr Dan Mellen, submits the following report of its activities from March, 1946, to February, 1947 A supplementary report will be submitted to the House of

Delegates in May, 1947 *

There has been close cooperation between the Bureau and the county medical societies. We have recommended that there be regular meetings of the county compensation committees to carry out the functions devolving upon them, viz, the qualification of physicians, inspection of employers medical bureaus annually, passing on applications for physicians and employers medical bureaus, disciplinary control and questions relating to professional ethics and medical competence in compensation cases. In the cities and large counties we have recommended the setting up of joint committees of physicians and insurance or employers' representatives to discuss compensation matters. These groups have served to lessen the number of formal arbitration proceedings and to establish good will

The Council authorized the Workmen's Compensation Bureau to cooperate with the Council on Industrial Health of the American Medical Association in the establishment of a state-wide industrial placement bureau. Thus far the AMA has taken no specific steps to bring this worth-while project

ınto being

Medical Society Participation -A number of county medical societies employ full or part-time executive, legal, and clerical help at considerable expense to maintain and operate their workmen's compensation bureaus or offices In the smaller societies the Workmen's Compensation Commit-In the smaller tees, the Comitia Minora, and the secretaries perform the functions delegated by the Workmen's Compensation Law As the interest of the societies in workmen's compensation matters and the number of problems related to this work have increased, it has become increasingly difficult to meet the needs of the societies without some increase in help, either full or part-time Undoubtedly, the participation of the medical profession in the administration of the Workmen's Compensation Law has been of substantial benefit to the public, and has lessened the load on an already overburdened Work-men's Compensation Board This has resulted in a great saving of money to the State and to the insurance carriers and self-insurers who pay the cost of administration of the Workmen's Compensation Board, but it has placed a burden of expense on the State and County medical societies which they have met with little thought of reimbursement

Coupled with the functions assumed under the law are services rendered to the profession by the State Bureau and by the county compensation committees which may in these days of increasing cost require reimbursement from those who derive material benefit from the treatment of compensation claimants. This question must be studied in connection with the over-all costs of running the medical society, and budgets will have to be met by an increase in county or State dues or by other means

The income to physicians from compensation

work will amount to over twenty-five million dollars, perhaps nearer thirty million dollars, in 1947. The proposed increase in compensation fees would materially increase the amount. The problems arising between doctors and carriers and employers and hospitals or with the Workmen's Compensation Board require executive, administrative, and clerical help and adequate space if the interests of the profession are to be safeguarded and our relationship with the "interested parties" kept on a high level of cooperative good will

STATISTICS
TOTAL NUMBER OF PHYSICIANS QUALIFIED IN EACH COUNTY

Albany	337	Oneida	252
Allegany	48	Onondaga	465
Bronx	2 261	Ontario	109
Broome	345	Orange	183
Cattaraugus	93	Orleans	32
Cayuga	77	Oswego	79
	123		72
Chautauqua	108	Otsego	íõ
Chemung		Putnam	1 152
Chenango	44	Queens	1,153
Clinton	52	Richmond	15
Columbia	49	Rensselaer	156
Cortland	47	Rockland	114
Delaware	57	St Lawrence	98
Dutchess	178	Saratoga	75
Erne	1,130	Schenectady	135
Essex	43	Schoharie	30
Franklin	70	Schu3 ler	15
Fulton	73	Seneca	29
Genesee	62	Steuben	96
Greene	46	Suffolk	230
Herkimer	65	Sullivan	78
Jefferson	118	Tioga	41
Kings	4 041	Tompkins	74
Lewis	25	Ulater	121
Livingston	59	Warren	64
Madison	$\bar{41}$	Washington	54
Monroe	645	Wayne	72
Montgomery	65	Westchester	984
New York	6 011	Wyoming	51
Nassau	033	lates	27
Niagara	193	- atta	
	100	Total	22,201

A report on each month's activities was submitted to the Council and published in the NEW YORK STATE JOURNAL OF MEDICINE In the course of the year, hundreds of communications have been sent to physicians and county medical societies in relation to compensation matters and five official bulletins have been issued. These referred to (1) the amendment of the Workmen's Compensation Law making it unnecessary to notarize C-4 reports and the need for prompt and accurate reporting, (2) publication of a letter from the Chairman of the Workmen's Compensation Board authorizing physicians and specialists to use x-rays in diagnosis and treatment despite the provisions of bection 13-c 2 limiting the payment of fees for x-ray services to radiologists, (3) a bulletin in relation to the coverage of domestic workers in cities of 40,000 or over, (4) report forms—advising the profession of the need for care in the use of forms and deter-mining the needs of the local societies for distribution to physicians, (5) the need for meticulous care in qualifying physicians and specialists and the necessity of maintaining accurate and up-to-date lists of authorized practitioners and specialists and offering the aid of the Bureau in this work

Joint Medical Conference Committee —A meeting of the Joint Medical Conference Committee was held on June 12, 1946, and was participated in by eight representatives of the State Medical Society including your Committee and Director, two members of the New York State Osteopathic Society

^{*} The report has been condensed due to lack of space in the JOHNAL. The full report will be available to the Refer ence Committee

nine members of the Compensation Insurance Rat ing Board, and the president of the Associated In dustries of New York State

The topics discussed wore (1) Fees for specialists other than those specifically named and provided for in the Medical Schedule 16 in number

Physical Therapist 8M 1
Gynecologist and Obstetrician 8L 1 or 2
Tuberculosist and Chest Dierane 8M 2
Gastroenterologist 8M 3
Cardiologist 8M 4
Anesthetists 8M 6 other than fees for anesthesia
Plastic Surgeon 8M 7
Neurosurgeon 8M 9 (usually also 8I)
Public Health and Industrial Diseasee 8M 10 (occa
alonally also 8J)
Metabolic Diseasee 8M 11 (usually also 8J)
Metabolic Diseasee 8M 11 (usually also 8J)
Engerthologist 8M 12 (occasionally also 8J)
Charlestonicogist 8M 12 (occasionally also 8J)
Charlestonicogist 8M 14 (occasionally also 8J)
Charlestonicogist 8M 10
Chest Surgery 8M 17 (usually also 8A)
Pathologist and Hematologist, etc 8K 1 to 6 10

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The following resolution was unanimously adopted "The Conference agrees that the principle

is implicit in the Minimum Medical Fee Schedule that a duly qualified and authorized specialist is en titled to be paid an appropriate fee as such

(2) Cooperation from insurance carriers in obtaining information concerning physicians who are suspected of violation of Section 13-d or of profes-

sional misconduct or incompetence

(3) Rehabilitation. Dr George G Deaver, dr rector of the Institute for the Crippled and Disabled, who has been interested in the field of voca tional rehabilitation and is in charge of this service at N Y U and Bellevue Hospital discussed the possubilities and value of this type of work. An im portant part of the discussion related to the training and teaching of physicians throughout the State and elsewhere to be qualified to set up similar programs

Consideration was given to the setting up of local joint councils in other cities, vis Binghamton Rochester Buffalo Syracuse Albany and New York

Cit

Other items on the program were the following Legislation at the 1946 session failure of the Department of Labor to act on cases recommended for discipline, reporting by physicians fees not in the fee schedule—chest surgery anesthesia, allergy, etc., assistant fees (agreement reached on payment

of assistant s fees in hernia operations)

Workmen's Compensation Board Annual Report for 1946 —The Workmen's Compensation Board charged with the responsibility of administering the Workmen's Compensation Law in this State has made a report of its activities for the year 1946 which ments careful study The report is replete with statistics records and suggestions for im provement in workmen's compensation administration.

We wish to draw particular attention to the following quotation, with which we wholeheartedly

BETTER

pemation concern more people and are more costly than are other peacetime hazards; the problems of workmon a compensation are medicolegal as well as economic and social, and therefore of exceptional difficulty and intricacy; yet too often workmens compensation has seemed to be or in fact has been the almost forgotten step-child of ad ministration.

During the year nearly 400 000 hearings were held before referees and nearly 100 000 claimants were examined by staff medical examiners aminations were made or opinions rendered in 101 cases by expert consultants on dust diseases There has been a decided increase in the use of impartial experts who were called upon in 1,234 cases. is a marked increase over previous years the past year the Board received 2 232 applications from physicians for initial authorization and for rerating 786 of these were received by the county medical societies and 1,446 by the Medical Practice Two hundred and sixty-nine em Committee ployers medical bureaus, sixteen physicians bu reaus, one x ray laboratory and ten pathologic laboratories were licensed

An agency for planning and reviewing and revising the many functions incident to the administration of workmen's compensation and adjudication of claims has been set up charged with the responsi bility of reorganizing outmoded procedures re-vising outdated report forms and reviewing procedures in the light of new legislation and new inter pretations by the Board and by the Courts

One of the recommendations made by the medical societies to improve facilities for medical examina tions has been carried out. Women hearing room attendants were installed at itinerant referee hear

ing locations.

Certain test cases involving physicians arising out of the Moreland investigation in 1943 are still before the courts and over 150 other cases await

disposition

The plea of the Board for additional space for the Department in New York and Rochester should be given consideration The special needs of work men s compensation administration indicate the desirability of a building designed for those special needs and apart from other State operations. We are in particular sympathy with the efforts of the Board to set up the right kind of hearing and ex amination rooms

It is reported that the medical expense of administering the Workmen's Compensation Law charged to the insurance carriers in this State in 1946 was \$2,840 025 91 and the amount charged to

self-insurers was \$31 494 40

The direct cost of workmen s compensation in 1946 to New York industry and business was close to \$200 000 000 and the economic loss to workers and their families, plus the indirect costs to industry and

business, was soveral times this figure
We agree with the conclusion "It follows there-

fore, that the State medical examining service is challenged to bring sound medical judgment, well informed as to the latest advances in medical sci ence and practice to bear on the problems of work men a compensation disabilities in order to reduce the cost of workmen a compensation. role the medical profession plays in this important phase of work cannot be too strongly stressed

Your Director participated in several meetings of the Committee on Public Health and Education (Dr O W H Mitchell, Chairman) at which the question of the rehabilitation program of the State was discussed and a fee schedule devised, and meetings of the Veterans Medical Service Plan of New York, Inc relative to a fee schedule The Veter

It has sometimes not been sufficiently understood, even in high places, that good administration, equally with wise and forward booking legislation, is essential to the maximum unstudiness of a law as complex as workmost learning to the state of the second of the seco

ans Administration in the State has accepted the specialty ratings of physicians granted under the Workmen's Compensation Law A number of meetings were also held of the Council Committee (Dr Carlton E Wertz, Chairman), and the New York State Hospital Association, with the Joint Council on Radiology, Anesthesiology, Pathology and Physical Therapy (Dr Max Fein, Chairman)

Your Director also prepared legislation on work-men's compensation matters for submission to the Legislative Committee of the State Society, and attended meetings in New York and Albany In addition, he appeared before county medical society committees and special organizations, and assisted in the formal trial of a physician in Liberty.

Sullivan County

In our report to the House of Delegates in 1946 we commented on results of meetings held with representatives of the State Hospital Association, the Joint Council on Radiology, Pathology, Anesthesiology and Physical Therapy, and published resolutions which had been adopted to promote closer relationships between physicians and hospitals. These resolutions recommended, and the Council approved, the appointment of a joint council to consist of five doctors representing the above specialties, and five hospital administrators or as many as necessary to cover the State.

Although the Committee then representing the Hospital Association of New York State (1946) with Mr John McCormack as chairman, had agreed that radiology, anesthesiology, pathology, and physical therapy were the practice of medicine, and published the agreement in the March, 1946 issue of The Hospital Forum, official organ of the Hospital Association of New York State, this resolution never was placed before their parent body. A meeting of the Joint Committee was held on January 31, 1947 Representatives present from the State Society, the Hospital Association of New York State, and the Joint Council Committee were present. The hospital representatives again stated that radiology, anesthesiology, pathology, and physical therapy constituted the practice of medicine, and their counsel proposed an amendment to Section 1250 of the Education Law to include the four specialities as such

The amendment to Section 1250 of the Education Law was satisfactory to the Committee but the Council of the State Society disapproved any amendment to this section Further consideration will be given the matter before the 1948 meeting of the legislature

Amendments will be required to include the above specialties in Section 13-f(1) and Section 13-d of the Workmen's Compensation Law and in Sections 1250 or 1263 and 1264 of the Education Law It is essential initially to define as the practice of medicine, and to include as "medical" and "surgical" services, the four specialties, particularly the specialty of radiology before proper relationships with respect to these specialties can be effected

Hospital Bills—Hospitals throughout the State are persisting in submitting bills for services rendered by employed specialists (roentgenologists, anesthesiologists, pathologists, and physical therapists) and are not paying to the doctors the fees so collected. The hospitals are acting in accordance with Rule 22, which we believe to be contrary to the provisions of the Compensation Law. A brief has been drawn up asking for a revision of the Rule so as to make it conform to the Law.

Rule 22 of the Rules of Procedure under Section

13 of the Workmen's Compensation Law (7° 258 of the Laws of 1935 as amended, Pp 298 to Appendix) should be amended Said rule provide

Hospitals shall render bills for board and room a commodations medical and surgical supplies and animal facilities. Hospitals may render bills for x rays physicians the same pathologic services who rendered by or under the supervision of salaned physicians and persons rendering services for which chars are made by the hospitals must be included in all bills we all medical and x ray reports shall be promptly filed with the employer or its insurance carrier and the Departmente Lahor.

The first sentence is unobjectionable. The lattwo sentences permit the hospital to render bills to special medical services performed by salare physicians (roentgenologists, anesthesiologist pathologists, physical therapists) on the hospit staff. The hospital may not retain any of the feit so received except that a salaried roentgenologi in the hospital or a physician serving in a hospit as x-ray specialist pay to the hospital 331/1, per confidence of the fees collected. Section 13-f., subdivision of the Workmen's Compensation Law provides

(1) Fees for medical services shall be payable only lephysician or other lawfully qualified person permitted section thirteen b of this chapter to render medical cunder this chapter Hospitals shall not be entitled receive the remuneration paid to physicians on their states for medical and surgical services

Section 13-d of the Workmen's Compensational Law makes it a misdemeanor for any person with violates or attempts to violate or aids another violate Subdivision g of Section 13-d, and provide the removal of a physician from the list of the authorized to render medical care, if said physicians directly or indirectly requested, received or participated in a division, transference, assignment rebating, splitting, or refunding of a fee in count tion with the furnishing of surgical or medical caldinguous or treatment or services including x-ray & amination and treatment, etc. (except as here above excepted)

No doubt, the rule was one of convenience enable the hospital to submit bills for qualified a authorized physicians on its staff, to collect the in one lump sum and their to distribute the amout due to the respective physicians. In its press form, the rule has a tendency to grant permission hospitals to retain the fees for which they render bills. Certain hospitals have failed to pay to taphysicians the fees the hospitals have collected Both the hospital and the physician are violating the Workmen's Compensation Law under these circum stances.

We recommend that Rule 22 be amended so as to contain a provision directing the hospital to pay to physicians the fees for medical services

Application of "Free Choice" Principle It is the duty of every physician to comply with the conditions imposed by the Workmen's Compensation Law to treat only such patients as he is qualified by education, training, and experience to handle, and to refer to a better qualified physician for treatment all patients requiring more expert or special care than he can render. This is a moral and ethical duty and its strict observance will go a long way to justify and perpetuate the "free choice" principle in the Compensation Law

We hear a great deal about the cost of medical care in compensation cases. The employer or insurance carrier pays the bill for medical care and compensation. The type and quality of medical care.

that as a direct bearing on the cost of medical care and iso on the amount paid for time lost Further the M Scality of medical care may be and often is a deter thing factor in the payment to the worker for the medical care will determine the fate of the in no pared worker in relation to future working capacity a relation to the state both the physician and the state both the physicians of the state both the physicians of the state both the physicians qualified as in relation to treatment by physicians qualified

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The We must here allude to the need for proper and peedy adjudication of claims before referees and public Workmen's Compensation Board. The undue apostponement of decisions and other delays inher rior ent in the settlement of claims are potent factors in prior prolonging the period during which physicians are obliged to treat or observe patients. As it is the duty of the Workmen's Compensation Board to im IK. prove the administration of the law to the end that larry claims may be settled without delay so too it is claim, the duty of the physicians to cooperate with the set parting and by appearance before referees when necessary

We are vitally interested in the cost of medical care, especially in view of the free choice principle The physician deals directly with the patient but a the doctor s bill. Medical costs are an important action in deciding premiums to be paid for ending the doctors. If these costs are excess the premiums rise. Employers add the cost. tions rise. Employers add the cost of compensation coverage to the costs of re-production and eventually the public pays the second in the price of goods and services. We see that the public pays the second cost in the price of goods and services. We see that the cost of the worker is promptly that the services of the services of the worker is promptly that the services of the servic total ma wate for medical care, if the worker is promptly

There is a direct relationship between medical care and the costs of compensation payments.

Prolonged treatment or improper medical care may keep the employee out of work beyond the time necessary to restore him to health and work. Neither the importunities of the patient (who does not pay the bill) nor the expectation of greater fees abould interfere with sending the patient back to his job as soon as medically indicated

restored to health and to work.

Medical care can be paid for adequately if the factors that produce excessive or improper medical costs are controlled. The cooperation of every physician and specialist treating compensation claims and is necessary. There is no reason why a compensation claimant should be treated differently from a private nation. from a private patient. Under the provisions of the Compensation Law a physician is unumited in his call upon the resources of the medical profession in order to get the patient back to work promptly

The medical societies are charged with the responsibility of the administration of the Workmen s Compensation Law in so far as medical care is con cerned and are bound to exercise alertness and vigilane to the end that the principles enumerated above are effectively carried out. The medical societies through their compensation committees and with the cooperation of the employers and insurance carriers have a unique opportunity to be of service. We urge them to give great consideration to these problems.

Collection of Medical Bills.—The number of medical bills aubmitted for collection from physicians throughout the State has greatly increased We have been successful through the cooperation manifested by insurance carriers. This is reflected by the very small number of bills submitted to arbi tration outside of New York City The participation of several of the larger county medical societies in the work of adjusting disputed medical bills also is an encouraging factor worth mentioning

Arbitration.—During the past year six arbitration sessions were held in Buffalo Albany, Syracuse, Newburgh, Binghamton and Nassau In all, 45 cases were arbitrated, 45 settled without a hearing and ten adjourned Medical bills amounted to \$5 970 34 of which \$5 613 34 were in dispute and total awards of \$3 481 84 were made representing 62 per cent of the amount in dispute

Radiology Examinations. Six examinations for Radiology Examinations and in Albany Thirty-seven physicians thirteen passed, 22 failed applied for examination and two failed to appear Candidates for radiologic
(D) ratings are required to obtained a passing mark of 70 per cent in general diagnostic roentgenology or in radiation therapy We urge all qualifying com-mittees to apply the standards meticulously and to refer for examination, all physicians who are not diplomater. We of the National court or readiology or who are not fully meet the requirements of the spe-Malty as set forth in the standards.

Fee Schedule.—The inadequacy of fees paid has been recognized for many years. The present fee schedule has been in operation for over ten years. The cost of living has increased by more than 50 per cent during that time, and the expenses of con ducting medical practice have risen in proportion. The House of Delegates of our Society has unani

mously resolved that an increase in the workmen s compensation fee schedule is warranted and neces-

sary
This Bureau began a study of medical fees in this
State in 1941 (Bulletin number 29) a study of fees
that the Heion was made also and compaid throughout the Union was made also and comparative tables prepared. In 1942 this Bureau informed the then Industrial Commissioner of the increased cost of living and of conducting medical practice and requested a revision of the fee schedule. In May, 1943 we advised the Industrial Commis-sioner that as a result of a survey made by the Bureau throughout the State, an increase in fees was justified We also informed him that the 5 per cent discount for payment of bills within thirty days should be revoked. Consideration of the mat-ter was postponed by the Industrial Commissioner pending the hearings of the Moreland Act Commis-

aioners then in progress.
In May and June of 1946 the Bureau advised the Chairman of the Workmen's Compensation Board of the action taken by the House of Delegates in 1945 and 1946 calling for an increase in fees and asking for and 10-10 calmig for an increase in tees and asking for temporary revisions in certain items pending a full hearing. On June 27, 19-16 a meeting with the Chair-man was requested. This meeting was arranged for September On July 18 10-16 the Chairman advised our President that she was conneiring a revision of the fee schodule and requested him to submit a report on the amount of remuneration he deemed

adequate. A meeting was held on September 12, 1946 with the Chairman of the Board and the proposed fees were submitted. Your Director was requested

by the Chairman to provide her with proof as to the necessity for the fees proposed in relation to medical fees for similar services in private practice, to persons of a like standard of living. Your Director addressed a letter to every county medical society in the State calling upon the secretaries and chairmen of Workmen's Compensation Committees to provide the necessary data to support the fees pro-Copies of the proposed fee schedule were made available to all county medical societies and physicians throughout the State Nearly 1,000 replies were received and submitted to the Chairman of the Board in October

The material submitted to the Chairman of the Workmen's Compensation Board amply sustained the proposed fees A similar fee schedule was prepared and accepted by the Veterans Administra-

tion

If the best-qualified physicians in the State, and over 22,000 physicians have been authorized to treat compensation claimants, are to be available for treatment the fees paid must be adequate Low fees, out of line with fees paid by private patients of a like standard of living, combined with the necessary burden of making out and filing reports, will have a tendency to discourage physicians from ac-

cepting compensation claimants

ne entire medical profession has for a number of vears been dissatisfied with the fees paid and there radiology, anesthesiology, pathology, and fees al therapy were the pro-tic. of medicine, and ersal demand for an upward revision, and fees hed the profession Law minimum for issue of vious compensation. Law minimum for issue of vious compensation of the average private patal for pay for medical services, the statistics repay for medical services, the statistics retained to the ladiustrial Commissioner of this State hams the Industrial Commissioner of this State at based upon earnings in 1939 workers in ned an average of 187 per cent more, while arnings increased nearly 175 per cent lls in 1943 to 1945 averaged nearly 300 lls in 1943 to 1945 and 1946 over 200 per cent t and in 1945 and 1946 over 200 per cent than those in the period 1935 to 1939 for May, 1946, was nearly \$50 per week, 75 less than the peak years of the war igures are cited to indicate that the average is well able to pay a higher fee in private e than in 1935 to 1939 Therefore, fees and ons in private practice were substantially in 1946 than in 1935, some county medical es published fee schedules for private practice provisions of the Workmen's Compensative, fees paid for medical and surgical servants be "fair and adequate" and "shall be described to such charges as provisions of the workmen's Compensative, fees paid for medical and surgical servants be "fair and adequate" and "shall be described charges as provided in the same content. d to such charges as prevail in the same comy for similar treatment of injured persons of a tandard of living," the above factors are per-

e Chairman of the Workmen's Compensation d, appointed a committee representative of stry, labor, insurance carriers, and the medical ession, including the Secretary of the Medical sty of the State of New York, which has the osed fee schedule before it for consideration and make a report and recommendations to the irman Dr Nathan B Van Etten is Chairman he Committee Your Chairman and Director eared before one meeting of the Committee in the report of the port of the proposed fee schedule and additional itings will be held

mendments to the Workmen's Compensation w—We again this year, as the result of the man-ie of the House of delegates, introduced bills in Assembly and Senate to restore the functions noved in 1944 from the four New York

having a population of over one million have been no constructive acts on the part of the Medical Practice Committee to justify its existence as a substitute for county society participation as a substitute for county society participation. The Medical Practice Committee (three physicians appointed by the Chairman of the Workmen's Compensation Board) has called upon the county medical societies in the four New York counties to carry out for them the procedure of reviewing the applications of physicians for ratings and relatings in the first instance and latterly has called upon our State Society Compensation Bureau Examining Committee in Radiology to examine applicants for radiologic ratings The need for the Medical Practice Committee is not apparent and it should be abolished and the functions restored to the county medical societies

Your Chairman is a member of the Advisory Committee appointed by the Chairman of the Work men's Compensation Board and was called to advise as to legislation recommended by the Char man of the Board Twenty-nine recommendations of the Workmen's Compensation Board were con-Some of these were sidered at two meetings deemed necessary and essential to the proper administration of the Compensation Law For m-stance, Section 13-c 2, added in 1944, prohibited the payment for x-ray examination or treatment ex This would cept to a qualified roentgenologist have prevented any physician or specialist, other than an x-ray specialist, from being compensated for taking an x-ray or from treating by the use of x

violacevs An ordinary practitioner would have been for the rentrung in the diagnosis and treatment of frachams rectly or and At our request the Chairman of the hams tractly or induct our request, the Chairman of the tures, etc. " a division, traffion Board issued a riling Workmen's Compensation of the tures, etc." a division, traffion Board issued a riling Workmen's Compensation, traffion Board issued a riling workmen's Compensation of the induction and as rays in accordance with their ducal or meta-hedule. Unprovided and limited in the fee standard or restrict this practice, but probably their into so restrict this practice, but probably their intent was to prevent the taking of x-rays in separate x-ray laboratories except by a specialist pointed out that this could be accomplished by a simple addition to this section as follows in Section 13-c2

No claim for services by an x ray laboratory in connection with x-ray examination diagnosis or treatment of any claimant under this section shall be valid and enforceable except by a physician duly authorized as a roentgenologist by the Chairman for services performed by such physician or under his immediate supervision

We objected to an amendment again introduced this year as in 1946, giving the Chairman of the Workmen's Compensation Board sole discretion to designate physicians of outstanding qualifications to serve as impartial specialists in determining diagnosis, prognosis, causal relationship, functional disability, type of treatment necessary, etc. At the present time such specialists are designated on recommendation of the county medical societies Panels of experts were provided for in the law of 1944 but have never been appointed by the Chairman of the Workmen's Compensation Board We urged the appointment of these panels and they were also recommended by the original Commission appointed by Governor Lehman in 1933, as being appointed by Governor Lenman in 1935, as penny necessary for the proper administration of the Compensation Law We believe it unwise and unsafe to give to any political appointee sole discretion in making such remunerative appointments as a property of the ball without adequate professional provided in this bill without adequate professional standards and without recommendations from or approval by the county medical society

We approved an amendment to take off the limitations to medical care in silecosis (Section 15

8-d) The Workmen's Compensation Board recommended an amendment to authorize claim filing by any worker up to two years without Board action (Section 28-a) and to except "slow starting" occupational diseases from the two year statute as to provide for claim filing within ninety days after knowl edge of an occupational disease (Section 28-b) Many patients fail to notify their physicians that their injury or illness was caused during or as a result of their work and physicians are often confronted with the necessity of reimbursing claim ants who contracted for treatment as private pa tients paid for the services and made a claim sub-sequent to completion of treatment. Under the present one-year clause this has happened often enough to warrant recommending the inclusion in the law of a provision to protect physicians who have rendered treatment to such patients who only subsequently make a claim for compensation and who fail wilfully to notify a physician of the nature and ongin of the injury

An amendment is required giving the Workmen s Board authority to determine Compensation whether medical care was given in good faith before a claim was made or if the claimant failed purposely to disclose a compensable injury and to exempt the physician from reimbursing the claimant for serv

ices rendered prior to making a claim

An amendment was introduced to authorize the Chairman of the Workmen's Compensation Board to review, revoke, or revise the rating recommended by the county medical society workmen s compensa-tion committees or by the Medical Practice Committee in New York, confirmed by the Chairman of the Workmen's Compensation Board, if the Com mittee of the county medical society or the Medical Practice Committee makes a recommendation to the Chairman to thus effect. It gives the physician so affected the right of appeal to the Medical Appeals Unit of the Industrial Council This amendment was considered necessary because of an opinion rendered on October 15, 1945 by Attorney General Goldstein to the Chairman of the Workmen's Com pensation Board as follows

The Chairman of the Workmen's Compensation Board does not have any authority to re-examine reduce, or revoke special ratings granted to physicians authorised to reader medical care under the Workmen's Compensation Law apart from the physician special authority to practice under that Statute. Such special ratings are regarded as tights equal to the primary suthorisations are regarded medical care and may not be primary suthorisations are regarded medical care and may not be found to the care to

This amendment raises questions of constitu tionality and property rights Revisions and sim-phification of the ratings originally given through out the State if considered necessary were effected without complaint by physicians in more than a few instances, after county compensation commit tees were instructed to simplify the ratings Charges under Section 13-d can be preferred for improper or unprofessional medical conduct or fee splitting, etc. or for medical incompetence. The proposed amendment would enable the Chairman of the Competence. pensation Board on the recommendation of the county medical society or the Medical Practice Committee to effect a change of rating or revoke same. The affected physician would have the right of appeal subsequently but no right to a hearing before his rating was changed. This is improper and we, therefore oppose the amendment unless the right to a full hearing after due notice of the reason for the intended change is served upon the physician. Certainly a physician once rated in accordance with certain standards and by regular procedure as provided by law should be secure in his rights to practice his specialty until he is formally charged with develections so that he may be aware of them and given an opportunity to defend his nghts.

An amendment to provide for some equitable fee basis between physicians and hospitals for x ray examination by salaried reentgenologists was sug gested There should be a provision in this bill to provide a mechanism whereby it may be ascertained whether the contract is reasonable and equitable Furthermore, there should be a provision to enable the Chairman of the Workmen's Compensation Board, or either interested party to resort to arbitration of disputes as to the reasonableness and equity of the contract either during or after its completion. It is not certain that 331/4 per cent or 40 per cent of any fee received by a physician under contract is a fair and reasonable return to any hospital Since there are other salaried physicians beades roentgenologists who contract with hospitals these too should be included in this section. are anosthetists, physical therapy physicians, and pathologists. The mere reviewing of a contract between the physician and a hospital may not en-able the Chaliman of the Workmon's Compensation Board herself to determine whether said contract is reasonable and equitable and within the spirit of the provisions of Section 18-d. Consideration of the terms of the contract by an arbitration committee of at least three persons would be preferable. One member should be appointed or selected by each party in interest, and one by the Chairman of the orkmen # Compensation Board

An amendment was suggested to authorize the Chairman of the Workmen's Compensation Board to accept the assignment of claimant a cause of action against authorized dootor and procedute same. Thus, any compensation claimant who pays a fee to a physician for medical services shall have a cause to a physician for medical services sain have a cause of action against such physician for the recovery of the money paid and this action may be assigned to the Chairman of the Workmen's Compensation Board in trust for the assigning claimant. The Chairman may sue such physician on such assigned cause of action with the benefits and subject to the provisions of existing law applying to such actions

by the claimant himself
The present law provides that a physician author ized to treat compensation claimants shall not accept or receive a fee from a compensation claimant, but shall have recourse to the employer or carrier With this we agree. Cases arise however in which a physician is not aware that a patient is a claimant under the Workmen's Compensation Law patient may deny a compensable accident. The physician often by careful history and interrogation may not be able to ascertain that the patient has suffered an industrial accident or an industrial ill ness or disease. After the physician s services are contracted for and paid, a claim is made, often long after the accident, occasionally it occurs that the patient did not report an accident to the employer in the stipulated period of time, or did not file a claim with the Workmen's Compensation Board, within the statutory period. Subsequently the physician is required to file reports and the claim

may be allowed by the referee or Board Where the claim is allowed, the physician has been required to refund the fee paid, and look to the carrier or employer for payment. The claimant may have agreed to pay, or paid a fee in excess of the minimum, but the physician is usually paid in accordance with the minimum fee schedule, regardless of the ability of the patient to pay, as indicated by the amount he voluntarily paid the physician. Furthermore, when the physician is not aware of the fact that he is dealing with a compensation claimant, he makes no reports and subsequently the carrier or employer objects to his bill, because he did not file reports

within the statutory period

It is not fair to the profession to enact such a drastic amendment to the law without safeguards to the practicing physician The present amend-ment refers to any compensation "claimant" and if it were held that a patient was a claimant only when he made a claim, there could be no objection to the amendment It is not contemplated that a physician who fails to interrogate a patient as to the manner in which his injury or illness was sustained, so as to determine whether the patient is entitled to medical care under the provisions of the Compensation Law, shall be supported in accepting a fee paid by the claimant, when a physician has made every effort to ascertain whether the injury or illness is compensable and cannot reasonably so determine the fact, and when an individual has not made a claim, or advised the physician of the exact circumstances of the injury or illness, the physician should be protected and not be subject to suit A preliminary hearing should be held to determine whether the fee was obtained in good faith, whether an industrial accident was described, or a claim made, or whether the circumstances were such that the physician should have been able to advise the claimant that he was entitled to medical care under

the provisions of the Law
Physicians acting in good faith have had their interests seriously jeopardized under the present law, and the contemplated amendment does not provide

any measure of protection

An amendment to provide for the arbitration of hospital bills similar to, but not identical with, the arbitration of medical bills was approved

An amendment to provide for the authorization of employers' medical bureaus maintained by a group or association of employers at a place or places of employment was disapproved On the basis of an investigation of such a bureau in Jamestown, New York, we strongly objected to any such amendment to the law as endangering the right of the employees to free choice

An amendment to authorize group practice under the Workmen's Compensation Law was introduced in 1946 and was vetoed by the Governor strongly objected to the provisions of this bill as endangering the entire structure of the Workmen's

Compensation Law as amended in 1935

The bill to amend both the Workmen's Compensation Law and the Education Law to permit group practice was a badly drawn bill and strongly objected to and condemned by us and all other inter-ested parties We favor ethical group practice

In the setting up of various groups under various voluntary insurance plans, the question as to the proper treatment of claimants under the Workmen's Compensation Law is raised Improper supervision of patients permitting a group to collect fees in compensation cases may result in poor medical care through failure to provide for continued supervision by a responsible physician able to give testimony

The distribution of responsibility among a group might result in circumstances similar to those that prevailed before 1935 Unless this bill is properly drawn and avoids the pitfalls in last year's bill which would have permitted partnerships of a statewide nature (chain-store medicine), conditions pre-vailing before 1935 would be restored to the detriment of the injured worker

An amendment to Section 56—owner's hability for compensation to employees of contractors-

reads as follows

Any person firm or corporation engaged in any operation for profit who contracts to another all or any part of such operation involving or including a hazardous employment, shall be deemed a contractor for purposes of this section and such other a subcontractor

Attention is called to the use of the words "any This might involve person" in this amendment any physician who engages a contractor to do work for him, if the latter is not insured The physician would, under this Section, become a contractor and hable for compensation in case of injury or death, eg, a physician engaged in making calls might be construed to be engaged in an operation for profit, if in the course of his rounds his auto becomes disabled, or he gets a flat tire The employee he engages to repair the machine or change the tire might be employed by a person not covered under the law

The physician might then become liable

An amendment recommended by us to regulate the place of arbitration of disputed medical bills and to provide that such arbitration take place in the city or county where the medical service was rendered rather than in the county where the employee resides was again introduced

Forms —The Workmen's Compensa-Report tion Board has printed less than one-half the number of forms necessary There were over 715,000 new accidents reported in 1946 At least eight forms are required in each case Frequently, duplicates are required and in protracted cases additional C-14 forms must be filed Forms are sent in bulk by the Workmen's Compensation Board to the various county medical society offices and distributed to doctors by the secretaries or chairmen of the workmen's compensation committees We have received innumerable complaints from county societies and physicians of their failure to obtain an ade-The Chairman of the Workmen's quate supply Compensation Board felt that forms were being wasted but when her attention was drawn to the actual needs and the failure of her supply to meet such needs, she requested your Director to confer with the Manager of the Compensation Insurance Rating Board to suggest a solution She stated that the paper shortage made it impossible to get a After such conference we more ample supply notified the Chairman that it was the responsibility of the Board to supply forms. The shortage of forms may greatly retard reporting and slow up the process of payment of compensation and claim settlements

Travel -With the increase in county society activities comes the need for closer cooperation between the societies and the State Medical Society Bureau While the help and advice of the Bureau have been sought with increasing frequency during the past years, the difficulties of travel during the war years and up to recently have prevented more frequent visits on the part of the Director to county medical societies. It is hoped that in the coming year this defining may be provided. year this deficiency may be remedied

Medical Directory and Veterans Administration—The staff of the Bureau has been busily engaged in suding the preparation of the new Directory and in compiling lists of specialists for the Veterans Administration—This has been a difficult and timeconsuming job, doubly so because of the shortage of space in the office—and the need for great haste

Full-Time State Employees.—The Chairman of the Workmen & Compensation Board has refused to grant certificates of authorization to a number of physicians employed in State hospitals — It is her belief that such physicians might not be able to appear at hearings because of their work in State hospitals

This matter is being further investigated

Round table Discussions.—Round-table meetings or discussions on workmen s compensation were held in Buffalo and in Binghamton and both meetings were very well attended Your Director parties pated in these together with representatives of the Workmen's Compensation Board employers labor and insurance carriers we have had enthusassite reports on the value of such question and answer meetings and similar ones are being arranged by other county seeleties. We urgo all county medical societies to arrange such meetings once each year and means of disseminating up-to-date information on compensation matters and stimulating cooperation between the profession and the other groups interested in Workmen's Compensation. This is a fine meedium for improving 'public relations'

Professional Qualifications.—The medical societies in all counties having a population of less than one million are charged with determining the profes-We believe the sional qualifications of physicians determination of professional qualifications should be the function of the medical societies and remain within the framework of the organized medical profession. Over a period of ten years there have evolved methods to determine these qualifications based upon standards of education, training, and experience originally set up by this Bureau and modified from time to time. The granting of specialists and other ratings must be carried out moticu Standards should be sufficiently high so that a physician who is rated as a specialist under the Workmen's Compensation Law will be regarded with the same confidence and respect as the bolders of National Board specialty diplomas and members of the American Colleges. Our standards are such that if the county medical society workmen a compensation committees adhere closely to them with such minor concessions as are deemed necessary to meet conditions of practice in the smaller communities, the recipionts of specialists symbols will be of such professional stature as to justify the confidence placed in the organized profession by the executive and law making bodies of the State

Under date of January 7 1947 we issued a bulletin emphasizing the importance of county society
compensation committees measuring up to their
responsibilities in the rating of physicians and of
fering add in the procedure Suggestions were made
as to the composition of the Workmen's Compensation Committee the methods of applying the stand
ards, recommendations for regular meetings of the
full committees to consider applicants and the procedure to be followed in granting ratings in diagnostic reentgenology and radiation therapy. We have
been fortunate in obtaining the services of outstanding radiologists in the metropolitan area and
in the larger cities of the State to serve as examin
ing committees for applicants for x-ray ratings.

We have given the statistics of the examinations conducted as evidence of the need for great care in the scrutiny of the qualifications of these applicants Incidentally the Medical Practice Committee which is charged with the responsibility of qualify ing physicians in the four New York countles having a population of over one million, utilizes the serv ices of the Examining Committee in radiology for applicants in New York. It also depends upon the county medical society workmen a compensation committees in the four New York counties to review other applicants in the counties, and act upon their recommendations. The advantage of the county medical society compensation committees, pecially in the larger counties, over the Medical Practice Committee of three is the setting up in these counties of special qualifying committees in each specialty as advisory to the county compensation committees. In the smaller counties, one or more outstanding specialists serve as advisors to the committee in the determination of specialistic qualifications. The superiority of this procedure over that of the Medical Practice Committee of three physicians appointed by the Chairman of the Com-pensation Board (all of whom are at present sur geons) must be apparent. In many instances in which a physician applying for a rating involving surgical procedures is unknown to our committee and the applicant has no staff hospital appointments the applicant may be required to prove his surgical technical ability by performing one or more major operations, before making recommendations to the Chairman of the Compensation Board Over a period of nearly eleven years there has been a gradual improvement in procedure so that the decisions of county medical society workmon a compensation Committees may be looked upon as authoritative we commend the cooperative spirit manifested by the compensation committees of the county societies in carrying out these functions and urge them to do everything possible to improve their methods.

In the past certain county medical society compenastion committees have largely confined their activities to qualifying physicians and medical bureaus and some have not taken too seriously the supervision of medical practice Perhaps the fail ure of employers and insurance carriers to bring to their attention promptly evidence of incompetence or improper medical practice is to blame At best it is difficult and certainly distasteful to criticize the work of a colleague Lest we be misunderstood it is not our purpose to interfere with the right of the physician to treat his patient in accordance with his time honored rights or to come between him and his patient. Under the provisions of the Workmen a Compensation Law however a physician agrees to limit his practice to what he is qualified to do as a result of his education, training and experience, and the symbols granted on the recommendation of the the symbols granted on the recommendation to treat pa-county medical society as authorization to treat pa-the renew of his practice. This county meanca society as authorization to treat partients indicates the range of his practice. This implies a duty and responsibility on the part of the medical society tactfully, but definitely, to assume a role in the guarantee of adequate medical care to the workmen's compensation claimant.

Perhaps much can be accomplished if there were a frank discussion of the factors above enumerated at meetings of the Society to which all physicians authorized to treat compensation claimants were invited

M-17 Thoracic Surgery —In 1942 your Committee after approval by the Council, recommended to the Department of Lebor that the symbol M 17, which previously had been a catch-all for unrelated specialties, be abolished, and that M-17 be utilized for the specialty of thoracic surgery Under date of March 30, 1942, Mr Ralph R. Boyer, director of the Division of Workmen's Compensation of the Department of Labor, approved the use of this symbol for thoracic surgery A number of surgeons throughout the State applied for and received this symbol on the recommendation of their county medical societies

The present Chairman of the Workmen's Compensation Board, Miss Mary Donlon, has recently raised the question as to the validity of this symbol, despite the evidence in our hands that the Department not only approved the change in the symbol but also confirmed said change by granting M-17 ratings to a number of applicants mined effort is being made to induce the Chairman of the Workmen's Compensation Board to confirm the use of this symbol for thoracic surgery Since the adoption of all symbols and the setting up of standards for qualifications under the Workmen's Compensation Law have been primarily and substantially the work of this Bureau, it seems strange that the Department should now fail to follow the recommendation of the Society We recommend that the symbol M-17 be granted to physicians who possess the necessary qualifications established for this specialty

PART XI

Publications

By resolution, the Publication Committee is made up of a member of the Board of Trustees, the Secretary, the Treasurer, the Executive Secretary, and the Managing and Literary Editors Dr Kirby Dwight, who represented the Board of Trustees, passed away on December 4, and was replaced by Dr John J Masterson The latter with Dr James R. Reuling, Dr W P Anderton, Mr Dwight Anderson, and Dr George W Kosmak, Chairman, and Dr Laurance D Redway constitute the Committee

at the present time

During the past year your Committee at monthly meetings gave careful consideration to the matters connected with the publication of the JOURNAL and the Directory In addition; special meetings of the editorial group were held to discuss the editorial content of the Journal. The Committee has constantly endeavored to enlarge and improve the makeup of the JOURNAL and regrets that this effort has been hampered by difficulties due to paper shortage and printing delays The present size of the JOURNAL does not permit the inclusion of a sufficient number of scientific articles in the various issues to assure a reasonably prompt appearance after being submitted by their authors. These delays, naturally, are productive of complaints by the latter, but the situation cannot be remedied until a more adequate supply of paper is available We trust that this may be obtained at an early date We have endeavored to expand the news features in the Journal and have added several special departments dealing with the Veterans Administra-tion, Medical Care Plans, Council Meeting minutes, etc, in order to keep our members informed of the Society's diversified activities The editorial section has been carefully supervised and the field expanded to include comments on a variety of topics, directly or indirectly related to medicine, with the hope that these would prove both informative and We are pleased to note that our editorials have elicited critical responses from readers and that an increasing number have been quoted in the newspapers and other periodicals

Changes in the composition of the editorial staff during the year have included the addition of Dr Armitage Whitman as an associate of Dr Laurance Redway

The technical staff concerned with copy reading, makeup, and other production details has been increased to three persons, somewhat more adequate, but as yet insufficient, office space has been provided, and arrangements made to file recent issues of exchange journals for regular scrutiny by the editors for items suitable for comment

The circulation of the Journal now averages over 21,000 copies of which 539 are paid subscriptions Your committee has made recommendations to the Board of Trustees for an increase in the subscription price as well as in the allocation for members in a re-

cent explanatory memorandum.

Financially, the JOURNAL has continued to present a more than satisfactory condition, since the time when the Society began to manage all its affairs, business and editorial, from the central office The deficit encountered in the years from 1940 to 1942 has been eliminated. The returns from advertising which have been most satisfactory may no longer continue on this scale in the near future, if business restrictions develop Moreover, production costs have and will probably continue to increase, particularly if the contemplated enlargement of the Journal can be developed To proment of the JOURNAL can be developed. To provide for such contingencies, the Publication Committee requested the Board of E. mittee requested the Board of Trustees to establish a Journal Reserve Fund to be drawn upon as the occasion demands

The new issue of the Medical Directory, in view of the lapse of time since the previous volume was published, the many new names to be included, changes of residence, hesitancy of printers to accept contracts, shortages in paper and materials for binding, the organization of a compilation staff, etc, have all delayed the expected date of publica-The project is a large one, the edition will be about 23,000 copies for distribution to members, to advertisers, and to many cash purchasers. This work now has great commercial value to insurance companies, pharmaceutical houses, publishers, and The greatly increased costs of manufacothers ture will undoubtedly result in a much larger deficit than occurred with the 1941-1942 edition Costs of manufacture have more than doubled and the number and salaries of the compiling staff have largely increased

Your Committee recommends that the House of Delegates continue this Special Committee working under supervision and reporting to the Council, and that the House give the following directive as to con-

tinuance of its personnel

"The Publication Committee shall consist of the Secretary, the Treasurer, the Executive Secretary the Managing and Literary Editors, and one member of the Board of Trustees, to be appointed by the President of the Society after consultation with the Chairman of the Board of Trustees"

Attention is called to the following detailed statement as a demonstration of the important role played by the publication activities of your Society

NEW YORK STATE JOURNAL OF MEDICINE

Total circulation	21,028
Member's copies	20,291
Cash subscribers	539
Copies to advertisers, exchanges, etc	631
Pages of scientific articles, etc	1,510
Pages of advertising	1,327

Acknowledgments are due for efficient and conscientious work by your Chairman to the various members of the Publication Committee, to Miss Willms L. Simmons and her assistants in the edi torial office to Mr Dwight Anderson Business Manager, and his associates in the business department, to Drs. Redway and Whitman for their production of editorials, and to Miss Dougherty and members of the general office staff for their assistance in many capacities This spirit of most helpful cooperation is gratefully recognized for this has been most helpful in developing a high standard of jour nalistic achievement as well as placing our publica tions on a self-sustaining basis

Medical Publicity

The Council Committee on Medical Publicity was continued with the same personnel

Floyd S. Winslow M. D., Chairman Francis N. Klimball M.D. Rochester Now York Frederick M Miller Sr M D Utica The Committee presents the following report

Publicity and public relations activities this year have been aimed chiefly at continuing educational efforts on the use of animals in medical research making known to the public the activities of the medical profession in drawing up a plan of pravate medical care for veterans combatting bills to license chiropractors in the 1947 session of the Legislature and the pursuit of usual informational activities on socialized medicine Close cooperation has been established with Dr. Robert R. Hannon, Executive Officer in legislative matters.

News Releases.—Throughout the year press releases on postgraduate programs and teaching days held under the auspices of the Committee on Postgraduate Education were sent to newspapers in the counties where those events were taking place. News releases based on President Hale's addresses and the scientific programs of each meeting were pre-pared and distributed to newspapers as each of the eight district branches of the Society hold their annual meetings. Steps taken by the Society and the Veterans Administration in the organization of the Veterans' Medical Care Plan, Inc. were an nounced through releases sent to all newspapers in the State. Complete coverage was given to the events and scientific papers which were part of the 1946 Annual Meeting Abstracts of scientific papers were made available to the press.

Chiropractic Legislation —When attempts to license chiropractic in the State of New York were made during the 1947 session the Society acted promptly in the interest of public health. The Noonan-Santangelo Bill, providing a licensing board with one chiropractor board member, was introduced in the Assembly February 11, and in the Senate on February 14 The Scelye-Coville Bill, providing for a licensing board of all chiropractors followed this first bill and was introduced in the Senate February 19 and in the Assembly on the same day These bills were strewdly proceeded by a specious article by C W Weint called 'Chiropractic Precents Its Case in the February edition of the Reader's Digest Copies of this article were distributed among the legislators

The Public Relations Bureau promptly made re-

prints of an article, Can Chropractic Cure? which appeared in Hygen, April, 1946 and was later condensed in the Reader's Digest June 1946. In addition handbills, briefly stating the Society s reasons for opposing the bills, and post cards for mailing to legislators were prepared This printed mailing to legislators were prepared. This printed matter was disseminated through county medical societies, the Woman's Auxiliaries and county Tuberculosis and Public Health Associations.

To assist county societies, two representatives of the Public Relations Bureau visited key cities throughout the State devoting one day of work to each one Mr Thomas E Walsh visited Albanic Schenoctady, Utica, Syracuse, and Rochceter Mr Edgar Lum Cook visited Binghamton, Elmira, Olean, and Jamestown.

The distribution of this material was not restricted to medical and health organizations, but included women a clubs and fraternal and service organiza tions as well as others in these key cities and the surrounding counties. The cooperation of the press

was requested and obtained

Publications and Printed Matter—The most important project of the Bureau, following the successful antivivisection campaign has been the proparation and publication of a 64-page booklet called Check and Double Check on Sickness Insurance.

With socialized medicine the national debate topic for high schools during the current school year it was thought that a booklet dealing with compulsory sickness insurance voluntary health insurance and socialized medicine in general would be a real contribution. Check and Double Check is in terre question and answer form. J Weston Walch, Post lead Water schoolstacker is the author. The Portland Maine, schoolteacher is the author The public relations bureau supplied much of the ma terial and consulted frequently with Mr Walch during the progress of the preparation of the manu script. Much painstaking work went into this pub-lication. Elisabeth W Wilson, of Boston an ex perionced actuary, provided invaluable assistance in checking data. Care was taken to include as many phases as possible of the subject. Consultations with authorities on the subject were held prior to printing. An all-inclusive index is an important feature of the booklet

Check and Double Check' has had a splendid reception. Orders have come from medial societies and other organizations all over the country March 1 800 orders had been filled for well over 11,150 copies. Orders of from several hundred to 2,000 have come from points such as California, Olilo, Illinois Florida, Virginia Texas, Boston and the Philippines The American Medical Associa tion ordered 1 000 These have all been paid orders The policy regarding payment has been to make them available free of charge in New York State and to charge 25 cents per copy outside of the State with the price scaling down according to the size of the order Many congratulatory letters have come from readers associated with both medical and nonmedical organizations

The News Letter was published several times dur ing the year and malled to a list of 600 physicians.

Articles in Magazines.—Several articles which appeared in nationally known magnaines were prepared with the assistance of the Bureau cluded 'Can Chiropractic Cure? by Albert Maisel which appeared in the June 1946 issue of Hygera and Reader's Digest, "Mice—or Men an article on the use of animals in medical research, by Maj Gen. Norman T Kirk in the April Coller's an editoral on the New York State campaign against antivivisection legislation, followed by a spread of pictures taken during the campaign appeared in the April and June issues of Hypera. In the June Harper's Magazine, Bernard DeVoto's The Easy Chair" was given over to the antivivisection issue Speakers' Service Department.—In accordance with the resolution of the House of Delegates regarding the establishing of a speakers' service, a preliminary survey has been conducted by the Public Relations Bureau in the following counties Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Queens, Richmond, and Westchester More than 50 physicians and eight interested lay persons have been consulted

All of the physicians interviewed, speaking either as officers of county societies or individuals, deem it advisable for the county societies to form speakers' bureaus. The objectives of these bureaus would be to provide a means through which the members themselves can keep abreast of current problems, and also a mechanism by which they can keep the people of the county adequately informed of the activities, objectives, and policies of the organized

medical profession

The majority of those interviewed also favor the formation of a State speakers' service which would be prepared to supply material and assistance to the county bureaus whenever requested. As a result of preliminary conferences conducted as part of the survey, the public relations committee of the Nassau County Medical Society has already undertaken to establish a subcommittee to conduct a speakers' bureau

A résumé of the information obtained indicates that the consensus of opinion of physicians is that a state speakers' service, to accomplish the following objectives, would be helpful to the county societies

1 Revitalize existing county society speakers'

bureaus,

2 Assist in the establishment of speakers' bureaus in societies which do not have them,

3 Provide the county societies with a plan for assisting physicians to speak on lay topics

The public relations bureau is planning the extension of this service along the foregoing lines Mr Thomas E Walsh, Field Secretary, who made the survey, will visit several county societies and assist in the work of organization.

Public Service and Miscellaneous —The public relations bureau has received daily requests for material on socialized medicine. Kits of available material were made up early in the year and were used to fill those requests. With the publication of "Check and Double Check on Sickness Insurance" this task became easier since this booklet alone contains answers to a multitude of questions.

Conferences were held with persons seeking information regarding the Society's stand on various questions and with writers planning magazine articles on medical subjects. Many other calls upon the bureau were handled in which advertising agencies, public relations agencies, newspapers, and press services sought information directly or assistance in locating sources of needed information.

A mimeographed outline of the Wagner-Murray-Dingell Bill was prepared by Miss Lyon for distribution to interested persons. The outline, together with copies of the American Medical Association's Ten Point Program, were sent to officers and legislative chairmen of the State Woman's Auxiliary and became the basis for study in some countries.

became the basis for study in some counties

Assistance was given Dr W W Bauer, Director
of the A M A Bureau of Health Education, in preparing one of the broadcasts in the A M A radio
series, "Doctors Then and Now" Material was
assembled on which was based the program featuring Dr Stephen Smith's life and times President
Hale was secured to give a three-minute talk at the

close of the program, which was heard on the coast-to-coast network of NBC on January 11

Mr Anderson and Miss Lyon were interviewed on the antivivisection campaign in an article for the July issue of *Medical Economics*

Miss Lyon addressed several organizations on socialized medicine and voluntary medical insurance during the year

Woman's Auxiliary —Cooperation was extended to the Woman's Auxiliary in the development of their program Miss Lyon consulted with officers frequently and assisted them whenever called upon whether in connection with program or organization of new units —The auxiliary did splendid work during the year in promoting voluntary medical care insurance and plans to continue this work —Under the leadership of Mrs James Bucci, public relations chairman, the county auxiliaries have been instrumental in providing the Public Relations Bureau with a valuable list of names of thousands of prominent persons throughout the State —This will replenish and bring up to date the Bureau's regular mailing list

Mailing and Distribution.—The distribution of our material may be seen in the following figures A special mailing, done immediately after the antivivisection campaign in April, consisted of reprints from the Collier's article, the Harper's article, a reprint of the interview in Medical Economics, and a mimeographed account of the antivivisection campaign. This went out to 1,500 persons who were vitally interested in the campaign. Reprints of Dr Cunniffe's presidential talk before the 1946 Annual Meeting—taken from Vital Speeches of June 1—went to 34,000 persons. Reprints of the talk delivered by Dr Hale before the June, 1946, Conference of Health Officers and Public Health Nurses at Saratoga Springs, which appeared in Vital Speeches of September 1, were sent to 400 key persons and editors of medical journals and was widely reprinted.

Meetings Attended —Mr Anderson and Miss Lyon attended all district branch meetings and the semiannual meeting of the American Medical Association Mr Anderson attended the annual meeting of the AMA held in San Francisco in July Miss Lyon attended the Annual Conference of Health Officers and Public Health Nurses held in Saratoga Springs in June

PART XII

Miscellaneous

Medical Licensure —The Council Committee on Medical Licensure consists of the following

F Leslie Sullivan, M.D., Chairman (deceased) Scotia

Morris Maslon, M D Ivan N Peterson, M D Glens Falls Owego

During the year 1945, there were 9,153 licenses to practice medicine and surgery issued by the examing boards of the 48 states, District of Columbia, and the possessions. This compares with 9,647 issued in 1944 for the same states and possessions. Of the former number, 5,541 were given after examination and 3,612 by reciprocity and endorsement of other state licenses or of the certificate of the National Board of Medical Examiners. In the year 1944, 7,058 were issued after examination and 2,589 by reciprocity and endorsement.

Contrary to the usual custom in the past, New

York does not lead in number issued, but gave way to California who issued 1 203 licenses. New York licensed 709 and Pennsylvania 518, both over 500 Illinois, 481, Ohio, 452 Massachusetts, 250. Twenty states, the District of Columbia and the

Twenty states, the District of Columbia and the territories licensed fewer than 100. The smallest number (aix) was granted in Wyoming and only one physician registered by examination in Nevada. Twenty-one boards (notably California, Connecticut, the District of Columbia, New Jersey and New York) Heaned more physicians by reciprocity or endorsement than by examination. Florida, Idaho, Massachusotts Rhode Island and Hawaii have no reciprocal agreements, but, with the exception of Florida, these states endorse diplomates of the National Board of Medical Examiners.

"Increases in the number of physicana registered last year as compared with data reported for the year 1944, were noticeable in a number of states and particularly in Arkansas, California, the District of Columbia, Florida Illinois Indiana Iowa, New Jersey, and the possessions, while more pronounced decreases in registration occurred in Georgia, Kansas, Kentucky Maryland, Michigan Mississippi, Missouri, Nebraska, Ohio, Pennsyl vania, and Virginia. The decreases in these states were most noticeable in the examination column

TABLE 1 - Licenses Issued, 1935-1945

		Reciprocity and	
	Examination	Endorsement	Total
1935	5 725	3 194	7 919
1936	6.375	2,772	9 047
1937	6 629	8,204	9,833
1938	6.557	2 956	9,518
1939	6.400	2,872	9,272
1940	6.289	2.866	9 155
1941	6.054	2,759	8,813
1942	6,141	2 460	8,010
1943	6,057	2,838	8,393
1944	7,038	2,580	9.647
1945	5,541	8 612	9 153
Totals	68.726	30 629	99,355

The high figures for the years from 1036 to 1941 in the annual number of licensee issued were due to the licensure of foreign graduates. In 1944 there was an increase of 1,254 over the number registered in the previous year while in 1945 there were 494 fower than in 1944. Acceleration started in most medical schools in the United States about July 1 1942, and the peak of graduates was reached in 1944, when two classes were graduated at most schools. The total graduates for the four-session three-year cycle to July 1, 1945, was 20 662. For the four years, 1942 to 1945, inclusive 35,803 physicians received licenses. This figure includes physicians previously licensed who are migrating to other states and veteran medical officers not returning to their original state of practice. It is believed that the great majority of recent graduates will have been licensed prior to entry on active duty with the armed forces. Discontinuance of the A.S.T. and Navy V 12 programs in medical schools at the end of the session which, for most schools, ended in March, 1946, per

mits schools to decelerate and most, if not all, schools are planning to discontinue the accelerated program

The 5,929 examinees represented 4,928 graduates of approved medical schools in the United States, of whom 2.5 per cent failed 53 were graduates of approved Canadian schools, 161 per cent of whom failed, 25 were graduated from approved medical schools no longer operating with 24.0 per cent failures, 475 were graduates of faculties of medicine located in countries other than the United States and Canada 56 0 per cent of whom failed and 448 were graduates of unapproved schools with 40.8 per cent fallures The numbers examined in these categories depart significantly from the figures for the year 1944 The number from approved schools in 1945, while considerably lower than in 1944, is in excess of the normal number of annual examinees but cannot be compared with 1944 owing primarily to the accelerated program Figures from the latter year represent two graduating classes in many in-stances, namely, December 1943, and September, 1944 There were considerable reductions among foreign graduates and graduates of unapproved schools New York where the greatest number of foreign graduates are tested, examined 190 fewer than in 1944. New York schools had 725 graduates try examinations of whom 20 failed or 3 8 per cent. New York graduates appeared before examining boards of 28 states,

'Graduates of medical schools of other countries were examined in 25 states the District of Columbia, and Puerto Rico There were 475 such graduates

with 266, or 56 per cent failures

The source of examination is further tabulated in Table 2 giving totals for five groups, namely, approved medical schools in the United States and those in Canada, schools no longer in existence, foreign faculties of medicine and unapproved institutions. As previously mentioned 2.5 per cent from the United States schools failed, as did 15 1 per cent of graduates from Canadian schools. The greatest percentage of failures represented two groups, foreign and unapproved schools. In these two categories 56 and 40 8 per cent, respectively failed. Of extinct schools 24.0 per cent failed

Consolidated Examinations A more accurate picture of the performance of graduates in licensure examination than the foregoing is given by the figures which combine the results of state medical board examinations with those of Part III of the National Board examinations (Table 3) In 1945 there were 4 928 graduates of approved medical schools in the United States examined by medical licensing boards, of whom 2.5 per cent failed. In the same period 1 219 graduates of these institutions appeared for Part III of the examination of the National Board of Medical Examiners, of whom 2.4 per cent failed. In some instances, schools having a high percentage of failures before the National Board of Medical Examiners in these consolidated of Medical Examiners in these consolidates

TABLE 2

Medical Schools	Number of Schools	Number Examined	Number Passed	Number Falled	Percentage Failed
Approved in United States Approved in Canada Extinct	69	4 928 58	4 803 45	125 8	2 5 15 1
Extinct Foreign Unapproved Schools	78 14	25 475 448	200 265	258 183	24 0 56 0 40 8
Totale	176	5.929	A.341	588	

TABLE 3—Consolidated Examination—State Medical Examining Boards and the National Board of Medical Examiners—1945

School	Results by Medical Examining Board Tests Passed Failed		Examination of National Board of Medical Examiners Passed Failed		Total Examined	Totals Passed Failed		Per-
Albany Medical College	1	0	42	0	43	43	0	0.0
Columbia University	19	ĭ	87	Ō	43 107	108	Ĭ	ŎΘ
Cornell University	18	ī	48	Ŏ	67	66	ī	15
Long Island College of		_						
Medicine	40	9	62	1	112	102	10	89
New York Medical College	6	4	85	5	100	91	9	90
New York University	45	6	83	0	134	128	6	4 5
Syracuse University	20	2	17	0	89	37	2	51
University of Buffalo	10	Ö	69	0	79	79	Ö	0 0
University of Rochester	35	Ō	39	0	74	74	Ō	0.0

figures for 6,147 graduates, the percentage of failures of approved medical schools in the United States was reduced to 2 2

746

The total of all examined before medical licensing boards was 5,929, of whom 5,341 passed, and 588, or 9 9 per cent, failed For both groups—state boards and the National Board—7,160 were examined, 6,559 and 601, or 8 4 per cent, failed

Failures "Practically all states require the applicant to receive a general average of 75 per cent, and 50 per cent in any one subject. In case of failure in not more than two subjects, the applicant is entitled to another examination in those subjects within twelve months. A few states consider such individuals as conditioned in the subjects in which they failed and do not report them to the office of the Council on Medical Education and Hospitals of the American Medical Association, as failures. In these instances they are not considered in the calculations in this study. When their grades are raised after a successful test in the subjects in which they failed, they are recorded among those who passed. "In 1945 there were 9,153 individuals licensed or

"In 1945 there were 9,153 individuals licensed or granted licenses to practice medicine. Of these, 381 had previously been unsuccessful before a licensing board. From the approved schools, 170 of those licensed had previously failed a state board examination. Sixty-nine had one failure before being licensed in a given state, and 62 were licensed after one failure in another state. Thirty-nine received licenses after more than one failure, sixteen of whom were registered in the original state, nineteen elsewhere, and four failed in the state where licensed and elsewhere.

"One hundred and sixty-seven graduates of foreign faculties of medicine and 44 graduates of unapproved institutions were licensed after previous failure. The multiple failures shown for these two groups reveal the difficulty these individuals experience in passing licensure tests. In the computation of these statistics, the record indicated that 39 graduates of foreign faculties of medicine, eight graduates of unapproved institutions, and six from approved schools failed five or more times before licensure. Of the foreign graduates, fourteen had five failures before obtaining a license, seven failed six examinations, five failed seven, four, eight, three, nine, one each, ten, eleven, and twelve times, two,

thirteen, and one failed fifteen tests
"The eight graduates of unapproved institutions failed as follows—five tests, two, six tests, three, seven tests, one, and one graduate failed 21 tests, and another 30 tests, all in Massachusetts, before securing licensure in that state—The majority of these physicians with multiple failures were Massachusetts and New York examiness—In sixteen states, all physicians licensed last year had no failure in a state medical examination before being regis-

tered With the exception of California, Connecticut, the District of Columbia, Illinois, Massachusetts, New Jersey, New York, Ohio, and Pennsylvania, the number of physicians licensed throughout the country in each state after previously having failed was less than ten"

Reciprocity and Endorsement Four states, Florida, Idaho, Massachusetts, and Rhode Island, as well as Hawan, do not maintain reciprocal agreements with regard to medical licensure. However, all of these, excepting Florida, will register diplomates of the National Board of Medical Examiners.

"California issued 708 licenses by this method, New York, 512, and New Jersey, 236 Seven other states endorsed 100 or more candidates, namely, the District of Columbia, 177, Michigan, 160, Texas, 145, Massachusetts, 143, Ohio, 127, Connecticut, 105, and Maryland, 101 The largest numbers of candidates presenting the same type of credentials were the 1,103 presenting certificates of the National Board of Medical Examiners On the basis of the National Board's certificate, 407 were certified by New York and 143 by Massachusetts

"More than 100 physicians presented licenses issued in Illinois, Maryland, Michigan, Missouri, New York, Ohio, Pennsylvania, and Tennessee The greatest number (298) were licensed on the basis of previous registration in New York"

Eight were admitted to private practice in the Virgin Islands on presentation of satisfactory credentials Twenty-six medical officers of one of the government services received licenses without written examination in seven states California eleven, Texas four, Wisconsin four, Illinois three, Virginia two, Kentucky one, and Utah one

Two physicians were licensed in the District of Columbia and one each in California and New York on credentials from one of the possessions of the United States The foreign credentials of eight physicians were accepted as a basis for licensure without examination Arizona (Canadian license), Delaware (England), New York (Canada, Manitoba, Austria, France, and Germany), and Vermont (Quebec)

The number of physicians securing licenses by reciprocity or by endorsement has been steadily increasing in recent years. The figure for 1945 (3,612) represented 1,023 more licenses issued by this method than in 1944

Licentiales Representing Additions to the Medical Profession "There were 5,707 additions to the medical profession in 1945. The number removed by death in the United States, possessions, and temporary foreign in the same period was 3,815. It would appear, therefore, that the physician population in the United States last year was increased by 1.892.

"The greatest number of physicians in any one

Résmré

	June 1945		October 1945		January 1946		Total	
	Passed	Failed	Passed	Failed	Passed	Falled	Passed	Falled
New York State Medical Schools Other States Canada European Cuba	36 84 3 52 1	20 4 102 0	15 32 9 34	18 3 96	25 80 6 25	25 5 116	76 90 11 111 1	19 63 12 314 0
Unapproved Chleago Medical Schools Middlesex	=	Ξ	=	Ξ	5 3	3 14	5	3
Licensed by Endorsement of out-of Licensed by National Board Endo Indorsed under Section 51 Licensed by examination	f-state licen mement	469			605	229 16 280		

state, 616 was added to the profession in New York. Both California and Pennsylvania added more than 400 and Illinois and Ohio more than 300

"The 5,707 licentiates constituting addition to the medical profession last year represented 4,939 who secured their licenses by examination and 768 by endorsement of credentials. The latter represent mainly diplomates of the National Board of Medical Examiners

"Estimated figures indicate that on January 1 1046 the number of physicians in continental United States including those licensed in 1045 and those still in military service was 195 809"

"At the Licensure for the Relocated Physician. request of the Committee on Postwar Medical Serv ice, the secretary of the Federation of State Medical Boards of the United States canvassed the respec tive licensing boards of the country on several points. The report of the secretary to the Federation on February 12, 1946 is as follows

'I Medical officers desiring to relocate after separation from military service will be required to satisfy peacetime licensure regulations in the states concerned except in New York, North Dakota, and Pennsylvania, where special consideration is given

to such applicants.

"2. Medical officers who are graduates of unapproved medical schools will experience difficulty in obtaining licensure in any state except Illinois and Massachusetts, although New York is giving special consideration to medical officers.

'3 Medical officers who entered military service without obtaining a license to practice in any state with the exception of diplomates of the National Board of Medical Examiners, will be required to take the regular licensure examination in the state where they expect to practice

"4. A limited number of states have provision for temporary licensure, but only for the duration of the war and six months thereafter

'5 As regards the licensure requirement for hospital residents which prevails in twelve states and the District of Columbia, and to a limited extent in four more states, it seemed evident that hospital residencies desired for returning medical officers should be regarded as a form of postgraduate or re-fresher courses of training and therefore these physicians might be relieved of licensure requirements particularly if restriction of practice is rigidly observed Several state boards are considering the matter in this light.

Graduates of Unapproved Schools Graduates from unapproved schools were admitted to examina Graduates tion in the State of New York under the conditions published in Annual Reports of The Medical Society of the State of New York for 1945 to 1946 by action of the Board of Regents, September 21, 1945, under paragraph 2, Section 51 of the Education Law

This ruling allowed selection from three groups of

residents of the State of New York those residents who had met all requirements for admission to professional licensing examinations, except graduation from an unapproved school, who had (I) practiced their profession in the armed forces, or (2) in the public health service during the War emergency or (3) under the same circumstances had been admitted to internalup in approved hospitals and thus con tributed to the public need during the emergency This latter opportunity (3) was made possible by an act of the New 1 ork State Legislature.

It was stated in the memorandum from Dr J Hillis Miller Associate Commissioner of Education, that 'in establishing this policy referred to above (see memorandum) the Board of Regents has made it possible for deserving veterans and a limited number of civilians to gain admission to the licensing examination who would otherwise have been denied

the privilege of taking the examination"
At a meeting of the Committee on Medical Licensure October 9 1946, Dr Jacob L Lochner, Jr . Secretary of the New York State Board of Medical Examiners, discussed various phases of licensure requirements and reported as follows

Fin tion

al Report on June 1946 Medical Licensing	Examinat
Total Candidates	392
Passed on first marking	72
Passed by average	34
Passed first raview	44
Passed on Board Review	31
Total passed	182

Of the 34 candidates who passed on average, 32 of these were passed on first review one was passed on Board review leaving one candidate who passed on average alone.

New York State Other United States approved	TOTAL	Passed	PAILED
	50	30	22
schools	135	93	31
Chicago Medical School	23	16	
Middlesex	59	25	81 46
Foreign	162	37	77
Canadian	11	8	27

Applications from Graduates of Unapproved Schools Under the Regents Ruling of September 21 1945 Total number of modical audication .

date Total approved Total denled Total number on hand to date for processing Total number of candidates passed to date Total falled to date Percentage falled	300 180 120 50 52 55 51	

REASONS FOR DRWIAL Nonresidents
Medical schools not recognized
(Boston Physicians and Surgeons)
(Kansas City University)

(Rt. Louis)
(Bt. Louis)
(Bt. Louis)
(Alid Western Medical College)
(Alid to meet preprofessional requirements
Insufficient internable

Report of the Counsel

To the House of Delegates, Gentlemen

Your Counsel herewith submits his report of the activities of the Legal Department of the Medical Society of the State of New York for the period from February 1, 1946, to and including January

31, 1947

During the year the personnel of your Counsel's staff has remained unchanged As of the first of the year 1947, however, your Counsel and his associate for many years, Mr Thomas H Clearwater, the Attorney for the Society, have formed a firm and are now engaged in the practice of law under Mr Clearthe name of Martin & Clearwater water's work as Attorney for the Society has been known to the members of the House for nearly seventeen years Mr Robert J Bell, who rejoined our staff after a period of service in the Navy, continues his good work in connection with the handling of malpractice actions, as does our other associate, Mr John J DeLuca Your Counsel pays tribute to the spirit of industry, loyalty, and devotion shown by his entire staff, both legal and clerical In making a report of this nature, brevity is a

necessary object, and it is possible only to give an outline of the work done by our Department Your Counsel in so reporting follows the convenient method whereby in previous years his activities have been divided into three main divisions (a) the actual handling of malpractice actions before courts and juries, and in the appellate tribunals, (b) counsel work with officers, committees, and individual members of the Society, and (c) advice on legislative matters and the activities associated

Litigation —Over the years your Counsel and his predecessors have pointed out the dangers which result from hasty, careless, and unjustified criticism by one physician of the work of another The average layman is very conscious of litigation and it takes but little to stir up a malpractice action Often, the doctor who makes the careless remark does not intend harm to the other nor does he feel the latter has been guilty of malpractice, but it is time and time again demonstrable that malprac-

tice actions stem from such comments

We likewise again call to the attention of the membership the ever-present hazard of becoming defendants in malpractice actions. That hazard is not restricted to any class of specialists but is very real to every physician who deals with patients, regardless of the type of his practice. It should be remembered that the rights of physicians in malpractice actions are dealt with by lay jurors who have very little realization or understanding of a physician's problems, and who are likely to be swayed by considerations of sympathy or prejudice, and by other factors unrelated to the ments of a In keeping with the trend of the times, it is a well known fact that verdicts in all sorts of personal miury actions are larger than was the case a few years ago

It should be noted in this connection that for many years the Society has sponsored a Group Plan of insurance in an attempt to take cognizance of these conditions The excellent record of the Group Plan has continued The Society furnishes gratis defense, through your Counsel, to members who are sued for malpractice who carry no insurance However, though such defense is valuable to a physician, he may find himself in a difficult position,

indeed, if the case is one which will result adversely Adequate protection in the Group Plan to avoid such a consequence is recommended to every member Although the number of members insured under that Plan is at this time greater than ever before, there is still a large number of members who carry no insurance protection against mal-practice. During the calendar year 1946, eighteen such lawsuits were instituted against uninsured physicians whose defense was undertaken by your Counsel Each one of them certainly regrets his failure to take advantage of the Group Plan, which has been in operation for nearly thirty years

The Yorkshire Indemnity Company, the carrier for the Plan since 1936, has in every way continued to fully and fairly discharge its obligations and to cooperate in every way with your Counsel in the defense of cases covered A word of appreciation should be expressed for the work of Mr Horace Crowell, Jr, assistant secretary of the Company, in charge of the claim department, and of the work

of his subordinates

Your Counsel feels that a forward step was taken at the 1946 meeting of the House of Delegates by the creation of a Special Committee known as the Malpractice Insurance and Defense Board Board has been set up under the able chairmanship of Dr J Stanley Kenney, and has undertaken the discharge of its duties Your Counsel and Mr Clearwater have attended the meetings of the It has the important advantage over the old Committee that it will provide a continuity of supervision over malpractice insurance and defense by members who will remain in office long enough to become thoroughly familiar with the many problems involved

With these preliminary statements we note that there were commenced within the present reporting period 125 actions This is an increase over the 111 actions commenced in the last reporting period, but is not nearly so large as the proportionate increase over the period prior thereto which was from 90 to 111 These increases can be in large part attributed to the fact that all but a very few of the physicians who were in the armed forces are now back in private practice A number of cases were instituted during the past two years which would have been begun sooner had not the parties to the actions been in service. The figure of 125 new actions, on the other hand, is much less than the average of cases instituted during the years which preceded the outbreak of the war These figures do not include a large number of claims outstanding on which suit may be eventually brought constantly in conference with many claimants and their attorneys, and frequently have succeeded in convincing them that in fact and in law their claims are without merit, so that many such claims never become lawsuits

Table 1 shows that during the present reporting period we disposed of 98 cases Sixty-eight of these cases were settled and 30 terminated successfully in favor of the physician In no cases were there

Judgments for the plaintiff
There were pending, at the end of the reporting
period, approximately 400 cases

Counsel Work.—During the period of this report, your Counsel and Mr Clearwater, the Attorney for the Society, have attended the Annual Meeting

TABLE 1 -Number of Suits Instituted and Disposed of in 1946 1947

OF IN 1940 1947		
	Instituted 1945-1947 (12 months)	Disposed of 1946-1947 (12 months)
1 Fractures, etc. 2. Obstatrics, etc. 3. Amputations 4. Durant of etc. 5. Obstatrics etc. 6. Obstatrics etc. 6. Needle breaking 7 Infection 8. Eye infection 9. Diagnosis	12 9 2 19	9 6 2 18 30 4 4 4
10 Lunacy commitments 11 Unclassified—medical Total	10	is 98
Actions for death Infants Actions	11 15	7 8
Total How Dispos	**B	15
Settled How Dispos	eru ey	68
Terminated in favor of defendant Judgment for Plaintiff	physician	30
Total	_	98

of the Society, and the regular meetings of the Council and of the Board of Trustees and have conferred with members of those bodies, and members of committees upon numerous legal problems that have arisen. With the increase in the activities of the Society this work has increased in considerable measure

During this period your Counsel and Mr Clear water devoted much time and energy to the legal details attendant upon the formation and organization of a membership corporation entitled Veterans Medical Service Plan of New York, Inc. and to the negotiations involving that corporation the Society and Veterans Administration whereby the present system of furnishing medical care to veterans was

put into effect.

Your Counsel prepared the contracts which are now in effect between the Society and Mr Dwight Anderson Dr David J Kaliski, Dr Robert R. Hannon and Mr George P Farrell. He also prepared the contracts entered into between the Society and the firm of Hackeling & Oberkirch accountants, providing for the annual audit of the Society's financial alfairs, and for an audit of the Group Plan We have participated in further negotiations regarding the leasing of larger quarters for the Society's office.

Your Counsel, acting with the Committee on By laws, has examined a large number of proposed amendments to the Constitutions and Bylaws of a number of component county medical societies and has rendered solvies and made suggestions in connec-

tion therewith

We have been in frequent consultation with Mr Anderson, Dr Anderton, and Dr Kaliski relative to legal phases of problems which have arisen in their particular fields of work. Mr Clearwater and Mr Bell attended on behalf of the Scenty, certain disciplinary proceedings under the Workmen's Compensation Law

In addition, your Counsel receives many oral and written requests for opinions from various members on topics too numerous to mention in detail in this report. A few of the matters on which such advice has been given during the past year are the following personal liability of a salaried physician in a Stato locapital, right of physician to engage in medical practice as partner, legality of sterilization operation, legal liability of psychiatrist and psychoanalyst, disclosure of information to insurance company, right of physician to advertise manufactured products, sale of medical practice, termination of professional relationship with patient, own erslup of x ray plates, discharge of physician from hospital staff, right of physician to purchase grain alcohol, and necessity for preservation of hospital record including x ray films.

It should be noted that your Counsel's office is at

It should be noted that your Counsel's office is at the service of all members of the Society, and it is a daily occurrence for us to be consulted either by personal inquiry or by telephone concerning the legal problems arising out of emergency situations which cannot be handled by correspondence We endeavor to render assistance in these situations, which, of course, entails a considerable amount of

time and work

Legislative Advice and Activities —During the reporting period, your Counsel and Mr Clearwater have conferred with numerous persons in connection with proposed changes in the law which affect the practice of medicine and the medical profession Such problems have been discussed at length with the Society sofficers and committeemen, and with Dr Hannon the Executive Officer Mr Clear water attended the annual meeting of the Council Committee on Legislation with the chairmen of the County Society Legislation committees at Albany He also conferred concerning proposed legislation on several occasions with representatives of the hospitals and of various medical specialities.

Conclusion.—Your Counsel closes his report as he and his predecessors have in other years, by an preseng his appreciation of the advice and assistance given throughout the entire State by many members of the Society who have helped us in the handling of litigation, and in our numerous problems. The officers of the Society and the members of the Country and Board of Trustees have aided and assisted us in great measure. Such cooperation has enabled your Counsel to obtain the results shown in this report.

Respectfully submitted, WILLIAM F MARTIN Counsel

Resume of Instructions of the 1946 House of Delegates and Actions Thereon of the Council, Board of Trustees, and Officers

Upward Revision in Fee Schedule of Workmen's Compensation Law (Section 43) —As instructed by the House of Delegates, the Workmen's Compensation Bureau reiterated its previous request for upward revision of the fee schedule Dr Hale wrote Miss Mary Donlon, director of Workmen's Compensation Board, to this effect Miss Donlon has appointed the following committee to make recommendations to her Dr Nathan B Van Etten, Chairman, Honorable E W Edwards, representing labor, Mr Martin F Hilfinger, president of Associated Industries, Buffalo, Mr Henry D Sayer, manager, Compensation Insurance Rating Board, Dr W P Anderton, representing the Medical Society of the State of New York Dr Francis M Conway and Dr Joseph Raphael of the Medical Practice Committee, Workmen's Compensation Board, sit as advisors to the Chairman, and Miss C Hafele, executive secretary, Workmen's Compensation Board, acts as secretary This Committee has already held meetings and is studying the matter referred to it, which has many ramifications

Reintroduction of Amendments (Section 43) — The Committees on Legislation and Workmen's Compensation, acting in unison, have had introduced into the 1947 session of the New York State Legislature an amendment to the Workmen's Compensation Law abolishing the Medical Practice Committee and restoring to the Medical Societies of the counties of Bronx, Kings, Queens, and New York the functions performed by the Workmen's Compensation Committees prior to the establishment of the Medical Practice Committee in 1944 No action on this matter has been taken by the legislature as this goes to press

Medical Care of Veterans' Service-Connected Disabilities by Private Physicians (Section 55)—As a result of authorization by the House, the Council fostered the creation of Veterans Medical Service Plan of New York, Inc This corporation has been functioning for several months in cooperation with the Council Committee on Lauson with the Veterans Administration

Overlapping of Committees —With the consent of Council, Dr Hale referred this matter to the Planning Committee The Planning Committee has studied this subject and will make recommendations to the Council In February, 1947, the Council Committee on Veteran's Affairs was discharged with thanks

War Memorial (Section 59) —In a report of the Finance Committee published elsewhere, it reports to the House the study regarding a proposed memorial fund for the advanced education for children of members who died in Service during World War II The Committee makes recommendations regarding the collection of such a fund, and renders its estimates

Establishment of Fund for the Sole Purpose of Meeting Counsel Fees in Malpractice Suits (Section 61) —See report of Malpractice Insurance and Defense Board to be published in April 15, 1947 issue of the JOURNAL.

Malpractice Defense and Insurance Resolution (Section 62) —

"Resolved, That the House of Delegates direct

that the Medical Society of the State of New York through its counsel submit a report to the Comitia Minora of each County Medical Society on the number of members insured in the Group Plan in said county, number of suits in said county (against insured, against noninsured), number of suits dropped, number of suits settled and amounts, and the number of judgments and amounts'

"Referred to the Council for study"

It was voted by the Council to refer this to the Malpractice Insurance and Defense Board, and that the Board confer with Counsel

See report of Malpractice Insurance and Defense Board

Malpractice Defense and Insurance Resolution.—Yearly Audit (Section 63) —The House directed a yearly audit be made including inspection of vouchers of the Group Plan by certified public accountants to be submitted to each County Medical Society Comitia Minora This subject was referred by the Council to the Malpractice Insurance and Defense Board After careful study, the Board recommended to the Council that the Board of Trustees be requested for an emergency appropriation of \$2,000 to pay Messrs Hackling and Oberkirch, public accounts The Board of Trustees made this appropriation and the audit was undertaken, and it is hoped at the time of this writing that the report will reach the various Comitiae Minorae well in advance of the Annual Meeting

Basic Science (Section 78) —The House recommended that the Council and Executive Officer should study all proposed legislation which aims at the elimination of cult practices. An exhaustive study of laws in many states, relating to cult practice and including consideration of basic science laws, was undertaken by Dr. Robert R. Hannon, Executive Officer, Mr. Dwight Anderson and Mr. Thomas E. Walsh of the Public Relations Bureau, and others. Using this as a basis, the Legislative Committee has submitted to the Council a comprehensive report which has been sent to the New York State Journal of Medicine for publication.

Creation of a Committee Dealing with the Relationship of Doctors and Hospitals (Section 84) — The Council voted to broaden the duties of the Joint Committee of the New York State Hospital Association and the Medical Society of the State of New York to consider and study this subject

Car Priorities for Veterans and Other Physicians (Section 86) —Dr Edward P Flood introduced a resolution in the House of Delegates of the American Medical Association urging car priorities for veterans and other physicians. This was adopted and referred for action to the Committee on Postwar Planning. The New York State Journal of Medicine, Vol. 47, No. 3, February 1, 1947, page 295, contained a letter to Dr Flood from Dr Ernest E Irons, Chairman, Joint Committee for the Coordination of Medical Activities of the American Medical Association—the successor committee to the Committee on Postwar Medical Service. Dr Irons explains that "the automobile manufacturers have been cooperating to a considerable extent

through the local dealers' and that they are doing all they possibly can. He further states that the Committee 'will continue to exert such pressures as it can.

Hospital Training for Professional Graduates (Section 87) -

"WHEREAS hospital experience is universally recognized as a basic part of professional train

ing, and
WHEREAS, such training is not at present required by our Medical Practice Act, be it
Resolved That the House of Delegates actively promote legislation requiring the Medical Practice Board to grant a license only to those

who have spent a year after graduation in a hospital approved by the Board of Regents.
Referred to Council for study and report at

next Annual Meeting
It was voted to refer this to the Medical Prac-

tice Study Committee. The Committee decided to postpone action until another year

Establishment of Speaker's Bureau (Section 88)

The House voted that a Speakers Bureau be established either under the Council or its Committee on Medical Service and Public Relations with action through the State and county societies voted that all lay and county associations be notified of the existence of this Bureau _ The House author ized the Council to request the Board of Trustees to appropriate \$5 000 for the first year of operation of such a Bureau The Council referred this matter to the Committee on Medical Service and Public Rola tions and, as a result, Mr. Thomas E. Walsh of the Public Relations Bureau has made a survey through out the State. The results of this will be found in the report of the Committee on Medical Publicity

American Medical Association Resolutions.—In addition to the Car Priorities Resolution (q v) two others were introduced in the House of Delegates of the American Medical Association according to instructions of the House of Delegates of the Medical Society of the State of New York. Dr John J Masterson introduced a resolution recommending a change in the Federal Workmen's Compensation With two minor changes in verbiage this resolution was passed.

Dr Herbert H. Backus introduced a resolution regarding promotion of national health which was also adopted

These resolutions have been published in the report of the House of Dalegates in the Journal of the American Medical Association

Amendments to the Constitution and Bylaws

In accordance with Article XIII of the Constitution and Bylaws the following proposed amend ments are published for the information of the House of Delegates and will be considered at its next meet-

Proposed Amendment to Chapter IX, Section 1

Introduced by Dr Stephen H. Curtis, Delegate of Section on Pathology and Clinical Pathology In Chapter \(\) Section 1 of the Bylaws it is recommended that following the words, Prendents of the District Branches' add the following words to be italianced and delegates from the Scientific Sec-tions. The sentence would then read in full

"Presidents of the District Branches and delegates from the Scientific Sections sitting in the House of Delegates shall be allowed reasonable expenses."

Creation of Membership Classification for Physiclans Employed by Veterans Administration or Serving in the Regular Army or Navy Medical Corps

Introduced by Dr Samuel B. Burk, New York. Amend Article 2 of the Constitution by adding

after the word "Honorary" the following Associate' and place the period after the word

Amend the Bylaws by adding a section to be known as Section 8 at the end of Chapter 1 of the Bylaws as follows

'Section 8 The Associate Members of this Society shall be graduate physicians who are affiliated full-time with the Veterans Administration or are serving on permanent appointments in the regular Army or Navy Medical Corps who are stationed temporarily or indefinitely within the State of New 1 ork and who shall have been admitted to a corresponding form of Associate Membership without cots, in a component county medical society of the Medical Society of the State of New York shall pay the regular assessments of the State Society in the same manner as active members. The specific requirements for admission as an Associate Member shall be established by each of the component medical societies

Dr James F Rooney, Albany, gave note of General Amendments to the Bylaws.

Reports of the District Branches

First District Branch

To the House of Delegates, Gentlemen

The activities of the First District Branch for the year have been carried on along the orthodox lines with a meeting of the Executive Committee of the Branch held at the Hotel Roger Smith, White Plains, on June 13, 1946, which was exceedingly well attended The affairs of the Branch in general were discussed and particularly the type of program for the annual meeting in the summer It was decided that with the end of the war it would be feasible to go back to the clinical type of meeting held in a hospital, and it was the sense of the meeting that the Veterans Administration Hospital, at 130 West Kingsbridge Road, Bronx, would be open to such a suggestion, and that this would be especially likely in view of the fact that their staff of part-time attending physicians and surgeons from the medical schools of New York had now been rather well-organized, and it would be a grand opportunity for the hospital to demonstrate the workings of this new form of organization within the regular framework of the Veterans Administration

General R. G DeVoe, Commandant of Veterans Administration Facility 81, accepted the invitation with enthusiasm, and during the summer the details of the program were worked out as follows At the morning session from 9 00 to 12 00 an operative surgical clinic was held and from 10 00 to 12 00, a medical clinic with presentation of cases 12 00 a buffet luncheon was served and a business

meeting took place

The afternoon session included panel discussions on duodenal ulcer and on coronary artery disease from 2 00 to 4 00, and at 4 00 a tour of the Hospital

At the end of an excellent luncheon served by the Veterans Administration, Dr DeVoe welcomed the guests at the meeting, stressing the importance of the professional side of medicine as it applies in the Veterans Administration

At the election of officers which followed, these were elected president, Harold F Morrison, M D, Tuxedo Park, first vice-president, Stephen R. Monteith, M D, Nyack, second vice-president, William Crawford White, M D, New York City, secretary, I J Landsman, M D, Bronx, and treasurer, Henry W Miller, M D, Brewster

Dr. Smith spoke briefly on the position that the

Dr Smith spoke briefly on the position that the District Branch holds in the State Society organization and urged its importance as occupying the middle ground between the County Society meetings and the more distant meetings of the State Society

Dr William Hale, President of the Medical Society of the State of New York, in making the last of the eight District Branch addresses which fall to the lot of the President of the State Society, brought the greetings of the Medical Society of the State of New York to the First Branch He spoke at considerable length about the Veterans Medical Service Plan of New York, Inc , the details of which have been published elsewhere, but his discussion of the negotiations leading up to the formation of the plan was most interesting and instructive He then discussed the progress made by the various Blue Cross Plans in the State and the associated Medical Service Plans, which are becoming more and more active throughout the State He urged the doctors as individuals to get behind these plans and give them their enthusiastic support Finally, he brought up his favorite theme, one which we all

endorse, which is the vital importance of the county medical society as a basic organization for all organized medical work, and the key position in that Society which its secretary occupies In conclusion, he said, "Today we are faced with threats to the independence of our profession. We are also subjected to challenges. We cannot fight the threats or meet the challenges unless we stand together and constantly renew our interests in every problem touching the medical profession. Let us always be ready with advice and assistance in helping to solve medical economic problems, and let us never be dazzled by rosy schemes which will compromise the integrity of our profession and the medical care of our patients "

This was followed by an address by Mrs Alfred L Madden, President of the Woman's Auxiliary to the Medical Society of the State of New York, who discussed the place and importance of the Woman's Auxiliary, especially from the public relations angle, and the support it can give in carrying out the many organizational changes which confront medicine at

the present time

Finally Dr Theodore E Allen, of the American Academy of Pediatrics, outlined the Academy's plan for a complete, over-all survey of all health facilities in the United States for children, and its importance in giving a picture of the adequacy of

child care in this country

The scientific program in the morning consisted of an operative surgical clinic, which included three subtotal gastrectomies and one exploratory for pancreatic heterotopia The morning medical clinic presented the following cases (1) coccidiomycosis, (2) Addison's disease, (3) arteriovenous fis-tula, (4) polyarteritis nodosa, (5) cavernous trans-formation of the portal vein, and (6) pulmonary amebiasis. The afternoon session was devoted to two panel discussions The first on duodenal ulcer was under the chairmanship of Dr Fred Bancroft, with Dr George C Adie, Dr Charles Flood, Dr John Kantor, Dr Foster Kennedy, Dr Howard F Shattuck, and Dr Cranes Weeks participating The second, with Dr Bernard Straus as chairman, was on coronary artery disease, with Dr Louis F Bishop, Jr, Dr Arthur C DeGraff, Dr Irving Graef, and Dr Harold J Stewart participating Both were most illuminating and thorough, and received high praise from those present

The official list of those present at the meeting totals only 141, but many doctors from the Bronx, Manhattan, and Westchester failed to register The attendance by counties and foreign countries

was interesting to note

Bronx, 34, Dutchess, 12, New York, 40, Orange, 9, Putnam, 1, Ruchmond, 1, Rockland, 4, Westchester, 26, others, 11, Australia, 1, Mexico, 1, and China, 1

Respectfully submitted, SCOTT LORD SMITH, M D, President

February 7, 1947

Second District Branch

To the House of Delegates, Gentlemen

The fortieth annual meeting of the Second District Branch of the Medical Society of the State of New York was held on October 23, 1946, at the Garden City Hotel

The morning session was devoted to a panel discussion on Diseases of the Heart' with Dr Edwin P Maynard Jr of Brooklyn, as chairman The panel consisted also of Drs. Louis H Bauer of Hempstead Charles A R. Connor, of New York City and Harold E B Pardee of New York City, who conducted an absorbing review of the latest knowledge on cardino conditions, particularly from the viewpoint of treatment. It was the general feeling that the panel discussion type of presentation was highly satisfactor, and that the members of this particular panel out-did themselves in making their discussion lucid, concise, and informative

At luncheon we were joined by the woman a auxiliaries of the four counties. After a short busi ness meeting at which Dr John B D Albora, of Kings County was elected president for the coming two years we were addressed by Dr William Hale, President of the Medical Society of the State of New York and by Mrs Alfred L. Madden, Presi dent of the Woman's Auxiliary Both made stimu lating speeches on social and economic aspects of the

practice of medicine.

The day's session was closed by an address on "Medical Care for Veterans' by Dr. Frederick E. Lane chief of the Outpatient Division Branch No. 2 Veterans Administration This was a highly informative and timely exposition of the new plans for the treatment of veterans by civilian physicians. Considerable discussion followed

The meeting was attended by 136 physicians including 64 from Nassau County, 27 from Lings 19 from Queens and 15 from Suffoll.

It was a pleasure to have with us Dr W P Ander ton, Dr J Stanley Kenney Mr Dwight Anderson, Mr George P Farrell Miss Yolande Lyon, and Dr Theodore E Ailen all of New York City, and Dr Robert R. Hannon of Albany

The Branch is again indebted to its efficient secretary-treasurer Dr Charles F McCarty, for the ar

rangement for the luncheon

Respectfully submitted.

EVERUTT C JESSUP M D President

February 3 1947

Third District Branch

To the House of Delegates Gentlemen

The fortleth annual meeting of the Third District Branch of the Medical Society of the State of New York was hold on Thursday September 19 1946 in the Governor Clinton Hotel Kingston New York. The registration of 84 was much too small for seven important counties in this state. The business session was begun at 10 30 A.H. with Dr John L. Edwards of Hudson presiding. The secretary s and treasurer's reports were accepted as read

tary and treasurer's reports were accepted as read A nominating committee, consisting of Drs M K. Colley, of Catskill, E. Shea, of Stone Ridge, and E C Bliss, of Hudson, was permitted to cast one ballot and the following officers were elected for 1947 president, Frederic W Holcomb, M.D Kingston, first vice-president, Harry Colembe, M.D Liberty second vice-president, William C Rausch, M.D. Albany secretary Donald R. Lyon M.D. Middleburg and treasurer William M Rapp, M.D Catskill A clinicopathologic conference with cases pre-

A clinicopathologic conference with cases pre-sented by Drs. Harold L. Rakov Edward F Shea,

Frederic W Holcomb, followed by a pathologic summary by Dr J Spottiswood Taylor, was ex ceedingly interesting and instructive. Recess was followed by a luncheon The late Dr William Hale President of the State Society, then spoke in favor of medical care administered and controlled by the profession. He also said that the component units do not make improper agreements with agencies and that proper fee schedules be set up, that the present Veterans Administration type of medical care and compulsory medical insurance for all people is not going to work, that the prepayment medical care plans are worth while and that they need our substantial support.

Mrs. Alfred L Madden President of the Woman's Auxiliary then spoke of plans to increase their membership and scope of value to the profession and said that those in attendance could help by encouraging their wives to become active members

The afternoon session was opened by Dr Harry Gold of New York City, whose talk on "Manage-ment of the Falling Heart' seemed to make this branch of the Faing Heart Seemed to Make this branch of medicine too simple because of the clear-ness and sincerity of his address. The surgical paper was presented by Dr. Herbert C. Maler, of New York City who spoke of the "Diagnostic and Tharapeutic Problems in Surgical Diseases of the Thorax. His exceptional knowledge of the subject and his splendid delivery gave us a new conception of chest disease management

On the whole this was one of the best meetings

this group has had

Respectfully submitted, JOHN L. EDWARDS, M D President

March 1 1947

Fourth District Branch

To the House of Delegates Gentlemen.

The executive council of the Fourth District held a meeting June 21, 1946, at Glens Falls, at which time it was decided to hold the annual meeting at Schenectady, September 21 1946, and have a literary program during the dinner and afternoon with an address by the State President during the evening.

The literary program consisted of a symposium on tumors Papers were given by Dr. Frederick F McGauley, attanding surgeon, Ellis Hospital, Schenectady, Dr Norman L. Higinbotham, attending surgeon, Hospital for Special Surgery New York City and Dr George T Pack, Memorial Hospital, New York City assistant professor of clinical surgery, Cornell University Medical College.

It was a very successful and instructive meeting Total strandance was 80—68 from the District

Total attendance was 80-68 from the District

and eleven visitors

The following officers were elected for the ensuing year president, Dr Denver M Vickers, Cam bridge, first vice-president, Dr Joseph A. Geis year products the president, Dr Joseph A. Gens Lake Placid, second vice-president, Dr Gilberto B. Pesquera, New York City, secretary Dr William E Gasaley, Schenectady treasurer Dr J Frederick

Respectfully submitted F F FINNEY, M.D., President

Fifth District Branch

To the House of Delegates, Gentlemen

The officers of the Fifth District Branch of the Medical Society of the State of New York, the Presidents of the component county societies, and several guests met at the Hotel Syracuse on Friday, June 7, 1946, to prepare the annual fall program It was decided on the suggestion of the President, Dr Sherman M Burns, to restrict the discussions to the social and economic topics that were affecting

the present day practice of medicine

The fortieth annual meeting was held at the Hotel Syracuse on September 17, 1946 The following was the program for the afternoon session "The Care of the Veteran" by Dr Richard S Farr, of Syracuse, and "The Effects of Social Trends on Medical Care" by Dr Leo E Gibson, of Syracuse These papers were heard by a large attendance which represented a substantial proportion of the entire district There was an interested and stimulating discussion The meeting was conducted by the First Vice-President in the absence of Dr Burns, of Oswego, who could not be present because of illness in his

The evening meeting was opened by a banquet in the large ballroom. The main speaker was the Honorable Robert A. Taft, United States Senator from Ohio, whose address, "Medical Care," was carried over an eastern radio network. This talk was enthusiastically received by a large audience which included not only the members and their quests but invited personner editors and interested. guests, but invited newspaper editors and interested Mrs Alfred L Madden spoke on Voman's Auxiliary Dr William political figures Mrs Alfred L Madden spoke on behalf of the Woman's Auxiliary Dr William Hale, President of the Medical Society of the State of New York, spoke on social matters of interest

to the profession

The members of the Fifth District Branch were saddened to learn of the sudden death of the President, Dr Sherman M Burns, in December, 1946 Dr Burns was an enthusiastic officer of this branch, and it was through his single-handed efforts that this splendid program had been carried out so success-His work, advice, and friendship will be missed by all who were active in the Fifth District Branch and by his many friends at large within and without the profession

> Respectfully submitted H D VICKERS, M D , President

Sixth District Branch

To the House of Delegates, Gentlemen

The fortieth annual meeting was held September 25, 1946, at the High School, Waverly, New York There were 100 members and guests present

At the afternoon session the speakers were Dr Marvin F Jones, surgeon-director of the Manhattan Marvin f' Jones, surgeon-director of the Manhattan Eye, Ear and Throat Hospital, New York, whose subject was "Functional Disorders of the Ear," and Dr Edward G Waters, assistant clinical professor of obstetrics and gynecology, College of Physicians and Surgeons, Columbia University, New York, who spoke on "The Fascial Planes of the Pelvis," and also presented his operation on "Extraperitoneal Scotton"

Following dinner and introductions of the officers of the Medical Society of the State of New York who were present, the President of the State Society, Dr William Hale, addressed the meeting ing the President's address, Mrs. Alfred L. Madden,

President of the Woman's Auxiliary, spoke on the activities of the Auxiliary

The scientific program of the evening session was Dr Frank W CoTui, devoted to two speakers assistant professor of experimental surgery, New York University, College of Medicine, discussed the "Clinical Use of Protein Hydrolysate" and Dr Frank W Reynolds, of Baltimore, Maryland, spoke on "Penicillin in Syphilis"

The meeting was adjourned at 10 30 P M

Respectfully submitted,

IVAN N PETERSON, M D, President

February 4, 1947

Seventh District Branch

To the House of Delegates, Gentlemen

On June 6, 1946, the presidents of the component county medical societies met with Dr Robert R. Hannon, Executive Officer, and Drs Floyd S Winslow and James M Flynn, to arrange for the

annual meeting

The fortieth annual meeting was held on September 26, 1946, at the Rochester Academy of Medi-The program at the morning session consisted of (1) selected motion pictures, (2) "Methods of Psychotherapy in Medical Practice" by Dr John Romano, professor of psychiatry, University of Rochester, School of Medicine and Dentistry, (3) "Abdominal Perineal Proctosigmoidectomy without Colostomy and with Preservation of Sphincter Muscles" by Dr Harry E Bacon, professor of proctology, Temple University School of Medicine, Phylodelphys. Perinsylvania. Philadelphia, Pennsylvania

Following luncheon at Rupert Gray Restaurant, officers of the Medical Society of the State of New York were introduced President William Hale, MD, delivered a fine address, and Mrs Alfred L Madden, President of the Woman's Auxiliary, also

At the afternoon session, Dr Albert D Kaiser, president, Council of Rochester Regional Hospitals, and Dr Milton G Bohrod, chief of laboratories, Rochester General Hospital, spoke on "Bone Marrow Aspiration in Diagnosis"

One hundred and fifty-nine members registered from the Seventh District, and 19 from elsewhere

Respectfully submitted,

LLOYD F ALLEN, M D, President

February 13, 1947

Eighth District Branch

To the House of Delegates, Gentlemen

The annual meeting of the Eighth District Branch of the Medical Society of the State of New York was held on October 17, 1946, in Olean at the St. Bonaventure College The Eighth District Branch is very grateful to the faculty of Bonaventure College for their gracious hospitality and the excellent facilities they made available for the meeting There were 136 physicians in attendance for the scientific and business program. Four scientific addresses and a business meeting featured the day At the business meeting addresses were given by Dr William Hale, President of the Medical Society of the State of New York, and Mrs Alfred L Madden, of Albany, President of the Woman's Auxiliary of the State Society Mrs Madden expressed the willingness of the Auxiliary to serve in any capacity

possible in promoting and sponsoring Society activities Dr Porter A. Steele, President of the Medical Society of the County of Eric submitted a proposal for the activation of the Eighth District Branch to create a more coordinated and united group of the eight medical societies, that would operate all the year around The need for such activation was amplified by the enthusiastic response of the mem bers present

Mrs. M. G Sheldon, President of the Cattaraugus County Woman's Auxiliary, was hostess to the ladies of the various county auxiliaries

An organization meeting of the presidents and secretaries of the county medical societies comprising the Eighth District Branch was called by the District President during November 1946 Representatives from all eight counties reported for the meeting The officers of the Medical Society of the County of Erie were hosts. Plans for future activities of the group were discussed. Meetings are to be held quarterly in various sections of the Eighth District. The need of cooperative relationship of the medical societies of the Eighth District to promote and support activities of common interest was emphasized in the discussion The committee is to be designated as the 'Advisory Council of Presidents and Secretaries of the Medical Societies of the Eighth District. The President of the Eighth District. The President of the Eighth District Branch of the Medical Society of the State of New York was appointed Chairman of the Council.

The first scheduled business meeting of the Council was held in Buffalo on Thursday February 20

1947 Representatives from soven of the counties, totaling 23 in all, attended the meeting Several had traveled over 100 miles through stormy weather to be present. The agenda was highlighted by the consideration of bills of direct interest or concern to the medical profession now before the 1947 State Legislature. Discussions were led by Dr. Werner Rose County of Erie, Executive Officer Harold P. Jarvis of the same Society, Dr. Robert O. Peale, of Cattaraugus, and Joseph J. Guariglia, Secretary-Attorney of the Workmen's Compensation Committee of the Eric County Society. All members present participated in the discussion.

Resolutions supporting of opposing the various bills under discussion were passed by the Committee A roll call of all county society members and representatives resulted in the open consideration and cooperative support of numerous interesting matters

and local problems

The inauguration of an Advisory Council Depart ment for the Eighth District Branch, in the Bulletin of the Eric County Medical Society was announced by the Managing Editor Mr Harold P Jarvis. The February issue of the Bulletin contains a full page devoted to the activities of the Eighth District Branch.

The next meeting of the Council will be held on the evening of April 17, in the Hotel Statler in Buffalo, just prior to the 1947 State Convention in Buffalo of the Medical Society of the State of New

York May 5 to May 9

Respectfully submitted William J Orr, President

1947 ANNUAL MEETING

Medical Society of the State of New York

May 5 to 9-Memorial Auditorium, Buffalo

House of Delegates

The regular annual meeting of the House of Delegates of the Medical Society of the State of New York will be called to order at 10 00 AM on Monday, May 5, 1947, in Meeting Room G of the Memorial Auditorium, Buffalo, New York

In accordance with Chapter II, Section 3 of the revised Bylaws, the House will assemble according to the following schedule

Monday, May 5, 1947, 10 00 A M Tuesday, May 6, 1947, 9 00 A M and 2 00 P M Wednesday, May 7, 1947, 9 00 A M

At the last adjourned session (9 00 A M Wednesday, May 7) the election of officers, councilors, trustees, and delegates will occur in accordance with Chapter III, Section 1 of the revised Bylaws

ALBERT F R ANDRESEN, M D, Speaker W P ANDERTON, M D, Secretary

Annual Meeting

The Annual Meeting of the Medical Society of the State of New York will be held on Wednesday May 7, at 7 00 PM in the Ballroom of the Hotel Statler, Buffalo

Louis H Bauer, M D, President W P Anderton, M D, Secretary

Registration

Registration will be held on the exhibition floor of the Memorial Auditorium for delegates on Monday, May 5, after 900 AM, for members on Monday, Tuesday Wednesday, Thursday, May 5 to 8, from 900 AM to 600 PM, and on Friday, May 9, from 900 AM to 300 PM

Exhibits

Scientific and Technical Exhibits will be located on the exhibition floor

Scientific Motion Pictures will be shown on the exhibition floor

Scientific Sessions

General Sessions on Wednesday and Friday afternoons Section and Session meetings will be held on Wednesday morning, Thursday morning and afternoon, and Friday morning

141st Annual Meeting

The Ballroom, Hotel Statler, Wednesday, May 7, 7 00 PM

Calling the Society to order by the President, Louis H Bauer, M D

Reading of the Minutes of the 140th Annual Meeting by the Secretary, W P Anderton, M D

The Annual Banquet

The Annual Banquet will be held in the Ballroom, Hotel Statler, Wednesday, May 7, at 7 00 PM, guest speakers to be announced

The Woman's Auxiliary

See page 790 for the program

SCIENTIFIC PROGRAM

Duncan W Clark, M.D., Chairman, Brooklyn and Chairmen of Sections and Sessions

GENERAL SESSIONS

Dr Clark, Presiding

The presentations at these Sessions will consist of one-half hour lectures, without discussion. The meetings will start promptly at the hour specified. Members are requested to be in their seats at least five minutes in advance of the meeting time.

3

Wednesday, May 7—2 30 P M Memorial Auditorium, Meeting Room A

I THE STUDY OF CRETAIN PATHOLOGIC PROCESSES WITH THE AID OF ISOTOPIC HYDROGEN DeWitt Stetten, Jr., M. D., Assistant Professor of Biochemistry College of Physicians and Surgeons Columbia University, New York

2. THERAPEUTIC APPLICATIONS OF CURARE AND THEIR PHYSIOLOGIC IMPLICATIONS

Edward B Schlesinger M.D., Research Assistant in Neurology College of Physicians and Surgeons Columbia University New York (By invitation)

An Evaluation of B.C G in the Prophylaxis
of Tuberculosis

Milton I. Levine M.D Assistant Professor of Pediatries, Cornell University Medical College New York

THE PHARMACOLOGY PHYSIOLOGY AND CLINI CAL APPLICATION OF THE NEW ANTIHISTAMINIC DRUGS (PYRIRENNAMINE AND BEWADSTL)

DRUGS (PTRIBENKAMINE AND BEMADETL)
Carl E Arbesman M D, Instructor in Bacteriology and Immunology, Assistant in Medicine University of Buffalo School of Medicine Buffalo

Friday, May 9-2 00 P M Memorial Auditorium Meeting Room G

Symposium Hematology

- CHEMOTHERAPY OF MULTIPLE MYELOMA I. Shapper, M.D., Physician to the Mt. Sinai Hospital and Director of Medical Education Mt. Sinai Hospital New York
- 2 THE DIAGNOSIS AND TREATMENT OF HODGKIN S DISEASE

John H Taibott, M D , Professor of Medicine University of Buffalo, School of Medicine Buffalo (By invitation)

- RECENT ADVANCES IN THE DIAGNOSIS AND TREATMENT OF PRINCIPLE DISORDERS LAWRENCE E Young, M.D. Instructor and Henry C Buswell Fellow in Modicine Uni versity of Rochester School of Medleine and Dentistry, Rochester
- WHAT THE NORPROFIT MEDICAL CARE PLAN
 MEANS TO THE DOCTOR AND THE PUBLIC
 George P Farrell, Director Bureau of Medic
 al Care Insurance, Medical Society of the
 State of Now York, New York (By Invitation)

SECTIONS

All papers read before the Society by members become the property of of the Society The original copy of each paper shall be left with the Secretary of the Section

Discussers should have their remarks typed, double-spaced, and should hand them to the Secretary

Time limits Twenty minutes for each paper, five minutes for individual discussion

Section meetings shall begin promptly at the hour specified order of business of the first session of the second day of Section Meetings "To participate in the election of any Section, shall be the election of officers a member must be registered with such Section and must have recorded his name and address in the Section registry "-Bylaws, Chapter XII, Section 3

Section on ANESTHESIOLOGY

Chairman

Robert B Hammond, M D , White Plains urman Rose M Lenahan, M D , Buffalo Milton C Peterson, M D , New York Vice-Chairman Secretary

> Wednesday, May 7—10 00 A M Memorial Auditorium, Meeting Room I

- EVALUATION OF ANESTHESIA OBTAINED WITH THE COMBINATION OF PENTOTHAL SODIUM, NITROUS OXIDE, OXYGEN, AND ETHER Paul Searles, M D, Buffalo
- CONTINUOUS SPINAL ANALGESIC A DIAGNOS-TIC METHOD FOR THE EVALUATION OF HYPER-TENSIVE PATIENT FOR THORACOLUMBAR SYM-PATHECTOMY

William H Schwab, M D, Albany (By invi-

Benjamin Etsten, M D, Albany

THE EFFECT OF ANESTHESIA AND SURGERY UPON THE PATIENT WITH PULMONARY TUBER-CULOSIS

Harold F Bishop, M D , Valhalla Edward Loftus, M D , Valhalla (By invitation)

William Parke, Jr , M D , Valhalla (By invitation)

- THE TREATMENT OF INTRACTABLE PAIN Donald Stubbs, M D, Alexandria, Virginia (By invitation)
- COMPLICATIONS WITH PENTOTHAL ANESTHESIA (Two Case Reports)

 Heber H Ryan, Jr, MD, Philadelphia,
 Pennsylvania (By invitation)

Curtiss B Hickcox, M D , Philadelphia, Pennsylvania (By invitation)

Thursday, May 8—2 00 P M Memorial Auditorium, Meeting Room I Symposium

THE USE OF PROCAINE INTRAVENOUSLY Clinical Aspect, Pharmacology, Chemistry

EXPERIENCES WITH THE USE OF INTRAVENOUS PROCAINE

Charles M Barbour, M D, Hartford, Connecticut (By invitation)
Ralph M Tovell, M D, Hartford, Connecticut (By invitation)

Intravenous Procaine PRELIMINARY RE-PORT

David J Graubard, M D, New York Raphael W Robertazzi, M D, New York Milton C Peterson, M D, New York

3 LABORATORY STUDIES ON INTRAVENOUS PRO-CAINE Belmont S Musicant, M D, New York (By

invitation)

Virginia Apgar, M D , New York Discussion Charles M Barbour, M D , Hartford, Connecticut (By invitation)

Section on DERMATOLOGY AND SYPHILOLOGY

Chairman

E William Abramowitz, M D, New York Secretary Shepard Quinby, M D, Buffalo

Thursday, May 8-10 00 A M Memorial Auditorium, Meeting Room D

CUTANEOUS ULCERATION IN CENTRAL NERVOUS

David Bloom, M D , New York Discussion Maurice Costello, M D , New York

OFFICE MANAGEMENT OF THE NEURODERMA-

George M Lewis, M D, New York
Frank E Cormia, M D, New York
Discussion Richard Saunders, M D, Niagara Falls

SPECIAL PROBLEMS IN THE MANAGEMENT OF CUTANEOUS MALIGNANCY

Herbert Traenkle, M D, Buffalo

EVALUATION OF PENICILLIN IN TOPICAL THER-APY J Lowry Miller, M D, New York Discussion Joseph J Hallett, M D, Rochester

> Friday, May 9-10 00 A M Memorial Auditorium, Meeting Room D

> > Panel Discussion SYPHILIS

THE TREATMENT OF EARLY SYPHILIS Evan W Thomas, M D, New York

2 THE TREATMENT OF LATE SYPHILIS-EXCLU-SIVE OF CENTRAL NERVOUS SYSTEM SYPHILIS James W Jordon, M D, Buffalo

THE TREATMENT OF SYPHILIS OF THE CENTRAL NERVOUS SYSTEM

Bernard Dattner, M.D. New York

INTERPRETATION OF SEROLOGIC TESTS FOR Syrmilis

Chartes Rein, M.D., New York
Discussion Earl Osborne M D Buffalo will
discuss each of the four papers, then time will
be allowed for comments by the speakers on any questions which may be submitted from the floor

Section on GASTROENTEROLOGY AND PROCTOLOGY

Chairman Descum C Mckenney, M.D., Buffalo Vice-Chairman

Harry E. Reynolds M D , Schenectady Secretary Rudolph V Gorsch, M.D., New York

Wednesday May 7—10 00 A.M Memorial Auditorium Meeting Room E

- DIFFICULTIES IN THE DIAGNOSIS AND TREAT-MENT OF LESIONS OF THE PYLORIC ANTRUM James S Watson, M.D., Rochester James S Watson, M.D., Rochester Theodore B Steinhausen, M.D., Rochester Discussion Joseph E Macmanus, M.D Buf
- RESECTION OF THE VAGUS NERVES IN THE TREATMENT OF PEPTIC ULCER Francis D Moore M.D., Boston Massachusetts (By invitation) Walter B Crandall M D New Discussion York
- THE IMPORTANCE OF SYMPTOMS AND PHYSICAL SIGNS IN THE DIFFERENTIAL DIAGNOSIS OF JAUNDICE

William F Lipp, M.D., Buffalo Discussion A F R. Andresen, M.D. Brooklyn COMPLICATIONS PECULIAR TO ULCERATIVE DIS-

EASES OF THE BOWEL Newton D Smith, M.D., Rochester Minne-

sota (By Invitation) Discussion John C M Brust, M.D Syracuse

Thursday, May 8—2 00 P M Memorial Auditorium Meeting Room E

SUBGICAL PROCEDURES FOR CARCINOMA OF THE RECTORIGHOID AND RECTUM

Charles Gordon Heyd, M.D., New York Discussion John D Stowart M.D Buffalo Complications Following Abdomnoperi-

MEAL RESECTION FOR CANCER OF THE RECTOM George B Binkley M.D., New York Michael R. Deddish, M.D., New York Discussion W J Merie Scott M D Rochester

ANOREGIAL INCONTINENCE
Stuart T Ross, M.D., Hempstead
Discussion Rudolph V Gorsch M D New

York ABSCESSES OF THE DEEP PERISECTAL SPACES

THEIR SIGNIFICANCE DIAGNOSIS, AND TREAT-Harold Courtney M.D., Syracuse iscussion A. W Martin Marino M D

Discussion Brooklyn

Section on INDUSTRIAL MEDICINE AND SURGERY

Chairman Philip L. Forster M D . Albany Secretary H. V N Spaulding M D New York

Wednesday May 7-10 00 A.M. Memorial Auditorium Meeting Room C

- What the Physician Can Do for Industry W A. Sawyer, M.D., Rochester
- SOME REASONS FOR FAILURE IN DISC OPERA

Eldridge Campbell, M.D. Albany

- 3 USEFUL PROCEDURES IN EARLY DIAGNOSIS OF LIVER DAMAGE FOLLOWING EXPOSURE TO THE CHLORINATED HYDROCARBONS Ramsdell Gurney, M.D., Buffalo
- CARBON TETRACILLORIDE POISONING Irving Gray, M.D., Brooklyn

Thursday May 8-2 00 P.M Memorial Auditorium, Moeting Room C (Program To Be Announced)

Section on MEDICINE

Chairman Harold F R. Brown, M D , Buffalo Vice-Chairman George E. Anderson M.D., Brooklyn Grosvenor W Bussell, M D, Buffalo Secretary

Thursday May 8-10 00 A.M Memorial Auditorium Meeting Room A Joint Meeting with the Section on Surgery (See Section on Surgery)

Friday, May 9-10:00 A.M Memorial Auditorium Meeting Room A

- PSYCHOGENIC FACTORS IN THE TREATMENT OF OBESITY Henry B Richardson, M.D., New York
- FOLIC ACID THERAPY OF PERMICIOUS ANEXIA David K. Miller, M.D., Buffalo
 Discussion Leo M. Moyer, M.D., New York
 and Stuart L. Vaughn M.D., Buffalo
- PRESENT ROLE OF SALICYLATE THERAPY IN ACUTE RHEUMATIC FEVER René Wégria, M.D. New York (By invitation)

Discussion James W Quinlan Rochester OFFICE TREATMENT OF DIABETES Clinical Ap-

proach
Frederick W Williams, M.D., Bronx
Discussion Byron D Bowen M.D Buffalo,
and Charles B F Gibbs M D Rochester

Section on NEUROLOGY AND PSYCHIATRY

Chairman John E. Scarff M D New York Secretary Burton M Shinners M D , Buffalo

Thursday, May 8—10 00 A.M Memorial Auditorium, Meeting Room B

HEAD TRAUMA AND HYPERSENSITIVITY OF THE CAROTTO SINUS Arthur D Ecker M.D., Syracuse

Irving L. Erahler, M.D., Syracuse

3

Eldridge H Campbell, MD, Discussion Albany

PARKINSONISM-IS IT A SURGICAL PROBLEM? Jefferson Browder, M D, Brooklyn Discussion Wallace B Hamby, M D, Buffalo

Psychotherapy in General Practice Leslie A Osborn, M D, Buffalo

NARCO-DIAGNOSIS AND NARCO-THERAPY IN THE NEUROSES AND PSYCHOSES
Paul H Hoch, M D, New York
Discussion S Eugene Barrerra, M D, Albany

Friday, May 9—10 00 A M Memorial Auditorium, Meeting Room B

1 PAGET'S DISEASE AND THE NERVOUS SYSTEM A M Rabiner, M D, Brooklyn
M Hand, M D, Brooklyn
uscussion Wardner D Ayer, M D, Syracuse

Discussion THE PATHOLOGY AND TREATMENT OF INFLUEN-ZAL MENINGITIS

Raymond Adams, M D, Boston, Massachusetts (By myitation) Charles Kubik, M D, Boston, Massachusetts (By invitation) Discussion Abner Wolf, M.D., New York

INTANGIBLE FACTORS IN THE TREATMENT OF PATIENTS WITH LOW BACK PAIN

William P Van Wagenen, M D, Rochester Discussion A M Rabiner, M D, Brooklyn, PREFRONTAL LOBOTOMY UNDER DIRECT VISION

(Survey of Psychiatric Aspects) John E Scarff, M D , New York Lothar Kalinowsky, M D , New York Discussion William P Van Wagenen, M D , Rochester

Section on OBSTETRICS AND GYNECOLOGY

Charles A. Gordon, M.D., Brooklyn William M. Mallia, M.D., Schenectady Chairman Secretary

> Wednesday, May 7—10 00 A M Memorial Auditorium, Meeting Room A

Management of the Third Stage of Labor James K Quigley, M D, Rochester

HEMORRHAGE OF THE LATE PUERPERIUM Mortis Glass, M D , Brooklyn

Alexander H Rosenthal, M D, Brooklyn

TREATMENT OF ECLAMPSIA Karl M Wilson, M D, Rochester

1

Thursday, May 8-2 00 P M Memorial Auditorium, Meeting Room A

PARTURITION SUBSEQUENT TO BREECH DE-LIVERY

Clyde L Randall, M D, Buffalo (Program To Be Announced)

Section on OPHTHALMOLOGY AND OTOLARYNGOLOGY

Maxwell D Ryan, M D, New York Thomas H Johnston, M D, New York Chairman Secretary

Thursday, May 8-9 00 A M Memorial Auditorium, Meeting Room C

THE VALUE OF VASODILATOR THERAPY IN OPTIC ATROPHY

Walter F Duggan, M D, Utica Discussion Ivan J Koenig, M D, Buffalo

Infantile Toxoplasmosis with Special Reference to Ocular Findings

Abner Wolf, M.D., New York Discussion F.L. Philip Koch, M.D., New York

CHOICE OF PROCEDURE IN OPHTHALMIC PLASTIC SURGERY

Major Arthur E Sherman, MC, AUS, Fort Dix, New Jersey (By invitation)
Discussion Gerard DeVoe, M.D., New York

FAILURES IN GLAUCOMA OPERATIONS HISTO-LOGIC STUDY

Brittain Ford Payne, M D, New York Discussion Harold E Wass, M D, Buffalo

Friday, May 9-10 00 A M Memorial Auditorium, Meeting Room I

A STUDY OF SURGICAL MASTOIDITIS OCCURRING IN CHILDREN AT THE BUFFALO CHILDREN'S
HOSPITAL DURING THE YEAR OF 1946
HEITMANN E Bozer, M D, Buffalo
Discussion Stuart L Craig, M D, New York

THE DIAGNOSIS AND TREATMENT IN EARLY CARCINOMA OF THE LARYNY

John Devereux Kernan, M D, New York Discussion Maurice Lenz, M D, New York

THE CONSERVATION OF HEARING PROGRAM IN NEW YORK STATE Gordon D Hoople, M D, Syracuse

Discussion C Stewart Nash, M D, Rochester, and Harry K Tebbutt, M D, Albany

OTOSCLEROSIS PATHOGENESIS AND TREATMENT Franz Altmann, M D, New York De Graaf Woodman, M D, New York

Section on ORTHOPEDIC SURGERY

Joseph Buchman, M D , New York David M Bosworth, M D , New York Chairman Secretary

> Thursday, May 8-10 00 A M Memorial Auditorium, Meeting Room E

THE TRANSPLANTATION OF THE EXTENSOR CARPI ULNARIS TO GIVE ABDUCTION OR EX-TENSION OF THE THUMB Michael Burman, M.D., New York

TEARS OF THE LATERAL LIGAMENT OF THE Louis A Goldstein, M D, Rochester

THE TREATMENT OF POLIOMYELITIS IN THE ACUTE AND CONVALESCENT STAGES

Halford Hallock, M D , New York Arno David Gurewitsch, M D , New York Roger J Dugan, M D , West Haverstraw (By invitation)

Discussion Richard S Farr, M.D., Syracuse, and Hans J Behrend, M.D., New York

Friday, May 9-10 00 A M Memorial Auditorium, Meeting Room E

CRITERIA OF HEALING IN FRACTURES FOLLOW-ING INTERNAL FIXATION

Edgar M Bick, M D , New York Discussion Joseph D Godfrey, M D , Buffalo

FIXED EXTENSION OF THE KNEE DUE TO CAPSULAR CONTRACTION

Lewis Clark Wagner, M D, New York Discussion Francis J Carr, M D, New York, and Kenneth L Cooley, M D, Rochester

3 THE EFFECT OF DERLLING THROUGH THE NECK OF THE FEMUR IN PERTITES DISEASE Isadore Zadek, M.D., New York George Berkett, M.D., New Orleans Louisi ana (By invitation) Discussion Joseph Buchman M.D., New York

Section on PATHOLOGY AND CLINICAL PATHOLOGY

Chairman Ellis Kellert, M.D Schenectady Vice-Chairman

Paul Klemperer M D , New Rochelle Secretary M J Fein M D New York

Wednesday, May 7-10 00 A.M Memorial Auditorium Meeting Room B

- Perianteritis Nodora Lesions in Tuberculous Meningitis Milton G Bohrod, M D., Rochester
- ROUTINE EXAMINATION OF CERUBROSPINAL FLUID

A. H Harris, M.D. Albany Carl Lange, M D., Albany

CARCINOMA OF THE OVARY ARISING IN AN ENDOMETRIAL CYST

Leo D Moss, M.D Olean A. L. Runals, M D Olean

Thursday, May 8—2 00 P M Memorial Auditorium Meeting Room B

- 1 The Secretion of Water-soluble Rh Substance into Body Secretions James F Mohn M.D Buffalo (By invitation)
- Ernest Witebsky M D Buffalo
 2 Diagnostic Experience with Heratic Speci
 mens Obtained Throoden Readle Puncture
 Samuel Sanes, M.D Buffalo
 William H C Chapple, M.D Buffalo
 Victoria A. Onorato R.T., Buffalo (By invita-
- tion)

 8 Diagnosis of Malionant Tunor Cells in

BODY FLUIDS
Charles F Becker, M D Buffalo
Dorothy Shaver M.D., Buffalo (By invitation)
Kornel Terplan M.D., Buffalo (By invitation)

Section on PEDIATRICS

Chairman Albert G Davis, M.D., Utica Vice-Chairman George R Murphy M D., Elmira Secretary George W Caldwell M D New York

Thursday May 8—10 00 A.M Memorial Auditorium Meeting Room F

1 MANAGEMENT OF ECRLMA
Brett Rainer, M.D., New York
Discussion T Wood Clarke M.D. Utica
and Jerome Glaser M.D. Rochester

- 2. NEUROALLERGY IN CHILDHOOD T Wood Clarke, M D Utlen
- 3 NEUROLOGIC PROCEDURES IN PEDIATRIC PRAC

Bronson Crothers, M.D. Boston, Massachusetts (By invitation)

Discussion Mitchell Rubin M.D. Buffalo Friday, May 9---10 00 A.M Memorial Auditorium Meeting Room F

Wима Тимов

Hans Sauer, M.D., Buffalo
Discussion Ernest Milton Watson, M.D.
Buffalo, and Archie Dean M.D. New York

PARATTPHOID INFECTION
Erwin Neter, M.D., Buffalo

Discussion Albert Harris, M.D. Albany
MANAGEMENT OF ACUTE INTESTINAL DISTURBANCES IN INSANCT
Mitchell Rubby M.D. Buffolo

Mitchell Rubin M.D., Buffalo
Discussion Douglas Arnold M.D. Buffalo
and Edward Bridge, M.D. Buffalo

4 DIFFERENTIAL DIAGNOSIS OF CONGENITAL HEART DEPECTS
Martin Mallner, M.D., Brooklyn

Section on PUBLIC HEALTH, HYGIENE, AND SANITATION

Chairman Vice-Chairman Secretary

Henry B Doust, M D , Syracuse Philip J Rafle M D New York Frank L Coughlin, M D Albany

Wednesday, May 7—10 00 A.M Memorial Auditorium Meeting Room D

1 RICKETTSIALPOX IN NEW YORK CITT Morris Greenberg M.D. New York Discussion Philip Rafle M.D., New York, and Frederick R. Weedon, M.D. Jamestown

2 RINGWORM OF THE SCALP
Louis Schwartz, M.D., Betherda Maryland
(By invitation)

Discussion George M Lowis M D New York and Robert F Korns, M.D Albany

3 LABORATORI DIAGNOSIS IN VIRUS DISEASE
Gilbert Daldorf, M.D., Albany
Discussion Hollis S. Ingraham M.D. Albany
and Orren D. Chapman M.D. Syracuse
4 Penicilum Treatment of Gonormies

Theodore Rosenthal, M.D. New York Adolph Jacoby M.D. New York Arthur Ollswang M.D. New York Jules Freund, M.D. New York Discussion William A Brumfield, M.D. Albany and Robert S. Westphal M.D., Rochester.

Thursday, May 8-2 00 P M Memorial Auditorium Meeting Room D

- COUNTY HEALTH DEPARTMENTS

 Edward S Godfrey Jr., M.D., Albany
 Discussion William A Holla, M.D., White
 Plains and Wendell R Ames M.D. Olean
- 2 COUNTY TUBERCULO-18 HOSPITALS
 Robert E Plunkett, M.D. Albany
 Discussion Frederic W. Holcomb M.D.
 kingston and James M. Blake W.D. Schenec
 tady
- 3 EXPERIENCES AND RESULTS IN TUMOR CLINIC ORGANIZATION IN NEW YORK STATE Louis C Kress, M D., Buffalo Discussion Worton L. Levin M D. Albany

and A S Dean M D Buffalo

Section on RADIOLOGY

Lee A Hadley, M D, Syracuse Chairman Vice-Chairman

Raymond W Lewis, M D, New York Carlton F Potter, M D, Syracuse Secretary

> Thursday, May 8-10 00 A.M Memorial Auditorium, Meeting Room G

DIFFERENTIAL DIAGNOSIS OF ABDOMINAL TU-Samuel Brown, M D, Cincinnati, Ohio (By

invitation) Discussion Leo Larkin, M.D., Ithaca

NONSPECIFIC INFLAMMATORY DISEASE OF THE SMALL BOWEL

Edwin S Olsan, M D, New York
Marcy L Sussman, M D, New York
Discussion B B Crohn, M D, New York

Radiation Dosage
Walter T Murphy, M D, Buffalo
Discussion Louis Kress, M D, Buffalo

Friday, May 9—10 00 A M Memorial Auditorium, Meeting Room G

Round-Table Discussion

Cases of proved chest pathology Discussion and presentation of films by members of Society

Discussion leaders are Henry K Taylor, M D, New York Joseph Gordon, M.D., Ray Brook

Section on SURGERY

Chairman Secretary

Stanley E Alderson, M D, Albany Seymour G Clark, M D, Brooklyn

Thursday, May 8-10 00 A.M Memorial Auditorium, Meeting Room A

Joint Meeting with the Section on Medicine

Panel Discussion PEPTIC ULCER

Speakers

A H Aaron, M D, Buffalo, Moderator
Albert F R. Andresen, M D, Brooklyn
A C Ivy, M D, Chicago, Illinois (By invitation)
Ralph Colp, M D, New York
J William Hinton, M D, New York Francis Moore, M D, Boston, Massachusetts (By invitation)

Friday, May 9—10 00 A M Memorial Auditorium, Meeting Room C

CHEST INJURIES

W Warriner Woodruff, M D, Saranac Lake Discussion Herbert Maier, M D, New York, and Adrian Ehler, M D, Albany

CONSERVATIVE TREATMENT OF TUMORS OF BONE Bradley Coley, M D, New York
Norman L Higmbotham, M D, New York
Discussion Stephen Hudack, M D, New York, and Kenneth L Cooley, M D, Rochester

OBSTRUCTIVE JAUNDICE Frank Glenn, M D, New York Discussion Herman E Pearse, M D, Rochester, and Robert Barber, M D, Brooklyn

PRIMARY RESECTION FOR CANCER OF THE LOWER BOWEL Harry E Bacon, M D, Philadelphia, Pennsylvania (By invitation)
Robert J. Rowe, M.D., Philadelphia, Pennsylvania (By invitation)
iscussion William Crawford White, M.D., Discussion

Section on UROLOGY

Archie L Dean, M D, New York Chairman Vice-Chairman Francis P Twinem, M D, New York

William J Kennedy, M D, Gloversville Secretary Wednesday, May 7—10 00 A M

SCHISTOSOMIASIS

New York

W Gifford Hayward, M.D., Jamestown

Memorial Auditorium, Meeting Room F

SUPRAPUBIC PROSTATECTOMY WITH IMMEDIATE CLOSURE William C Elkner, M D, Clifton Springs

SOME OBSERVATIONS ON THE NEUROGENIC Willet F Whitmore, M.D., New York Michael W Spirito, M.D., New York (By in-

Edmund C Bodkin, M D, New York (By invitation)

TRANSURETHRAL SURGERY IN MEN PAST EIGHTY William A Milner, M D, Albany

Thursday, May 8-2 00 P M Memorial Auditorium, Meeting Room F

Symposium

THE TREATMENT OF BLADDER TUMORS

RESULTS OF RADIATION THERAPY OF BLADDER TUMOR Victor F Marshall, M D, New York

TRANSURETHRAL TREATMENT OF BLADDER TUMORS

Allister M McLellan, M D, New York

BLADDER RESECTION FOR BLADDER TUMOR J Edwin Drew, M D, New York

URETEROCUTANEOUS TRANSPLANTATION Gustavus Humphreys, M D, New York

URETERO-INTESTINAL ANASTOMOSIS 5 Morris Schnittman, M D, New York (By Invitation)

TOTAL CYSTECTOMY Willet F Whitmore, M D, New York

SUMMARY AND CONCLUSIONS Victor F Marshall, M D, New York

SESSIONS

Session on CHEST DISEASES

Chairman. Becretary Grant Thorburn, M.D., New York J. J. Witt, M.D. Utica

Thursday, May 8-2:00 P M Memorial Auditorium Meeting Room G

- 1 CLINICAL STREPTOMYOIN TUBERCULOSIS
 CARI Muschenheim, M.D., New York
 Walsh McDermott, M.D., New York
 Paul A Bunn, M.D., New York
 Discussion Harold Sandhaus, M.D. Trudeau
 (By invitation), and Nicholas D'Esopo M.D.
 Sunmount (By invitation)
- 2 Diagnosis and Treatment of Minimal Pul-Monart Tuberculosis Donald R. McKay, M.D., Buffalo Discussion Edward N Packard, M D Tru deau and Nelson Strohm, M D, Buffalo
- 3 DIAGNOSIS OF INTRATIONACIC NEOFLASMS
 J LAWYERCE POOL, M.D., Now York
 Discussion John D Stewart, M.D. Buffalo
 and Walter Budgen M.D., Syracuse

Session on HISTORY OF MEDICINE

Chairman Judson B Gilbert M D Schenectady Vice-Chairman Claude E. Heaton M D , New York Secretary Fenylck Beekman M.D , New York

Thursday, May 8—8 00 P M Hotel Statler, Chinese Room

- 1 On Original Work in Plastic Surgery in New York State Ellott B Hague, M.D., Buffalo
- 2 THE DOCTORS BECK OF SCHENECTADY AND AL-BANY Ellis Kellert, M.D., Schenectady
- 3 THE HISTORY OF SURGERY IN ROCHESTER, NEW YORK Richard A. Leonardo, M.D. Rochester Evening meeting—open to public

Session on PHYSICAL MEDICINE

Chairman A Secretary

Albert R. Hatfield, Jr. M.D., Utica Jerome Weiss, M.D., Brooklyn

Wednesday, May 7—10 00 A.M Memorial Auditorium, Meeting Room J

- 1 THE OPTIMAL PRESIDENT THERAPT FOR RECUMA-TOD ARTHURITS
 RETHEST STEERS, M.D., New York
 Discussion Walter Stuart McClellan, M.D.
 Sarstoga Springs
- 2 The Prescription of Occupational Therapy Sidney Licht, M.D., Cambridge, Massachusetta (By invitation) Discussion Madge C L McGuinness M.D. New York
- 8 PHYSICAL TREATMENT OF THE FROZEN SROULDER H. J Behrend, M.D., New York Discussion Joseph A N Syracuse M.D Buffalo

TEACHING DAY

Arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York

O W H MITCHELL M D, Chairman

Tuesday May 6, 1947

Memorial Auditorium—Meeting Room A Charles D Post, M D, Syracuse, Presiding

Part 1 OBSTETRICS AND GYNECOLOGY

9 30 A.M

1 THE PRACTICAL APPLICATIONS OF ENDOCRINES IN GYNECOLOGY

George P Heckel, M D, Rochester CAUSES OF FETAL MORTALITY

John S Labate, M D, New York

Part 2 PEDIATRICS

- 1 COMMON SENSE IN INFANT FEEDING AND THE USE OF VITAMINS
- A. Clement Silverman, M D, Syracuse
 NEWER KNOWLEDGE IN EXPERIMENTAL POLIOMYELITIS
 Claus W Jungeblut, M D, New York

Part 3 MEDICINE

2 00 PM

1 MEDICAL ASPECTS OF THE ATOMIC BOMB Joe W Howland, M D, Rochester 2 FIBROSITIS (MUSCULAR RHEUMATISM) INCLUDING DUPUYTREN'S CONTRACTURE A NEW METHOD OF TREATMENT Charles LeRoy Steinberg, M D, Rochester

Part 4 SURGERY

- DIVERTICULITIS OF THE LARGE INTESTINE Charles G Child, III, M D, New York
- 2 RECENT DEVELOPMENTS IN THE CARE OF PROSTATIC DISORDERS John E Heslin, M D, Albany

Each lecture will be approximately thirty minutes, followed by general discussion

These lectures are presented by the Medical Society of the State of New York with the cooperation of the New York State Department of Health

SCIENTIFIC EXHIBITS

Memorial Auditorium, Buffalo, May 5 to 9, 1947

J G Fred Hiss M D Chairman,

SYRACUSE

ALFRED H NOBHREN, MD, BUFFALO

DIFFERENTIAL DIAGNOSIS OF ABDOMINAL TOMORS

Samuel Brown M D Jewish Hospital Cincinnati Ceneral Hospital Cincinnati Oluo

Roentgenograms of stomach and duodenum in the anterior and lateral positions showing their relationship to their neighboring organs. Tumors of liver spleen pancreas, gallbladder extrahepatic biliary ducts and kidneys will be shown the diagnoss of which was determined by the characteristic changes each one of them produced upon the position, shape and contour of the stomach and duodenum.

COLD INJURIES OF THE EXTREMITIES

Irwin D Stein, M D Monteflore Hospital Bronx

Various types of cold trauma of the limbs are depicted and described by means of diagrams, charts water colors, and cblor photographs The pathogenesis, natural history complications, and treat ment are gone into in detail. The material comprises work done while in the Army, at Montefore Hospital and in private practice. Original investigative work in the involvement of the peripheral vascular system in these disorders is included

PROBLEM FRACTURES

O C. Hudson M D
W P Bartels M.D
C F Freese, M D
J C Felicetti M.D
C Bosile, M D
Nassau Hospital
Mincola

This exhibit will consist of translite films of fractures

TUMORS OF CHILDHOOD

Harold W Dargeon, M D Memorial Hospital New York

The exhibit illustrates some of the more common types of malignant and benugn tumors during child bood and indicates certain diagnostic critera. Statustical charts show the importance of neoplastic diseases as a cause of death among children. In the United States during 1941 1942 and 1948 cancer leukemia, and alculemia ranked third among all causes of childhood mortality between the ages of 3 and 10 years.

REHABILITATION OF THE TUBERCULOUS

The Potts Memorial Institute Inc Lavingston

Photographs of the institution including School of Buriness. Products of the Livingston Press and Homestead Candle Shop

HISTORY OF TUMORS OF BONE

Sigmund Epstein, M.D. New York

Paleopathology of tumors of cylindrical bones Early pictures of teratology Illustrations of bone tumors in preliations Americans. Illustrations of bone tumors before reentgen

BONE MARROW

Stuart L. Vaughan, M D Frances Brockmyre M T Janet Corbett, B C. Bullalo General Hospital Bullalo

The exhibit will show technic employed in collecting bone marrow samples and in making the examination results obtained from the analysis of somes of normal and diseased subjects, application of these studies to diagnosis, and microscopic demonstration of the marrow picture in a variety of conditions

THE GYNOGRAPH

(A New Instrument in the Diagnosis and Treatment of Female Sterility

Abner I. Weisman, M.D. Jewish Memorial Hospital New York

The exhibit consists of two parts (a) actual demonstrations on the model of the use of the gynograph With this new apparatus, the physician has a compact, portable machine with which he can perform either carbon dioxide tubal insuffiction, hysterosalpingography of combined pneumoper-toneum and uterotubal x-rays—one or all of these tests at one and the same session, (b) clinical evaluation in a series of interesting cases studied.

General Reconstructive Surgery

Morton L Berson, M D New York

Photographs moulages, drawings, and stereoptican slides presenting new surgical procedures for (1) building up breasts and filling in depressions in facial contour by the use of derma-fat-fascia translants, (2) rebuilding old depressed fractures of the frontal, maxillary malar and nasal bones by the use of autogenous cartulage grafts, (3) correcting extensive sear contractures by the use of split skin grafts (4) complete construction of auricle (5) repositioning protruding ears by construction of an antibelix (6) reconstructing various hand deformities (7) constructing a pseudoarcola (motion pletures)

STUDIES IN VIBRATORY SENSE
CLINICAL SIGNIFICANCE OF QUANTITATIVE ESTIMATIONS

W S Collens, M D
A M Rabiner, M D
L C Boas, M D
J D Zilinsky, M D
N D Wilensky, M D
J J Greenwald, M D
Israel-Zion Hospital
Brooklyn

Quantitative studies of vibratory sense have been made with an electrically driven tuning fork in which the amplitude of vibration of the fork could be controlled and varied by means of a rheostat. It was found that the intensity of impairment to vibratory sense could serve as an index for evaluating intensity of neuropathic states. Another significant observation consisted in the recognition of subclinical forms of neuropathy by the detection of impaired vibratory sense. This method additionally serves as a valuable guide to therapy. The exhibit will consist of a presentation of the anatomy of the pathway carrying vibratory sense, the physiology of this pathway, graphic presentations of normal controls, and a graphic presentation of quantitative studies of the neuropathies both before and after the institution of treatment with various fractions of the vitamin B complex group

THE MANAGEMENT OF STASIS ULCERS

Israel A. Brunstein, M D Stuyvesant Polyclinic New York

The exhibit will consist of text and photographic illustrations. A short outline of the etiology and classification of stasis ulcers will be given. Illustrations will be of before- and after-treatment, with legends on technical procedures. Medications employed in the treatment of these conditions will be presented.

Erosive Bone Lesions and Soft Tissues (Ossifications) Associated with Spinal Cord Injuries (Paraplegia)

> Norman Heilbrun, M D Buffalo

William G Kuhn, Jr, M D A B Soule, M D Burlington, Vermont

The exhibit shows the extensive erosions that occur in the bones associated with the decubitus sores of the trochanters, and the ossifications which occur in the soft tissues. Short case histories accompany some of the radiographs, as well as photographs, black and white, and colored, of the extensive decubitus sores. Biopsy material of the characteristic erosive bone lesions is given

PRIMARY FIBEOSITIS (DUPUYTREN'S CONTRACTURE)

Charles LeRoy Steinberg, M.D Rochester General Hospital Rochester

The exhibit describes the pathology, symptomatology, biochemical blood changes, and treatment with tocopherols of primary fibrositis Primary fibrositis is overdiagnosed in Great Britain and on the Continent It is underdiagnosed in the Western Hemisphere Dupuytren's contracture is a form of primary fibrositis which is common but is

not often diagnosed because it is not thought of in routine physical examinations. It may be the one objective evidence leading to a diagnosis of primary fibrositis

OPERATIVE PROCEDURES FOR HYPOSPADIAS

Forrest Young, M D
John A. Benjamin, M D
Warren E George, M D
University of Rochester
School of Medicine and Dentistry
Rochester

Drawings and photographs of preoperative appearance, technic of operative correction of hypospadias, and postoperative results

REHABILITATION OF PATIENTS WITH SPINAL CORD DISORDERS

> George G Deaver, M D Institute for Crippled and Disabled New York

Film with sound, showing 14 cases and methods used in physical rehabilitation. Motion picture only

DIFFICULTIES IN THE DIAGNOSIS AND TREATMENT OF LESIONS OF THE PYLORIC ANTRUM

Harry L Segal, M D
James S Watson, Jr, M D
Theodore B Steinhausen, M D

University of Rochester, School of Medicine and Dentistry Rochester

The exhibit demonstrates lesions found in the pyloric antrum of the stomach which present difficulties in the differentiation between beingn and malignant lesions. The differential diagnosis will be discussed. Prints of x-ray films, gastroscopic findings, etc., will be presented.

ABDOMINAL WALL NEURALGIA

Abe I. Rock, M.D
University of Buffalo, School of Medicine
Buffalo
Bernard Judovich, M D
Philadelphia, Pennsylvania

Abdominal wall neuralgia of the segmental type Segmental neuralgia may simulate the pain of abdominal visceral disease and is often the explanation for negative surgical exploration, especially multiple operations with negative findings. Tender and painful zones of the lower quadrants which are typical of neuralgia due to dorsolumbar strain. Therapeutic nerve block as an efficacious method of treatment. Etiology, diagnosis, treatment, case histories, manikins (motion pictures)

TECHNIC OF RADICAL NECK DISSECTION AND OF TOTAL LARYNGECTOMY

> Hayes Martin, M D Memorial Hospital New York

Reproductions of drawings of the various steps of the surgical technic of these two operations. With each drawing there is an appended legend describing the procedure. Color slides of larynges removed by total laryngectomy show the primary cancers.

EARLY MINIMAL BRONCHIECTASIS

John R. Myers, M D Syracuse

The exhibit stresses the diagnosis of early and minimal bronchiectasis before the usual classic signs and symptoms have developed. Bronchograms of cases representing various stages of advancement, case histories, physical findings, laboratory findings, and bronchoscopic pictures. The need for further study as to the best therapy and prognosis of these early recognized cases will be stressed

CASE OF LOSFFLER & SYNDROMS

Victor F Woolf, M.D. Lenox Hill Hospital New York

A 44-year-old white woman with a history of asthmatic attacks since 1939 was found to have an extensive bilateral pulmonary lesion on x ray in September 1945. This was thought to be tubercu lous and the patient was hospitalized. On admission the same diagnosis was mado. Sputum was negative and physical signs negligible. An x ray taken in December, 1945 showed complete clearing of the lesions and cardiac enlargement. The lungs have remained clear on subsequent x ray examinations. Blood counts in September, 1945 and March, 1946 showed cosinophilia of 14 per cent and 7 per cent, respectively. The case was diagnosed as a transitory inflitrate associated with cosinophilia—Loef iter's syndrome. The problems of differential diagnosis, pathogeness and prognosis as well as relation to other diseases with allergic manifestations, are of considerable interest.

THE EYE AND VICAMIN DEFICIENCIES

New York State Department of Social Welfare Commission for the Blind New York

Illustrations representing the eye and vitamin deficiencies. A recently prepared article on the subject is available for distribution.

CLINICAL MANIFESTATIONS OF ALLERGY

H. Harold Gelfand, M.D Gouverneur Hospital New York

Motion picture, silent, full color Diagnosis and treatment of all clinical states of allergy technic is skin testing, therapeutic procedure showing dosage and modes to follow in treatment, botany of hay fover Motion picture only

INTRAVENOUS PROCAINE A METHOD FOR CONTROLLED ADMINISTRATION WITH BLOOD LEVEL

David J Graubard, M.D Raphael W Robertazzi, M.D Milton C. Peterson, M.D

New York Post-Graduate Hospital and Medical School New York

A meter for controlling intravenous procaine infusions. This meter is interposed between the source of fluid administration and the recipions. Blood level studies of procaine following intravenous injection in the rabbit. VOCATIONAL REHABILITATION

New York State Division of Vocational Rehabilitation New York

Pamphlets describing the services of physical restoration and vocational preparation (motion pleture)

CONTROL OF EPIDEMIC RINGWORM OF THE SCALP

Louis Schwartz, M.D Samuel M Peck, M.D Isadore Botvinick, M.D Armond L. Leibovitz, M.D United States Public Health Service Bethesda, Maryland

The exhibit shows charts of the incidence of ring worm of the scalp in the United States and in the schools of Higgerstown, Maryland Charts describe the methods used for controlling epidemics, including santation of barber shops, setting up treatment clinics in the schools, method of identifying cases by means of the Wood's light method of sterilising electric clippers and other barber's instruments, ovaluation of various topical applications for treatment, and cultures of Microsporon audouino Photographs of actual cases.

ARTICLES MADE IN SHOPS OF MEDICAL REHABILITA

United States Veterans Hospital Veterans Administration Canandalgua

Display of plastic, leather weaving, woodwork and printing. Charts of organization and operation.

CARCINOMA OF THE UTERINE CERVIX AND THE PROGNOSTIC SIGNIFICANCE OF POSTRADIATION FI

Clyde L. Randell, M.D Donald M. Hall, M.D Buffalo General Hospital Buffalo

Following the treatment of cervical carcinoma by radium and roentgen therapy personic follow-up examinations reveal a varying degree of vagina contraction and parametrial thickening. Factors known to influence the degree of fibrodis are evaluated in order to determine if the extent of fibrodis is, in itself of prognostic agnificance. Climcal findings illustrated by photographs and roentgen films. Statistical data presented by charts.

RADIOCURABILITY OF CANCER

Maurice Lens, M.D College of Physicians and Surgeons, Columbia University New York

The relationship between the cure of cancer its clinical characteristics, extent, location, microscopic structure, and tumor dosage are illustrated by charts and transparences based on experience at the Presbyternan Hospital, New York.

TRAUMA TO THE NECK AND CHEST INVOLVING THE MEDIASTINUM

Milton Sills Lloyd, M.D Emil A. Naclerio, M.D Staten Island Hospital Richmond Memoral Hospital Tompkinsville The exhibit consists of photographs from clinical records demonstrating that when the mediastinal spaces are infected the result is not necessarily fatal if immediate and adequate dramage is provided

RECONSTRUCTION OF THE EXTERNAL EAR

Herbert Conway, M D
New York Hospital
Robert H Clifford III, M D
Veterans Hospital
New York

Moulages and photographs illustrating the steps in reconstruction of the external ear for deformity following trauma, and for congenital absence of the car

Scleroderma Clinical and Pathologic Aspects

A Wilbur Duryee, M D
Irving Lemwand, M.D
York Post-Graduate Medical School and

New York Post-Graduate Medical School and Hospital New York

Photographs in color, and black and white of patients and their skin lesions Pathologic photographs of typical lesions X-rays (photographs) of visceral lesions Charts of laboratory findings Electrocardiograms Electro-encephalograms

EVOLUTION OF SURGERY OF PEPTIC ULCER

Alfred H Iason, M D Brooklyn

FACILITIES OFFERED PHYSICIANS
DIVISION OF LABORATORIES
Department of Health
Buffalo

Samples of the various outfits for collection of specimens destined for laboratory examination Also, some examples of blood smears showing recurrent Southwest Pacific strain of the vivax malarial parasites demonstrated in the returned veterans

THE DETERMINATION OF VITAMIN C DEFICIENCY IN INFECTIONS BY MEANS OF THE INTRADERMAL TEST

Lawrence B Slobody, M D
New York Medical College, Flower and Fifth
Avenue Hospitals
New York

Ninety cases of tuberculosis tested for vitamin C deficiency by means of intradermal test and blood plasma determination. Technic and value of intradermal test are explained. Two illustrations of the technic and test itself, respectively.

CANCER FACTS

Donald B Armstrong, M D George M Wheatley, M D Metropolitan Life Insurance Co New York

Exhibit consists of charts in color, arranged under three headings—facts behind the increasing mortality from cancer, current cancer facts, and recent progress in cancer control.

IMPORTANCE OF STUDIES OF BONE MARROW FROM ILIAC CREST

Michael A Rubinstein, M.D Montefiore Hospital New York

Bone marrow studies were performed simultane-

ously in iliac crest and sternal aspirations in 200 cases of various hematologic disorders and different instances of malignancy. A modified technic of iliac crest puncture is shown and its advantages indicated. Comparative value of iliac crest and sternal marrow studies in different affections is reviewed. Iliac crest aspiration has proved to be much more informative than the conventional sternal aspiration in early diagnosis of multiple myeloma and in detection of early metastatic lesions, neoplastic cells were recovered about ten times more frequently from iliac crest than from sternal aspiration.

THE ELECTRO-ENCEPHALOGRAM AND ITS VALUE TO YOU

Burton M Shinners, M D Children's Hospital Buffalo

The normal electro-encephalogram pattern will be shown in different age levels in children. Abnormal records found in epilepsy, birth injuries, and subdural hematomas will be demonstrated. Value of the record in the study of encephalitis in respect to future brain damage residual will be shown Convulsive activity in children not epileptic brought on by hyperpraxia will be differentiated from epilepsy. Appropriate charts, records and a technician will be at hand to demonstrate the machine

THE IMMOBILIZING LUNG CHAMBER IN THE TREAT-MENT OF PULMONARY TUBERCULOSIS

> Alvan L Barach, M D Robert K Myers, M D Bettma Garthwaite, M D

College of Physicians and Surgeons, Columbia University New York

Drawing and photographs with legends illustrating mechanism by which equal pressures are obtained on both sides of the chest wall during residence in equalizing chamber — X-ray films of treated patients illustrating clearing of infiltration and disappearance of cavity — A motion picture will accompany the exhibit and will further explain mechanism of immobilization of the lungs by this method and technic of treatment

EQUIPMENT AIDS FOR OCCUPATIONAL THERAPY

New York Hospital, Westchester Division White Plains

Specially designed equipment for those confined to bed, those with only one hand, and those with impaired eyesight or blind. Small bedstand supports typewriter for typist confined to bed. Bookholder, work-table, drawing board, looms, clamp and vacuum cup holder make many activities possible for handicapped. Special templets and technics for the blind. Books presenting original technics used for construction of special equipment aids. Models, half or full sized. Small-size stand, half-size typewriter, doll in bed typing. Templets used, special tools, and the eight steps of making fold-up metal work by special technic originally designed for the blind.

GOUTY ARTHRITIS

John H Talbott, M D
University of Buffalo, School of Medicine
Buffalo

Series of transparencies of patients with gout

Joint deformities and x ray pictures of same at various stages of involvement. Pertinent points in the diagnosis and treatment of gouty arthritis. Differential diagnosis of x ray findings.

HOW A TUMOR CLINIC WORKS New York State Tumor Clinic Association and Division of Cancer Control State Department of Health Albany

Complete modus operandi of a tumor clinic.

ORBITAL TUMORS Raymond G Ingalia, M.D Presbyterian Hospital New York

Data gathered from analysis of 200 tumors of the orbit studied at the Eye Institute. Details of 24 different types of orbital tumors will be illustrated by photographs of patient. Roentgenograms, excised tumors, and photomicrographs of tumor tissue

A MODIFICATION OF THE EXTRALARYNGEAL AP-PROACH TO ARYTENOIDECTOMY FOR BILATERAL ABDUCTOR PARALYSIS

DeGraaf Woodman, M D College of Physicians and Surgeons, Columbia University New York

Charts describing the operation step by step

CHEST X RAYS Division of Tuberculosis New York State Department of Health Albany

Large wheel turned by spectators to bring into view individual x-ray plates. Demonstration of different types of chest pathology to be found in mass surveys.

CEREBROSPINAL FLUIDS Application of Newer KNOWLEDGE TO MEDICAL PRACTICE

Division of Laboratories and Research New York State Department of Health Albany

Three panels with material for distribution, and laboratory test displays. Since the Sanitary Code has been amended to require the submission of specimens of cerebrospinal fluid in connection with neurosyphilis, the exhibit is in part, directed to informing the practitioner what the laboratory expects of him and what can be provided by the laboratory in the way of information about his case. Examples of characteristic findings in the examina tion of cerebrospinal fluids and their significance are presented. Display of an actual colloidal gold test.

MIGRANT LABORERS AND THEIR CHILDREN New York State Department of Health Albany

Illuminated panels containing photographs show ing conditions in migrant labor camps in New York State Work of State Health Department in cor recting unsatisfactory health conditions protecting the health of workers and their children.

> ALL IN A DAY Division of Public Health Nursing New York State Department of Health Albany

Panels showing photographic enlargement of the

public health nurse and activities in public health nursing.

KINETIC DISABILITIES OF THE HAND

Michael Burman, M.D. Hospital for Joint Diseases Now York

Kinetic disabilities of the hand are divided into four groupings spastle paralytic, arthritic and traumatic Each grouping is studied in relation to the intrinsic and extrinsic muscles of the hand Intrinsic muscles which arise and end in the hand aro the thenar muscles, the hypothenar muscles, adductor muscles, the lumbricals, and interessed muscles. Extrinsic muscles, which arise in the forcarm and end in the hand are the flexor and extensor muscles of wrist and fingers. Photographs and diagrams illustrate the various disabilities.

STUDIES IN CARDIOVASCULAR STRILLIS

Edwin P Maynard M D Brooklyn Hospital Brooklyn Claire Lings New York Heart Association, Inc. New York

Incidence and clinical importance Prevention by treatment with armenic and heavy metals

New criteria for the diagnosis of uncompli cated syphilitic aortitis

SELECTED STUDIES MADE AT THE NEW YORK MEDI CAL COLLEGE, METROPOLITAN HOSPITAL RESEARCH UNIT

> Thomas H McGavick, M.D. David Schwimmer, M.D. Isadore J Drekter, B.S Leo Gitman, M.D Seymour Schutzer M.D. New York

Metabolic studies in human volunteers on limited mtake of food and water

Tumors of the adrenal gland

Tumors of the agreenal guand
 The interrelationship of lymphocyte counts,
 blood sugar levels, and 17 ketosteroid exerction in
 human beings on a limited fluid and caloric intake.

THE USE OF FLUORESCEIN TO DETERMINE THE ADEQUACY OF THE CIRCULATION

Kurt Lange, M.D Linn J Boyd, M.D David Weiner, M.D New York Medical College Flower and Fifth Avenue Hospitals New York

The intravenous injection of fluorescem, which is nontoxic in doses suggested, leads to an intense illumination on the long-wave ultraviolet light wherever the flow of blood reaches the tisrues. Color thus obtained can be measured at any spot over the body as to its intensity by means of the dermofluorometer This gives objective informs tion about the amount of blood reaching an area and the circulation time to that area. Application of the method for objective determination of circu lation time to any part of the body will be shown In skin grafting, the method is helpful to deter mine the active vacularity of an area on to which akin is to be grafted.

The use of the method for the diagnosis of periph

eral vascular discases will be shown. In cases of

strangulated hernia the method permits, with certainty, the immediate determination of the viability of bowel. Since the amount of staining of the skin depends essentially upon the capillary permeability, provided that the amount of blood reaching the area is normal, conclusions can be drawn as to the capillary permeability in health and disease. In myvedema, the nephrotic stage of chronic glomerular nephritis, and in starvation edema, the capillary permeability is increased. Kodachromes, prints, charts, and graphs

VETERANS MEDICAL CARE PLAN

Frederick E Lane, M D U S Veterans Administration New York

Photographic illustration of operation of the medical care plan Statistical graphs showing number of cases treated, cost, number of physicians participating Comparison with medical care plans of other states (motion picture)

CARCINOMA OF THE PROSTATE, CERVIX, ESOPHAGUS, AND STOMACH

Louis C Kress, M D
Hans Sauer, M D
James P Palmer, M D
Joseph P O'Brien, M.D
Joseph E McManus, M.D
Roswell Park Memorial Institute
Buffalo

Transparencies illustrating diagnosis of various forms of treatment, classification, and end results of cancer of the prostate, cervix, esophagus, and stomach.

CERVICAL SPINE AND SHOULDER STUDIES

Lee A Hadley, M D Lucy F Squire, M D Syracuse

Atlanto-occipital fusion, occipital vertebra, ossiculum terminale, basilar impression, and other abnormalities about the foramen magnum associated with neurologic symptoms. Congenital absence of the cervical pedicle. Study of restricted movement of shoulder joint.

THE DIAGNOSIS OF MALIGNANCY FROM HISTOLOGIC SECTIONS OF PLEURAL AND ABDOMINAL FLUIDS, SPUTUM, AND URINE

Siegfried Tannhauser, M D
Deaconess Hospital
Buffalo

Technic of processing pleural and abdominal fluids, sputa, and urine for histologic sections is described and exemplified by photographs. Photographs of histologic sections containing malignant tumor cells, together with short clinical histories, x-rays, and autopsy findings if available. Photographs of sections of these fluids, etc., in various noncancerous conditions

New York State Medical Library State Department of Education Albany

A representative will be present to answer questions concerning the services of the Library Members of the Medical Society are urged to use their library in the Education Building, Albany There are over 54,000 volumes in the collection, and over

500 journals are received currently Books are sent to the borrower, or selected material on a special subject will be sent, if requested This service is extended without charge to physicians, dentists, and nurses registered in New York State The only obligation imposed on the borrower is the prompt return of the books and the payment of return transportation charges

Intrathoracic Neoplasms

William L Watson, M D Herbert C Maier, M D John L Pool, M.D Memorial Hospital New York

The exhibit consists of a series of representative cases of pulmonary, mediastinal, pleural, and esophageal neoplasms, both benign and malignant, represented by photographs of x-rays, and gross and microscopic specimens. There is a brief summary of each patient stressing the important diagnostic points

Systemic Changes in Patients with Gastric Cancer

Sloan-Kettering Institute, Memorial Hospital New York

Results of work obtained in metabolic studies on patients with gastric cancer over a period of years. These indicate existence of systemic disturbances involving phases of metabolism dependent upon the adrenal cortex, the liver, and possibly other organs. Syndrome thus defined is described, working hypothesis is illustrated.

THORACOLUMBAR SYMPATHECTOMY OF HYPERTENSIVE CARDIOVASCULAR DISEASE

J W Hinton, M D
C A. Poindexter, M D
J W Lord, M D
W Welch, M D
S A. Localio, M D

New York Post-Graduate Medical School and Hospital New York

Consideration of anatomy and physiology of the sympathetic nervous system Selection of patients for operation Illustrations of the operative technic, of typical end results Statistical survey of 400 cases

Hemostabis with Oxidized Cellulose (Absorb-Able Gauze and Cotton) Virginia Kneeland Frantz, M D Presbyterian Hospital New York

Motion picture showing a few simple chemical tests of ordized cellulose in the form of surgical gauze—solubility, and combination with hemoglobin and whole blood—Technic of testing absorbable material in subcutaneous tissue of rats is shown, followed by operative procedures in dogs, in which bleeding is controlled by the hemostatic sponge Autopsy of dog, four and one-half weeks postoperative—Four clinical surgical procedures follow—two clean closed cases, a drained contaminated case, and an infected wound

VISUAL AIDS IN PLASTIC SURGERY Rosaria R. Bender, M D Buffalo

Plastic molds, mostly facial, as a means for recording and diagnosing

ANGLEPELVINETRY (ANGLE PELVINETRY)

Gemma Barzilei M D New York

A survey of pelvic capacity based on a graphic demonstration of the relationship of the size and shape of the three main planes of the different types of obstetric pelves to size and shape of the planes of the baby's head

Material obtained from Smithsonian Institute

Washington DC

PRYCHOLOGIC TESTING MATERIAL

Leslie Osborne, M.D Louise Kraft Myers, M.D Memorial Hospital and University of Buffalo Medical School Buffalo

Psychologic tests Stanford Binet general in telligence test Rorschach personality diagnosis thematic apperception test, mental deterioration tests, vocational preference tests educational achievement measures.

COUNCIL COMMITTEE ON PUBLIC HEALTH AND EDUCATION

O W H MITCHELL, M D Chairman

Medical Society of the State of New York

Aiding the county medical societies to arrange their programs throughout the year is one of the many activities of this Committee which is shown in graphic form in this exhibit

THE WOMAN'S AUXILIARY

Medical Society of the State of New York

This exhibit depicts the activities of the Woman s Auxiliary Map and charts show its growth and development

FRIENDS OF MEDICAL RESEARCH Medical Society of the State of New York

'Really Man's Best Friend," presents pictorially man's progress in medical research with the aid of the doz

The Medical Society of the State of New York, working with Friends of Medical Research, doveloped this exhibit as an aid to the dissemination of facts about research work with animals Really Man's Best Friend was first shown at the American Museum of Natural History where the Whipple Prize Dogs received their award in recognition for Outstanding Services to Illumanity

How the Society Serves the Physician Medical Society of the State of New York

Today more than ever, the Society serves and can serve the physicians. This is important to every member This exhibit presents graphically the services of the various departments.

THE DIRECTORY
Medical Society of the State of New York

Here is an opportunity for you to see just exactly what the Directory Blue Book contains. The new edition is the largest and best indexed Directory the Society has ever published. Changes for the 1948 Edition can be left at this exhibit

BUREAU OF MEDICAL CARE INSURANCE Medical Society of the State of New York

This exhibit of voluntary nonprofit medical care plans approved by the medical profession illustrates the growth of the plans and the benefits to both you, as a physician, and to your patient-subscriber

and the same

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THE TECHNICAL EXHIBITS

NEW AIDS TO THE PRACTICE OF MEDICINE



Surgical Instruments
Medical Books
Pharmaceutical
Specialties
X-Ray Equipment
Other Products and
Services

THE technical exhibitors are keeping pace with the advances in medical science, thus, you will be able to apply promptly, for the benefit of your patients, many of the developments found in the exhibits

Specific, well-referenced literature will be available at almost every exhibit, giving up-tothe-minute clinical background supporting the application of these pharmaceutical products to your medical practice

The following pages contain brief descriptions of "what's new" with each exhibitor

Abbott Laboratories, North Chicago (Booth 75) cordially invites you to visit the entirely new exhibit professional service staff present will welcome an opportunity to discuss the newer developments in antibiotic anticonvulsant, anesthetic allergence sulfonamide, bematinic, vitamin, and other fields

The Alkaloi Company, Taunton Massachusetts (Booth 71) Alkaloi—an alkaline saline solution carefully balanced for the treatment of all nuceous nombranes and irritated tissues Nontoxic—non-rintating—effective Irrigol—an aseptic slightly artringent powder which makes a valuable solution for vaginal douching, colonic irrigations, and rectal chemas.

American Resuscitation Co., West Hompstead, New York (Booth 6) will demonstrate the Emerson iron lung resuscitator and hot pack apparatus Anthony S Valente, Eastern representative, 65 Hempstead Turnpike, West Hempstead New York



Ames Company Inc. Elk hart, Indiana (Booth 50) will demonstrate technics for the detection of urino-sugar It is a copper reduction test which devalops its own heat within the test tube. Albut test (Albumintest) is a reliable, nonpoisonous, non-corresive tablet method for the detection of protein (albumin). It does not require heat. Hematest is a new unique tablet method for the detection of occult blood in

feces, urine and other body fluids. It is a reliable procedure that can be carried out quickly by the physician, public health worker or laboratory technician. Amos representatives will be glad to discuss the therapeutic indications of the Ames bile acid products, Decholin Degalol and Cholmodin with attending physicians.

The Arlington Chemical Company, Yonkers, New York (Booth 63) will exhibit their complete line of allergenic extracts for diagnosis and treatment. There will also be a complete line of our diagnostic sets covering pollens fungi, food incidental and epidermal allergens. To demonstrate its palatability samples will be served of our protein hydrolysate product Aminoids

The Armour Laboratories, Chicago (Booths 83 and 84), cordually invites members of the Medical Society of the State of New York to vasit the Armour display Mr R. H Andrew, of Chicago will be in charge, and Messrs N F Bell and W T Brasil will be in attendance.

Ayerst, McKenna & Harrison Ltd. New York (Booth 29) Fremann 18 a potent preparation of naturally occurring water-soluble equine conjugated extrogens containing sodium estrone sulfate as one of its estrogens. Fremann combines a high degree of potency with convenience of administration and is well tolerated by the patient. It is supplied with the approval of the Research Institute of Endocrinology McGill University, and is accepted by the Council of Pharmacy and Chemistry of the American Medical Association

The Best Foods, Inc. New York (Booth 8), is ex

hibiting Nucoa, the wholesome nutritious vegetable margarine, which contains 15,000 units of visit min A to the pound also on exhibit will be the famous Best Foods—Hellmann s Real Mayonnaise and other Best Foods products. Muss Elsie Stark director of Consumer Education, will be in charge of the booth and will welcome questions about the products

Bilhuber Knoll Corp., Orange, New Jorsey (Booth 51) For the latest on the fine modernal chemicals of the Bilhuber Knoll Corp visit their booth. The display includes the new vasopressor, Conethyl, antispasmodic Octin sedative and mild hypnotic Bromarnd, analgesic and cough sedative, Dilaudid analeptic and antianovant, Metrazol, and myocar dial stimulant and diuretic, Thocaclin, as well as other dependable prescription chemicals. They are prescribed alone or in combination to meet the individual patient sroquirement.

Ernst Bischoff Company, Inc., Ivoryton, Connecticut (Booth 58) cordially invites you to visit them display Professional service representatives Mr Lawrence Lesser and Mr Julian L. Stratton will be on hand and will welcome your questions concerning the use of Bischoff products in your practice



The Borden Company, New York (Booth 39), invites your attention to Gorlac, a vitamin-fortified powdered milk for well rounded nutrition in convalescence pre- and postoporative duets, gernatrics, pregnancy and lactation, and soft and liquid diets Likewise exhibited will be our long established products for infant feedly. But a Dalla P.

for infant feeding Biolac, Dryco
Yull-Soy Merrell-Soule Special Milks, general purpose Klim and Beta Lactose Spend a few pleasant
moments at Borden a Booth



Brewer & Company, Inc., Vorcester Massachusetts (Booth 14) This exhibit consists of specialties, centering around Thesodate the original enterie-ceated tablet of theobromine sodium acctate, and Lunamin a combination of theophylline sodium acctate, phenobarbital and ephedinne for the treatment of asthma. Also Brewer Capsules and Ampuls, other specialties and standard pharmaceuticals manufactured by Brewer & Company Inc., including a complete line of vitamin prevention for

of vitamin preparations for internal use and injection Gel-ots, the newest mode in oral vitamin therapy, are also featured

Bristol Laboratories, Inc., New York (Booth 95)
This exhibit will be devoted to the display of anti
bottes and pharmaceutical products Qualified
representatives will be on hand to assat the medical
profession with any inquiries. Laterature describing Bristol products will be available

Burroughs Wellcome & Co., New York (Booth 73) cordially invite phymicians to their exhibit of a representative group of fine pharmaceuticals and chemlcals. Of particular interest are Nutragest, the palatable dietary compound containing the amino acids, important minerals, vitamins, and carbohydrates, Digovin, a pure, stable, crystalline glycoside of digitalis lanata, combining uniform potency with rapidity of action, Wellcome Benzyl Benzoate Emulsion, the twenty-four-hour treatment for scabies and pediculosis capita, and Lubafax brand surgical lubricant

Cambridge Instrument Company, Inc., New York (Booth 104), will exhibit diagnostic instruments Among these will be the well-known Cambridge Simph-Trol portable model electrocardiograph and electrocardiograph-stethograph with pulse recorder, the new Cambridge electrokymograph for recording heart border motion, and the Cambridge plethysmograph—a new calibrated instrument which makes quantitative and reproducible records

Camel Cigarettes, New York (Booths 4 and 5), will present a dramatic full color review of their recent medical research on smoking, as well as the details of the nation-wide survey showing that "More Doctors Smoke Camels Than Any Other Cigarette" Another panel will illustrate the absorption of nicotine in the respiratory tract Representatives will be present

Cameron Heartometer Company, Chicago (Booth 30) See the improved Heartometer, a scientific precision instrument for accurately recording systolic and diastolic blood pressures, also furnishing a permanent graphic record of the pulse rate, disturbances of the rhythm, myocardial response, the action of the valves, as well as peripheral vascular circulation. The Heartometer clearly reveals heart disturbances in both early and advanced stages, and is of great value in checking the progress of medication and treatments.

Canadian Radium & Uranium Corp, New York (Booth 11) High-purity radium is available to the medical profession in any form and any type of container A special exhibit is devoted to alpha-ray therapy by the utilization of Radon in ointment For further interesting details, call at Booth 11

Carnation Company, Oconomowoc, Wisconsin (Booth 28), cordially invites you to visit their exhibit where you will see an attractive display presenting some interesting information on the various uses of Carnation Vitamin D Evaporated Milk for infant feeding, child feeding, and general diet purposes. The method by which Carnation Milk is generously fortified with vitamin D—400 USP units per reconstituted quart—will be explained Valuable literature will also be available for distribution

Ciba Pharmaceutical Products, Inc, Summit, New Jersey (Booths 81 and 82), invite you to visit their exhibit for latest information on Pyribenzamine the new antihistaminic compound, Privine HCl, an effective long-lasting nasal vasoconstrictor, and Metandren Linguets, the most potent orally active androgenic hormone available in a suitable form for sublingual absorption. Representatives in attendance will be glad to answer any questions you may have about these and other Ciba products.

The Coca-Cola Company, Atlanta, Georgia (Booth 109) Coca-Cola will be served through the joint courtesy of The Buffalo Coca-Cola Bottling Corporation and The Coca-Cola Company

Davies, Rose & Co, Ltd., Boston, Massachusetts (Booth 103) At this meeting our representatives, R J Mansfield and H V Orne, will be ready to explain to physicians, visiting our booth, the current quindine sulfate situation Quindine has been a very perplexing problem during the past few years Our tablets of quindine sulfate are alkaloidally standardized, giving the physician assurance of uniformity in dosage

The Denver Chemical Mfg Co, Inc., New York (Booth 13) Galatest, for the instantaneous determination of urine sugar and Acetone Test (Denco) for the detection of acetone in urine will be exhibited You are cordially invited to visit our booth for demonstration of these "spot tests" for sugar and acetone Galatest and Acetone Test (Denco) offer advantages of accuracy, simplicity, and economy in routine urinalysis

The Doho Chemical Corp, New York (Booth 79) The makers of Auralgan are introducing at this meeting, their new sulfa drug preparation O-TOS-MO-SAN, indicated in the treatment and control of chronic suppuration of the ears. Our representatives will be happy to explain, in detail, the workings of these medications, also to distribute our latest series of three Anatomico-Pathologic Charts of the ear, in color, suitable for framing

The Drug Products Co, Inc, Passaic, New Jersey (Booth 16) Naotin—an effective aid in the treatment of idiopathic headaches, migraine, and certain cephalalgias, and Aminoprod—a potent, palatable protein hydrolysate will feature our exhibit, as well as other therapeutic agents of special interest to physicians. You are cordially invited to attend and our representatives will be pleased to give you samples and full information.

Eaton Laboratories, Inc., New York (Booth 116), will exhibit several pharmaceutical preparations of interest to the physician. Furacin Soluble Dressing containing a new chemotherapeutic agent, Furacin (brand of introfurazone), will be exhibited This compound is a new antibacterial agent for the treatment of wound and surface infections. Clinical evaluation throughout the past two and one-half years indicates a wide field of use. Our representatives will be pleased to discuss Furacin Soluble Dressing with all physicians. Literature and samples will be available at the Eaton Laboratories, Inc., Exhibit

C B Fleet Co, Inc., Lynchburg, Virginia (Booth 26) A special saline laxative, Phospho-Soda (Fleet) combines sodium biphosphate and alkaline sodium phosphate in stable solution, which gives it the desirable buffer effect of these two phosphates in addition to its efficacy as an eliminant Phosphosoda (Fleet) is distinguished by extremely prompt and thorough but gentle action in elimination—when administered either as a purge or as a mild laxative during illness or convalescence

General Electric X-Ray Corporation, Buffalo and Rochester, New York (Booth 23) Factual discussions with members of our Buffalo and Rochester Sales and Service Organization during the State meeting will aid you in your future apparatus planning. If you are thinking about new and improved x-ray or electromedical apparatus, our layout engineers can help you with detailed plans and specifications. Stop in and avail yourself of our wide experience and know-how

[Continued on page 778]

Uniformity

Dependability
in digitalization
and maintenance
Sensible economy



Pil. Digitalis (Davies, Rose)

01 Gram $(1\frac{1}{2})$ grains)

Physiologically Standardized

Each pill contains 0.1 Gm ($1\frac{1}{2}$ grs) Powdered Digitalis, produced from carefully selected leaf of Digitalis purpurea, therefore of an activity equivalent to 1 U S P XII Digitalis Unit

When Pil Digitalis (Davies, Rose) are dispensed on a prescription, the physician is assured that the patient receives digitalis in its completeness and obtains the full benefit of the therapy

Trial package and literature sent to physicians on request.

Davies, Rose & Company, Limited

Manufacturing Chemists,

Boston 18, Massachusetts

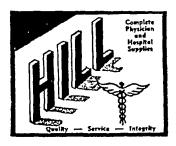
[Continued from page 776]

The General Hospital Supply Corp, New York (Booth 18) Complete hospital equipment including oxygen tents, plastic infant oxygen hoods, plastic oxygen domes, plastic bassinets, nursery equipment, lights, resuscitators, hospital beds, incubators, and penicillin aerosol equipment

Otis E Glidden & Co, Evanston, Illinois (Booth 61) ZymenoL, a palatable emulsion containing Brewer's Yeast, provides a natural approach to effective bowel management, without irritant, habit-forming drugs, or artificial bulkage Teaspoonful dosage provides minimum liquid petrolatum intake, avoids leakage, and assures negligible interference with fat soluble vitamin absorption Literature and free trial supply on request

The Harrower Laboratory, Inc, Glendale, Calif (Booth 10), will feature Endothyrin, Harrower's major advance in thyroid therapy, and demonstrate the exclusive Harrower process of removing deleterious material in the reduction of the thyroid gland. The purity of Harrower's 15 to 1 concentrated thyroid extract is illustrated by x-ray defraction studies, and the dosage range is shown

H J Heinz Company, Pittsburgh, Pennsylvania (Booth 57), cordially invites you to visit its booth where you will see an attractive display presenting interesting information on the uses of Heinz Strained and Junior Foods. The twelfth edition of the popular Nutritional Chart is available upon request. While you visit our exhibit, register for it



Hill Surgical Supply Co, Syracuse, New York (Booth 92) Hill, exclusive distributor in Upstate New York of the Edin Cardiograph invites you to stop in for a demonstration of this distinguished machine—the only direct ink-writing

cardiograph on the market Hill will also display new and improved income-making equipment as well as a complete line of medication and supplies

Hoffmann-La Roche, Inc., Nutley, New Jersey (Booth 67) You are cordially invited to attend the Roche exhibit at the New York State Medical Convention It will be well worth your while to drop in and glance briefly at the interesting exhibit on such clinically valuable drugs as Prostigmin, the versatile cholinergic stimulant, Ephynal Acetate, the stable, pure, well-tolerated vitamin E compound, Per-Os-Cillin, the dependable oral penicillin tablet, Syntropan, the non-narcotic well-tolerated antispasmodic, Syntrogel, the pleasant tasting, rapid acting, efficient antacid, and other products you may find of value in your practice. A staff of experienced Roche representatives will be present to answer your questions and assist you in any possible way.

Holland-Rantos Company, Inc., New York (Booth 31) You are cordially invited to visit the Holland-Rantos Booth where on display will be the nationally known and universally used Koromex contraceptive specialties Besides the new Koromex Set Complete, which is a package combining the necessary items for complete contraceptive technic, there will be the new

Nylmerate Jelly, introduced only a short time ago and received enthusiastically for the treatment of trichomoniasis and vaginal discharges of a non-specific origin. Representatives of the company will be on hand to answer all questions. Samples of Nylmerate Jelly and Koromex Jelly will be available, as will be copies of the new physician's patient instruction chart.

Hygeia Nursing Bottle Co, Inc., Buffalo, New York (Booth 32), cordially invites you to visit their booth to see the advantage of the new, improved Hygeia Nursing Bottle Unit—Learn why prescribing the Hygeia Unit—including bottle, nipple, and cap—will help mothers overcome feeding problems—Mr M C Decker will be in attendance

Hynson, Westcott & Dunning, Inc., Baltimore, Maryland (Booth 76), will have an exhibit featuring Mercurochrome, Thantis Lozenges, and various pharmaceutical specialties of their manufacture. There will also be a display of diagnostic apparatus and ampule solutions which have been worked out in their laboratories in cooperation with physicians. Competent representatives will be in attendance to demonstrate and to provide information regarding these products. Literature will be available to physicians who are not already familiar with products exhibited.

Interchemical Corporation, Union, New Jersey (Booth 56) The Biochemical Division of the Interchemical Corporation presents Lyophilized Amino Acids—I C, a novel preparation for intravenous administration This product provides generous amounts of all the essential amino acids, being "freeze-dried," it offers a notable advantage in becoming "stat fresh" for venoclysis on restoration to solution Literature is available

Jeffrey-Fell Company, Buffalo, New York (Booth 17) Visitors to our display booth will find featured only the finest physicians' furniture and equipment of known and accepted manufacture While in Buffalo you are invited to visit our store at 1700 Main Street where you will find the most complete stock and display of physicians' supplies in the east

"Junket" Brand Foods, Division of Chr Hansen's Laboratory, Inc., Little Falls, New York (Booth 15) Enlarged photos illustrate the action of the rennet enzyme in forming softer, finer, milk curds. Free literature describes dietary uses of renne-custards in infant, child, convalescent, or postoperative feeding. Attendants on duty Complimentary package of "Junket" Rennet Powder and "Junket" Rennet Tablets presented to physicians who register

The Kelley-Koett Manufacturing Co, Covington, Kentucky (Booth 117) The American Electric Mobile Unit being displayed is an ideal unit for radiography and fluoroscopy in the office, clinic, or hospital It requires very little space, is inexpensive, and contains a unique powerhead offering an entirely new concept in x-ray service It incorporates a replaceable cartridge eliminating the need for a serviceman

Kellogg Company, Battle Creek, Michigan (Booth 87) Kellogg's cereals have an important place in restricted and normal diets because they contain valuable nutrients found in whole grains All-Bran is one of the best sources of iron, Corn Flakes and Rice Krispies are indicated in bland and wheat al-

[Continued on page 780]



ARTHRITIS and RHEUMATISM

Ray Formosil for intramuscular injection is a clinically proved, effective treatment in most cases of Arthritis and Rheumatism. It is a non toxic and sterile, buffered solution containing in each cc. the equivalent of

Formic Acid 5 mg Hydrated Silicic Acid 2.25 mg

A descriptive folder will be furnished upon request.



[Continued from page 778]

lergy diets Diet Manuals and Special Diet Slips are available

Kidde Manufacturing Co, Inc, Bloomfield, New Jersey (Booth 1) In this booth for the first time, the Kidde engineered Utero Tubal Insufflator Completely safe—insures correct volume and pressure at tolerable limits Simple operation—one valve, one gage—requires only small cartridge of carbon dioxide gas Provides diagnostic and therapeutic use of carbon dioxide gas or opaque oil as well as permanent record of tests. Also on display, the Kidde Dry Ice Apparatus used in treatment of superficial skin lesions. This apparatus is becoming increasingly popular because of its simplicity and superior cosmetic results obtained

H W Kinney and Sons, Inc., Columbus, Indiana (Booth 52) Physicians of the Medical Society of the State of New York are cordially invited to visit the Kinney exhibit Cartose and Kinney's Yeast preparations will be featured Messrs V P Medvedeff, Robert L Jarvis, and Wm J Mann will be in attendance

Lakeside Laboratories, Inc, Milwaukee, Wisconsin (Booths 90 and 91), will feature Mercuhydrin, well-tolerated mercurial diuretic, Estrogens, Lakeside, and Emulgen, emulsifying vehicle for penicillin Representatives will be on hand to describe the applications of these medications

Lanteen Medical Laboratories, Inc., Chicago, Illinois (Booth 2), cordially invite you to their exhibit of their well-known pharmaceutical specialties—Included will be natural and synthetic estrogenic products, Estrogel and Hexypheen Vi-Teens products, including Vi-Teens Homogenized Vitamins, as well as their line of gynecic specialties, will also be included

Lea and Febiger, Philadelphia, Pennsylvania (Booth 24), will exhibit among their new works and new editions, Joslin's Treatment of Diabetes Mellitus, Cushny's Pharmacology and Therapeutics, Scott and Van Wyck's Obstetrics & Gynecology, Wintrobe's Hematology, Haden's Hematology, Davis' Principles of Neurological Surgery, Davidoff and Dyke's Normal Encephalogram, Wesson's Urologic Roenigenology, Bell's Renal Discuses, Levinson and MacFate's Clinical Laboratory Diagnosis, and other standard works

Lederle Laboratories Division, American Cyanamid Company, New York (Booth 41), will have on display the new folic acid products about which there has been so much interest. Among the products to be shown will be Folvite, Lederle's brand of folic acid, Folvron, folic acid and iron, by which both iron-deficiency anemias and macrocytic anemias may be treated. Ledinac, the first protein hydrolysate to be derived from liver, will also be on display

Libby, McNeill & Libby, Chicago, Illinois (Booth 99) Libby's Vitamin Di Fortified Homogenized Evaporated Milk and Libby's Strained and Homogenized Baby Foods are featured at the Libby booth Physicians are invited to stop and discuss new findings on the greater availability of iron and ease of digestion of Libby's A.M A Council Accepted Foods for babies

Eli Lilly And Company, Indianapolis, Indiana (Booth 100), this year features an interesting presentation on the heart and a discussion on cardiac drugs Many Lilly products are to be on display, repre-

sentative literature will be available. The attending Lilly medical service representatives will be pleased to assist visiting physicians whenever possible

J B Lippincott Company, Philadelphia, Pennsylvania (Booth 115) presents a complete line of Lippincott selected professional books and journals. Be sure to see the current issue of the American Practitioner, the monthly medical journal designed to shorten the lag between experiment and practice. Titles of new books and new editions include. Dermatology and Syphilology, Signs and Symptoms—Their Clinical Interpretations, Diagnosis in Daily Practice, Diabetic Care in Pictures, Cardiovascular Diseases, Color Atlas of Hematology, Applied Anatomy of the Head and Neck, Essentials of Endocrinology, Diseases of the Nose and Throat, and Uterine Contractility in Pregnancy

McNeil Laboratories, Inc., Philadelphia, Pennsylvania (Booth 72) As the result of an interesting chnical study, the McNeil booth will present in full color, a series of kodachrome transparencies graphically portraying clinical signs of iron deficiency and secondary anemias. You are cordially invited to visit us. The booth is in charge of Mr. H. M. Schabacker, assisted by Mr. L. W. Rasmussen and Mr. J. R. Nevin

M & R Dietetic Labs, Inc., Columbus, Ohio (Booth 66), will display Similac, a food for infants deprived either partially or entirely of breast milk Messrs K. D Van Fossen and H O Davis will appreciate the opportunity to discuss the ment and suggested application for both the normal and special feeding cases

Mallon Chemical Corp, New York (Booth 80), will exhibit their new product Rectalgan, which has for its therapeutic purpose the control of pain and itching in hemorrhoids and pruntis. This is not a suppository or an ointment. Its well-chosen, effective ingredients are incorporated in a special scientifically processed liquid vehicle. There is no waiting time for the vehicle to dissolve or melt. Rectalgan can be applied to the affected area simply and easily. There is no necessity for the fingers or hands to touch the medication or the site of treatment. Anatomicals also will be shown. Samples and literature will be available to physicians attending.



The Maltex Company, Burlington, Vermont (Booth 70) Maltex Cereal, made in Vermont for the past fifty years, is in this booth You are invited to stop in for your 1947 calendar note book, a height-weight wall chart, a really good reducing diet, or just to register for a complimentary full-size package

The Maltine Company, New York (Booth 54), is exhibiting Mucigel, the latest development of the Maltine Company's Research Laboratories—Tedral, Proloid, and Depancol, which have gained wide acceptance, will be shown, as well as such fine products as Maltine with Cod Liver Oil and Malto Yerbine, which have enjoyed favorable recognition for many years—A cordial invitation is extended to you to visit Booth 54, where descriptive literature and samples are available

[Continued on page 782]



Why Days...

WHEN HOURS WILL SUFFICE

THE overwhelming discomfort of congestive heart failure and the progressive character of the syndrome demand prompt restoration of cardiovascular dynamics Orally administered Digitaline Nativelle—the chief active glycoside of Digitalis purpurea—produces initial digitalization in but 6 to 10 hours instead of days Digitaline Nativelle the original digitoxin also offers these advantages

- Virtual freedom from locally induced nausea and vomiting
 - Uniformity of potency—dosage calculated on basis of weight of drug
- Rapid and complete absorption direct from the stomach intravenous dose identical with oral.
- · Free from the mert dross of whole leaf digitalis

Average digitalizing dose 1.2 mg $\,$ maintenance dose from 0.1 mg to 0.2 mg daily

Physicians are invited to send for complimentary copy of the brochure Management of the Failing Heart and a clinical test sample of Digitaline Nativelle sufficient to digitalize one patient

VARICK PHARMACAL COMPANY, INC
A Division of E. Feogera & Co. Inc.
75 Varick Street, New York 13 N Y



How Supplied

Digitaline Nativelle is available through all pharmacies in 0.1 ms. tablets (pink) and 0.2 ms. tablets (white) n bottles of 40 and 230 and in ampules of 0.2 ms. (1 cc.) and 0.4 ms. (2 cc.) in packages of 6 ampules and 50 ampules.

DIGITALINE NATIVELLE

REG U S PAT OFF

THE ORIGINAL DIGITOXIN

[Continued from page 780]

Mead Johnson & Company, Evansville, Indiana (Booths 97 and 98) "Sevamus Fidem" means We are Keeping the Faith Almost every physician thinks of Mead Johnson & Company as the maker of Devtri-Maltose, Pablum, Oleum Percomorphum, and other infant diet materials, including the new precooked oatmeal cereal, Pabena But not all physicians are aware of the many helpful services this progressive company offers physicians A visit to Booths 97 and 98 will be time well spent

Medical Film Guild, New York (Booth 111), through their Medical Films That Teach, presents a refresher course in fundamental medical problems. This program, during the war period, kept the military medical man abreast of modern civilian practice. These new subjects reorient the military doctor to civilian procedures. These films, representing several years of research, are condensed into half-hour productions, each acting as a visual textbook. They review such subjects as Parkinson's disease, the major neuralgias, cervicitis, otolaryngologic diseases, contagious diseases, arterial blood pressure, hypothyroidism, and industrial medicine. They are available to medical societies, medical schools, and hospitals, and include projection service at no charge through grants for postgraduate instruction

Merck & Co, Inc, Rahway, New Jersey (Booth 46) With increased knowledge concerning penicillin, it is known that there are at least four individual forms, namely penicillin G, F, K, and X. It is the G form that is of most importance in medicine today, and it is this form, in high purity and without the presence of the F, K, and X entities, that is supplied as Crystalline Penicillin G Sodium Merck Streptomyoin, now also well known by the medical profession for its established value in the treatment of certain diseases, as well as its potential value in others, is the result of a research program brilliantly conceived and methodically carried through to a successful conclusion Merck production of streptomycin has been steadily increased so that adequate supplies are available for medical needs Antibiotics have been chosen by Merck for their display at the 1947 meeting Chemical, pharmacologic, and medical information is given Other fields, medical and nutritional, in which the Merck Research Laboratories are vitally interested, include the amino acids, the vitamins, the sulfonamides, choline derivatives, and anesthetic agents



The Wm S Merrell Company, Cincinnati, Ohio (Booth 114), will feature Amino-Concemin This nutrient tonic, designed to speed convalescence, contains the established Bearmelow from liver Tea

vitamins, the whole B-complex from liver, rice bran, and yeast, iron and 15 per cent protein hydrolysate. Its rich, winey flavor represents an unusual taste accomplishment in a preparation of liver, iron, and amino acids.

Philip Morris & Company, New York (Booth 88), will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygrosopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss research on this subject, and problems on the physiologic effects of smoking

The C V Mosby Company, St Louis, Missouri (Booth 89), extends an invitation to visit their exhibit where new medical publications of the C V Mosby Company, such as Rubin's Uterotubal Insufflation, Clendening-Hashinger's Methods of Diagnosis, Ackerman Regato's Cancer, Trieger's Atlas of Cardiovascular Diseases, Mobley's Synopsis of Operative Surgery, will be displayed

National Dairy Council, Chicago, Illinois (Booth 60) You are cordially invited to visit the National Dairy Council exhibit of health education materials Booklets and posters giving timely and authentic nutrition information will be on display. This literature may be used for distribution to patients or for the reception room. Sample material may be requested.

The National Drug Company, Philadelphia, Pennsylvania (Booth 65) You are cordially invited to visit our exhibit. Of specific interest will be the newest developments of our Research Laboratories, namely, our amino acid products—Aminonat, Aminovite, and Protinal Also on display will be our time-tested, Council Accepted Biologicals, including the series of multiple antigens for simultaneous immunization

The Nepera Chemical Company, Yonkers, New York (Booth 85), cordially invites the members of the Medical Society of the State of New York to visit their exhibit and to discuss urinary antisepsis, with particular reference to Mandelamine, a chemical combination of mandelic acid and methenamine. In addition to increased effectiveness with comparatively small dosage in the treatment of urinary infections, Mandelamine offers advantages of ease of administration and virtual freedom from by-effects. An authoritative booklet and literature are available for your review, as well as samples for clinical trial

Nutrition Research Laboratories, Chicago, Illinois (Booths 19 and 20), will feature Pendarvon Granules, a source of amino acids and vitamins of the B-complex in a readily dispersible, palatable form Taste samples of the new product will be available to interested physicians. In addition on display will be Ertron—Steroid Complex, Whittier, in both oral and parenteral forms, Infron Pediatric, a new approach to the problem of rickets prophylaxis, and Bezon, Whole Vitamin B-Complex plus Vitamin C in a much improved formula. The latest literature and information relative to the products on exhibit will be available at our booth, and we welcome the opportunity of meeting with members and guests of the Society

Ortho Pharmaceutical Corporation, Raritan, New Jersey (Booth 69), will exhibit their well-known line of gynecic pharmaceuticals, featuring Nidoxial for nausea and vomiting of pregnancy You are cordially invited to visit Booth 69 where samples and literature will be available

Parke, Davis & Company, Detroit, Michigan (Booth 47) Representatives of Parke, Davis & Co, well-informed concerning progress in pharmaceutical research, and desirous of presenting new advancements to you, will be in attendance at our Technical Exhibit to discuss the nature and employment of new and present products Displayed will be such outstanding products as Theelin, Mapharsen, and Adrenalin preparations The latest type of biolog-[Continued on page 784]

Must

INCREASED IRRITATION follow

INCREASED SMOKING?

PEOPLE are smoking heavily far more than ever before. To minimize nose and throat irritation due to smoking, may we suggest the cigarette proved* definitely and measurably less irritating Philip Morris

This proof of Philip Morris superiority is dependent not only upon laboratory evidence, but on clinical observation as well. Research was conducted not by anonymous investigators, but by recognized authorities and published in leading medical journals

The fact is Philip Morris advantages result directly from a distinctive method of manufacture described in published reports

*Laryngoscope Feb 1935 Vol XLV, No 2, 149 154; Laryngoscope Jan. 1937, Vol XLVII No 1 58-60 Proc. Soc. Exp Biol. and Med., 1934 32, 241; N Y State Journ. Med., Vol. 35 6-1 35 No 11, 590-592.



Philip Morris

PHILIP MORRIS & Co., LTD., INC. 119 FIFTH AVENUE, N Y

TO THE PHYSICIAN WHO SMOKES A PIPE. We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

[Continued from page 782]

icals will be on display Likewise, penicillin and other therapeutic agents of antibiotic, biologic, and chemotherapeutic interest will be shown. We sincerely invite your visit to this exhibit

Pet Milk Sales Corporation, St Louis, Missouri (Booth 110) A complete display of material illustrating the time-saving Pet Milk services available to physicians Specially trained representatives will be in attendance to give you information about the production of Pet Milk and its use for infant feeding Miniature cans will be given to physicians visiting the exhibit

Picker X-Ray Corporation, Rochester, New York (Booth 3), will exhibit their Century apparatus, a complete self-contained diagnostic installation for radiography and fluoroscopy in all positions. This apparatus is available in either 100 or 200 milliampere capacity

Pitman-Moore Company, Indianapolis, Indiana, (Booth 27), extends a cordial invitation to all members and guests of the Medical Society of the State of New York to visit their booth. A number of representative pharmaceutical and biologic products will be displayed "Council Accepted" biologics will be featured including influenza virus vaccine, poison ivy extract, grass pollen extracts, etc. In addition a number of pharmaceutical specialties will be displayed, including a recent research development of our laboratories—Magmoid Sulfalac—a palatable, flavored, creamy, stable suspension of semicolloidal sulfathiazole and sulfadiazine plus the addition of sodium lactate. The Pitman-Moore Company's Iod Ethamine products and six outstanding "Council Accepted" digitalis products will also be on display

Procter and Gamble Co, Cincinnati, Ohio (Booth 7), features the current series of time-saving leaflet pads for doctors "The Hygiene of Pregnancy," newest in the series, is being offered for the first time. Doctors are also invited to reorder the first time. Doctors are also invited to reorder the first three pads in the series, "Instructions for Routine Care of Acne," "Instructions for Bathing a Patient in Bed," and "Instruction for Bathing Your Baby". Additional leaflet pads are being prepared, designed to save doctors' time in answering patients' questions on routine home care.



Rahm Instruments Inc., New York (Booth 108), will have in operation their Direct Recording Electrocardiograph Electroencephalographs, electroshock ther-

apy equipment, cortical stimulators, and other electro-medical apparatus will also be on display

Rare Chemicals, Inc., Flemington, New Jersey (Booth 118) Preparations exhibited by Rare Chemicals, Inc will include Acidolate (nonlathering liquid) and Dermolate (new lathering cake), both nonirritating skin detergents, Eucupin, local anesthetic with prolonged analgesic action, Gitalin, digitalis preparation, Salysal, antirheumatic analgesic, and Testosterone Propionate, "Rare Chemicals" androgenic preparation

L & B Reiner, New York (Booth 64) We invite your investigation of the EPL Cardiotron, the first successful direct-recording electrocardiograph A visit will show you why this has been called "the greatest advance in electrocardiography in twenty years" Note such exclusive features as the automatic time check, complete interference elimination, and complete lack of base line wandering, the last two being added features of our new model. Let us produce for you an instantaneous, permanent, accurate recording on yourself. Also on display will be found the Jones Motor-Basal Metabolism apparatus, the unit which has become the standard of metabolism accuracy and efficiency throughout the The exclusive features of the Jones apparatus include automatic check on accuracy, elimination of the use of barometer and thermometer, and complete patient comfort Orders can be placed for immediate delivery

J B Roerig & Company, Chicago, Illinois (Booth 77), will exhibit at their booth interesting products for use in arthrit s, anemia, and dermatologic conditions. Company representatives will be on hand to explain these various products in detail. Attending physicians are cordially invited to call at the Roerig display.

Rystan Company, New York (Booth 102) Chloresum Solution (Plain) and Ointment containing chlorophyll derivatives are natural, nontoxic healing agents indicated in the treatment of burns, wounds, chronic ulcerative lesions, and dermatoses, they accelerate healing, reduce scar formation, and effectively deodorize malodorous lesions Chloresum Nasal Solution likewise decongests the mucosa in inflammatory conditions of the nasopharynx and sinuses

Sanborn Company, Cambridge, Massachusetts (Booth 25) Visitors at this booth will see a demonstration of the new direct writing Sanborn Viso-Cardiette, amazingly simple electrocardiograph which provides finished and permanent cardiograms on the very instant of recording. Also shown, will be the Instomatic Cardiette, long famous photographic type electrocardiograph. For doctors interested in metabolism testing, there will be news and information about the newly designed Metabulator.

Sandoz Chemical Works, Inc., New York (Booth 48) Now released, the new anticonvulsant, Mesantoin (methyl-phenyl-ethyl-hydantoin), for the control or reduction in frequency of epileptic seizures Recently introduced products shown are Dihydroergotamine (DHE 45), improved nonnarcotic relief for migraine, Glysennid, crystalline glycosides of senna leaves, Ipesandrine, the active alkaloids of Dover's Powder in pure form combined with ephedrine Also displayed are Cedilanid, Gynergen, Bellergal, Belladenal, Calglucon, and Neo-Calglucon

Saratoga Springs Authority, New York (Booth 43) This exhibit consists of a photographic montage designed to show facilities available to the public at The Saratoga Spa as part of the health service of New York State The photographs were taken in and about the various buildings on the State's 1,200-acre reservation They display the bottling and distribution of the natural mineral waters, scenic views, recreation facilities, and various treatments

[Continued on page 786]

Improper lipoid metabolism, hypercholesterolemia and impaired intestinal absorption are considered contributing factors in the development of disease in the aged, especially that of arteriosclerosis





GRANULESTI

oral soya lecithin

an aid in

LIPOID METABOLISM

roduct product ACLETIN (a

a soya lecithin

vitamin

for supplemental

therapy-another

combination

Indications

Hypercholesterolemia

Impaired intestinal absorption

Xanthomatosis

Sprue and steatorrhea

Psoriasis

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ASSOCIATED CONCENTRATES INC.

For literature and sample, mail to PO Box 44, Elmhuru, L.I., NY

[Continued from page 784]

using natural mineral waters as given at the bath houses. These include mineral baths and packs, as well as heat cabinet, light ray, and other treatments State-bottled geyser water will be served by an attendant throughout the meeting.

Schenley Laboratories, Inc., New York (Booth 55) This exhibit is devoted entirely to penicillin and penicillin products, and features chinical illustrations of treated patients. The complete apparatus for penicillin aerosol treatment of respiratory infections by inhalation is demonstrated to interested physicians by well-informed attendants at the booth Descriptive literature concerning this treatment method and various Schenley Laboratories' products are supplied on request

Schering Corporation, Bloomfield, New Jersey (Booth 112), will feature the potent oral estrogenic hormone, Estinyl (ethinyl estradiol), the oral progestin, Pranone (anhydrohydroxyprogesterone), and the oral androgen, Oreton-M (testosterone propionate), Progynon-B (estradiol benzoate), Proluton (progesterone), and Cortate (desoxycorticosterone acetate), will also be displayed. The new effective treatment for ophthalmic infections, Sodium Sulfacetimide Solution 30 per cent will be of interest, as will be the clinically safer sulfonamide combination Combisul-TD and the radiographic medianeric representatives will be present to welcome physicians' inquiries

Julius Schmid, Inc., New York (Booth 33) Quickly and easily you may examine by means of new photographic reproductions the latest scientific evidence which indicates precisely the outstanding qualities inherent in Ramses Gynecological Products, every one Council Accepted Proper use under your direction gives your patients the highest possible degree of protection, judged by recognized authoritative standards

G D Searle & Co, Chicago, Illinois (Booth 68), will show a number of products of Searle Research which have contributed so much to the armamentarium of the physician, including Searle Aminophylline, Metamucil, Ketochol, Floraquin, Diodoquin, Pavatrine, Pavatrine with Phenobarbital, Gonadophysin, and Tetrathione Featured will be the new Aminophyllin Suppositories, the Searle brand of aminophylline suppositories, which remain stable at temperatures up to 130 F, but which liquefy readily under conditions of use

Sharp & Dohme, Inc, Philadelphia, Pennsylvania (Booth 62), extends a cordial welcome to all visitors at booth 62. New antibiotic preparations, including Prothricin, nasal decongestant, and Tyroderm, tyrothricin cream, are being featured along with Sulfathalidine and Sulfasixidine, intestinal bacteriostatic agents. Lyocyte Powder, dried human blood cells, and Lyovac, normal human plasma, complete the items on exhibit

Smith, Kline & French Laboratories, Philadelphia, Pennsylvania (Booth 44) Dexedrine Sulfate is featured at this exhibit. Few therapeutic agents have risen so dramatically and rapidly to pre-eminence as Dexedrine Sulfate. Today, its widespread clinical usefulness in depressive states and weight reduction makes this drug undeniably the central nervous stimulant of choice. Dexedrine is remarkable in that it spares the patient the disturbing consciousness of drug stimulation, is virtually a

single action drug, and has an extremely wide margin of safety. Our specially trained professional representatives will be glad to answer questions concerning the possible uses of our products in your practice.

Specific Pharmaceuticals, Inc., New York, (Booth 113), considers it a privilege to be invited to participate in the technical exhibits at the 141st Annual Meeting of the Medical Society of the State of New York Profenil, the non-narcotic, synthetic antities of our manufacture along with other specialities of our manufacture Samples, literature, and information will be available to members of the medical profession

Spencer Incorporated, New Haven, Connecticut (Booth 45) You are cordially invited to visit our exhibit showing individually designed supports for abdomen, back, and breasts We are featuring a new support for men, the Spencerflex In addition, we would like you to see our breast forms for patients who have undergone mastectomy

E R. Squibb & Sons, New York (Booth 40) Penicillin blood levels following administration of crystalline penicillin G sodium in oil and wax

Frederick Stearns & Company Division, Detroit, Michigan (Booth 49), cordially invites you to visit our exhibit Members of our professional staff will be in attendance to discuss such products as Parenamine, Demerol, various Neo-synephrine products, Fergon, Adnephrin, and the complete list of Stearns ethical specialties Please register for any samples you may wish sent you

Swift & Company, Chicago, Illinois (Booth 12) Trained dieticians will be in attendance at the Meats for Babies and Juniors Booth to demonstrate the desirable characteristics of flavor and texture of the six distinctive varieties—beef, lamb, veal, pork, liver, and heart, in the two types strained and diced—Visitors may register for samples and literature or special information wanted

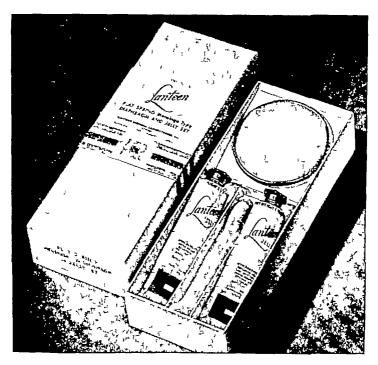
Tampax Incorporated, New York (Booth 86) If you have not yet familiarized yourself with Tampax, the preferred, three-absorbency, intravaginal, menstrual tampon, you will wish to visit the Tampax exhibit where educational consultants are in attendance. If you are already acquainted with Tampax's many advantages, be sure to register for the latest literature or educational material and samples of our product

Teca Corporation, New York (Booth 74), shows its improved models of the well-known Two Circuit Hydrogalvanic units for office and institutional work Among these are the conveniently operated four tank units for the treatment of and through the extremities. Of interest are the new Teca Bi-Trodes, modern instruments for testing and localized treatment Also shown are the new Teca low volt generators CD6 and SP3, with original new facilities, permitting a more efficient and varied utilization of galvanic and sinusoidal currents. Another low-volt unit HP4 is used for ion-transfer and electro-diagnosis



US Vitamin Corporation, New York (Booth 59) Full color illustrated brochure, Diagnosing Vitamin Deficiencies, together with pro-

[Continued on page 788]



THE LANTEZM DIAPHRAGM is rigid in one plane, therefore easy to place When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into public arch

Lanteen jelly has three important advantages:

- I Reliable spermicidally effective
- 2 Tenacious in its viscosity
- 3 Non-irritating Non-toxle.

Offered only through the medical profession. Complete package sent physicians on request.

anteen

LANTEEN MEDICAL LABORATORIES INC. CHICAGO II



[Continued from page 786]

fessional samples and literature on Vi-Syneral, Poly-B, Vi-Litron, Hypervitam, Lipo-Heplex, Dalsol, Desiver, Amiprote, and others

Upjohn Company, Kalamazoo, Michigan (Booths 93 and 94) The first panel of the display outlines diagrammatically the mechanism of blood clotting Next to that is a panel dealing with the use of thrombin as a sort of biologic cement for attaching skin grafts. The center panel describes the use of Gelfoam (a tissue absorbable sponge) moistened with thrombin as a hemostatic agent. Then the absorption of Gelfoam in tissue is demonstrated by a series of histologic specimens on the fourth panel. The final panel depicts the clinical use of the natural anticoagulant, heparin

The University of Chicago Press, Chicago, Illinois (Booth 34) The exhibiting of Books From University Presses is an outgrowth of the Association of American University Presses Each press represented is a separate publishing company devoted to the production of important technical and scholarly works, which might otherwise go unpublished, as well as general books of vital interest to all Americans Because of their common goals, and because some of them are too small to sponsor exhibits alone, these presses have combined to present their books in a single impressive display

Varick Pharmacal Company, New York (Booths 21 and 22), manufacturers of Digitaline Nativelle, plans an interesting and informative exhibit at the forthcoming meeting Enlarged full color kodachromes of many gross cardiac specimens and photomicrographs of cardiac pathology will be displayed, as well as interesting electrocardiograms Arrangements are also being made to reproduce phonographically heart sounds of various valvular lesions

Walker Vitamin Products, Inc., Mt Vernon, New Therapeutic vitamin prepara-York (Booth 96) tions, protein products, and individual amino acid items will be presented at this exhibit Also, the oral and injectable combinations of vitamins and amino acids as used in the hearing studies reported in the December Archives of Otolaryngology two preparations-Hyvanol and Amvitol-may prove to be of great value in the treatment of certain types of nerve deafness. Our new product—Aminotabs, providing 2 Gm of Lactalbumin and Yeast Hydrolysate per tablet, will also be on display and samples will be available Each tablet provides the following essential amino acids Arginine 530 mg, Histidine 280 mg, Isoleucine 1,068 mg, Leucine 1,427 mg, Lysine 1,282 mg, Methionine 293 mg, Phenylalanine 549 mg, Threonine 748 mg, Tryptophane 265 mg, and Threonine 748 mg, Tryptopnane 200 mg, Tryptopn the taste and may be chewed as necessary to supply the desired protein intake

Wallace Laboratories, Inc., New Brunswick, New Jersey (Booth 101), will feature their complete line of ethical dermatologicals. Physicians are invited to visit their booth for full information on Intraderm Sulfur Solution for acne vulgaris, Bactra-Tycin and Intraderm Tyrothricin Solution for pyodermas, Intraderm T C A P Solution and T C A P Fungicial Shampoo for the treatment of times capits

Wallace & Tiernan Products, Inc., Belleville, New Jersey (Booth 53), is exhibiting Azochloramid, their stable chlorine antiseptic, Monomestrol, a synthetic estrogen, Desenex, the undecylenic acid-zinc undecylenate fungicide, and Sotradecol, the new sclerosing agent for the injection therapy of varicose veins. You are cordially invited to visit our exhibit. We will welcome your inquiries and comments.

The Washington Institute of Medicine, Washington, D.C. (Booth 78), will exhibit their world-famous specialized Quarterly Reviews in Surgery, Obstetrics and Gynecology, Pediatrics, Medicine, Urology, Dermatology and Syphilology, Psychiatry and Neurology, Ophthalmology, Otorhinolaryngology and Broncho-Esophagology, Allergy and Applied Immunology, and General Practice Clinics, a specialized general journal for the general practitioner

Westinghouse Electric Corporation, New York (Booth 9) The main feature of the Westinghouse display will be a vertical fluoroscope We will also display a Fluorothin Illuminator which utilizes fluoroscopic lamps instead of the conventional incandescent type, a PFX Viewer used to view 70mm x-ray films optically, enlarging them for easier study, and a Thin Window Lamp, an ultraviolet lamp used for skin therapy

Westwood Pharmacal Corp, Buffalo, New York (Booths 37 and 38), particularly welcomes physicians in their own home City of Buffalo, and invites all members of the Society to pay us a visit. We are displaying the soapless detergents, Lowila Cake and Lowila Liquid, which are suggested whenever soap is contraindicated. We are also displaying the new improved Westhiazole vaginal single dose disposable applicators for the treatment of vaginitis and cervicitis. Please let us demonstrate how easy it is to use these applicators for home and office treatments

White Laboratories, Inc., Newark, New Jersey (Booth 42), present information regarding White's Sulfathiazole Gum, expressly formulated for topical chemotherapy in oropharyngeal infections, White's Otomide, a more effective means of topical chemotherapy in ear infections, and a new specialty, White's Mol-Iron Tablets, a new and definite advance in the treatment of iron deficiency anemias White's ethically promoted vitamin specialties are also featured You will find a very cordial welcome by White's medical service representatives in charge of the exhibit



Winthrop Chemical Company, Inc. New York (Booths 35 and 36), extends a cordial invitation to visit their booth where representatives will be on hand to discuss the latest therapeutic contributions made by this firm

tributions made by this firm Featured will be Demerol, analgesic, spasmolytic and sedative, Digisidin, pure crystalline digitoxin, the drug of choice for routine digitalization, and Pontocaine-Neusynephrine, for the relief of ocular and nasal congestion and irritation



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TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

ANNUAL CONVENTION

Hotel Statler, Buffalo, New York, May 4, 5, 6, 7, 1947

THE ANNUAL CONVENTION of the Woman's Auxiliary to the Medical Society of the State of New York will be held May 4, 5, 6, and 7, 1947, at the Hotel Statler, Buffalo, New York

All doctors' wives, whether members of a Woman's Auxiliary to a county medical society or not, are urged to register at the Registration Desk. They are cordially invited to participate in all parts of the program

PROGRAM

			2 dobday, 11tay o
2 00 рм — 5 рм	Registration of Delegates, Alternates and Guests	9 00 ам – 4 00 рм	Registration
	Registration for Cocktail Party and Dinner, Monday, May 5,	9 30 ам – 12 00 Noon	Second Half of House of Delegates Meeting
	Luncheon and Fashion Show, Tuesday, May 6	12 30 р м	Luncheon and Fashion Show
	Monday, May 5		
9 00 ам – 4 рм.	Registration		Wednesday, May 7
4 рм. 10 00 ам –	Preconvention Meeting of Execu-		
4 P M.		10 00 a m - 11 00 a m	Wednesday, May 7 Postconvention Meeting of Executive Board
4 PM. 10 00 AM - 12 Noon 1 30 PM -	Preconvention Meeting of Execu- tive Board First Half of House of Delegates		Postconvention Meeting of Executive Board
4 PM. 10 00 AM - 12 Noon 1 30 PM - 4 30 PM	Preconvention Meeting of Execu- tive Board First Half of House of Delegates Meeting	11 00 а м	Postconvention Meeting of Execu-

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President, Mrs Alfred L Madden
President-Elect, Mrs Harry F Pohlmann
First Vice-President, Mrs John J Buettner

Sunday, May 4

Second Vice-President, Mrs Walter G Hayward Treasurer, Mrs Fred G Jones

Tuesday, May 6

Recording Secretary, Mrs John J Rainey



WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE

ANNUAL MEETING

Hotel Statler, Buffalo, May 4-5, 1947

THE fortieth Annual Meeting of the Women's Medical Society of New York State will be held

in Buffalo, May 4 and 5

There will be a brunch at the home of Dr Harriet Hosmer, 84 Ashland Avenue, Sunday, May 4, 11 00 AM, a buffet supper at the home of Dr Helen G Walker, 475 North Union Road, Williamsville, Sunday, May 4, 5 00 PM, a reception at the home of Dr Jennie D Klein, 297 Huntington Avenue, Monday, May 5, 8 00 to 10 00 PM

The regular Annual Meeting will be held on

Monday, May 5, in the Fillmore Room at the Hotel Statler

The program for Monday is as follows 9 00 AM—Registration, 10 00 AM—Business Meeting, 12 30 PM—Luncheon, Parlor E, 2 00 PM—Scientific Sessions—"Modern Approach to Preoperative Treatment of Thyroid Disease", "Streptomycin Therapy in Tuberculosis", "Isotopes as Related to Medicine"

HELEN G WALKER, M D, President JENNIE D KLEIN, M D, Secretary

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Robert B Archibald, M D, 46, of Bedford Hills, president of the Westchester County Medical Society, died on February 7_ He studied medicine at Dalhousie University in Halifax, and received his

degree in 1927

A specialist in obstetrics, gynecology, and surgery, Dr Archibald served on the staffs of Grasslands Hospital and Northern Westchester Hospital He served as chairman of the hospital workmen's compensation, medical economics, and public relations committees, and on the editorial board of the association's Bulletin

Dr Archibald was a member of the American Medical Association, and the State and County

medical societies

James Boland, M D, 38, of Troy, died on February 18 Dr Boland was deputy health commissioner in Rensselaer County, and a former Troy health commissioner, and assistant district State Health officer In 1932 he was graduated from Albany Medical College and in 1938 from Harvard School of Public Health

Dr Boland was a member of the American Medical Association, and the State and County medical

societies

Lorenzo Cione, M D, 71, of Brooklyn, died on February 2 He received his medical degree in 1901 from the University of Naples Dr Cione had been practicing medicine in Brooklyn for more than twenty years

Orazio Roger Cupolo, M D , 38, of Utica, died on bruary 5 In 1936 he received his medical degree February 5 from the University of Bologna, Italy He was a member of the State and County medical societies,

and the American Medical Association

Theodore Dockstader, M.D., 63, of Ravena, died on February 13 A graduate of Albany Medical College in 1905, Dr. Dockstader has been practicing ın Ravena sınce his graduation

Isidore William Held, MD, of New York, a specialist in internal medicine, died on February 2

Dr Held was clinical professor of medicine at New York University, College of Medicine, from 1935 to

He was consulting physician at Nathan and Miriam Barnet Memorial Hospital, Paterson, New Jersey, and had served at Israel Zion, Beth El, and Beth Moses hospitals in Brooklyn, Jewish Memorial and Beth Israel hospitals, New York City, and Rockaway Beach Hospital He was the author of many monographs and articles on gastroenterology, hema-tology, roentgenology, cardiology, and medical bi-ography

Dr Held received his degree in 1902 from Jefferson Medical College, Philadelphia, and took post-graduate work in Berlin and Vienna He was a member of the American Board of Internal Medicine, a member of the American College of Physicians, New York Academy of Medicine, American Medical Association, and the National Gastroenterological Association. He was also a member of the American Heart Association, American Association of the History of Medicine, American Association for the Advancement of Science, Association of Military Surgeons, American-Soviet Medical

Society, and the State and County medical societies Francis Edward Jones, M D, 51, of Scarsdale, died on March 1 He was an eye, ear, nose, and throat specialist, serving on the staff of St Agnes Hospital and White Plains Hospital, and as con-

sultant at St Vincent's Retreat House in Harrison, and the Cardinal McCloskey Home in White Plains

Dr Jones received his medical degree in 1921 from McGill University, Montreal After graduation, he became assistant superintendent and acting superintendent of Ottawa Civic Hospital, and then came to New York City to do postgraduate work in Manhattan Eye and Ear Hospital He was a member of the American Board of Otolaryngology and Ophthalomology, the American Medical Association, and the State and County medical societies

Thomas D'Arcy Lucus, M D, of New York City, died on March 8, at the age of 72 He was graduated from New York University, College of Medicine, in 1904, and served his internship at Bellevue Hospital. Dr Lucus was a member of the American Medical Association, and the State and County

medical societies

Frederick W Lester, M D , 76, of Seneca Falls, ed on February 26 He was chief of staff of Senedied on February 26 He was chief of staff of Sene-ca Falls Hospital, consultant in surgery at Waterloo Memorial Hospital, and had practiced in Seneca

Falls for more than forty years

Dr Lester was graduated from the College of Physicians and Surgeons, Columbia University, in 1894, and did postgraduate work at Edinburgh University in Scotland in 1903, and at Johns Hopkıns Medical School ın 1915

He was a former president of the Seneca County Medical Society, and was secretary at the time of his death He also had served as president of the Seventh New York District Medical Society

Dr Lester was a member of the Geneva Academy of Medicine, American College of Surgeons, American Medical Association, and the State and County During World War I, he was a medical societies heutenant colonel with the Army Medical Corps in France

George S Price, M.D., of Fairport, died on January 18, at the age of 81 He was graduated from the Eclectic Medical College, Cincinnati, Ohio, in 1892 For several years, he was a Monroe County coroner's physician, and in 1916 was appointed health officer of the Town of Perinton, a post from

which he resigned in 1935

Dr Price was a member of the Rochester Academy of Medicine, the American Medical Associa-tion, and the State and County medical societies From 1934 to 1941, he was treasurer of the New York State Health Officers' Association, and for

years, he was a surgeon for the New York Central Railroad Company Rubin Ryvkin, M.D., 55, died on February 5 in the town of Berlin, where he was health officer Dr Ryvkin, also a doctor of dental surgery, was graduated from Kazlova University in Czechoslovakia in 1928, coming to this country shortly before World War II He was a member of the

courtesy staff of Leonard Hospital in Troy

John B Solley, Jr, MD, of New York City, a specialist in diseases of the nose and throat, died on March 3 at the age of 75 In 1898 he received his medical degree from Columbia University, College of Physicians and Surgeons, and for many years was associated with the Manhattan Eye, Ear, and

Throat Hospital
Dr Solley was a member of the Academy of
Medicine, the New York Psychoanalytic Society, the American Psychoanalytic Society, the American Medical Association, and the State and County

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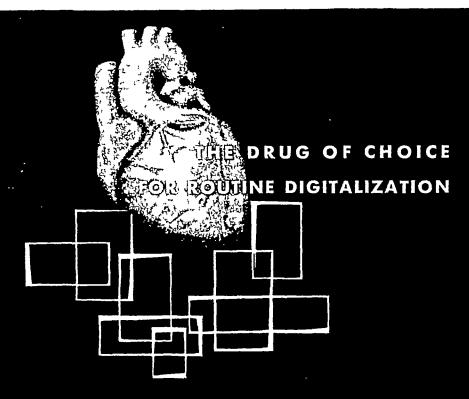
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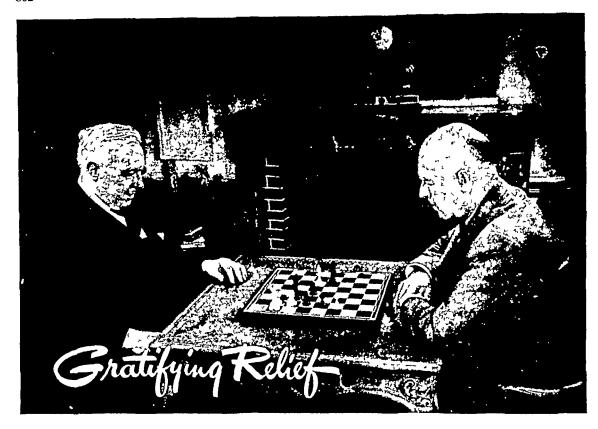
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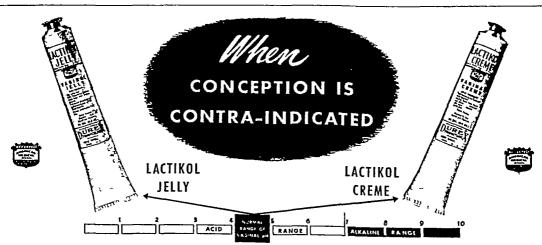
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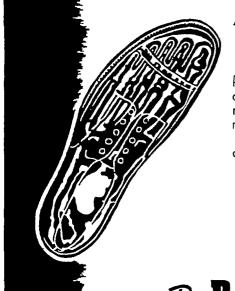
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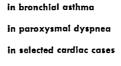












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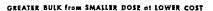


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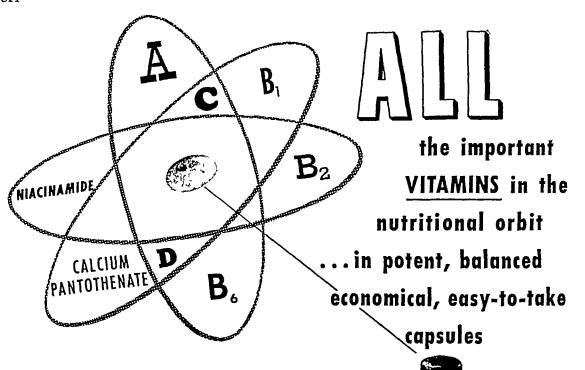
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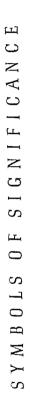


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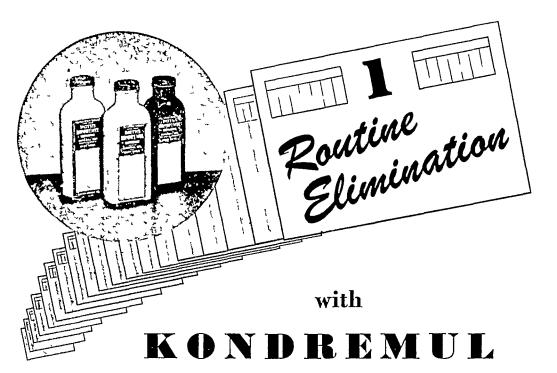
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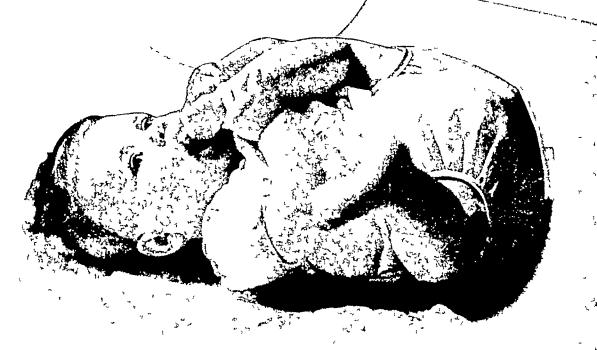
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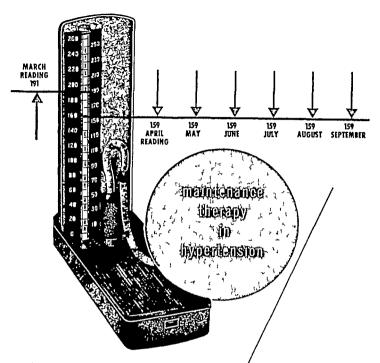
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*Gruber C. M. Elps, F. W. and Freedman, G.; J. Pharmacol, and Exper. Thursp., \$1:254 (July) 1944.

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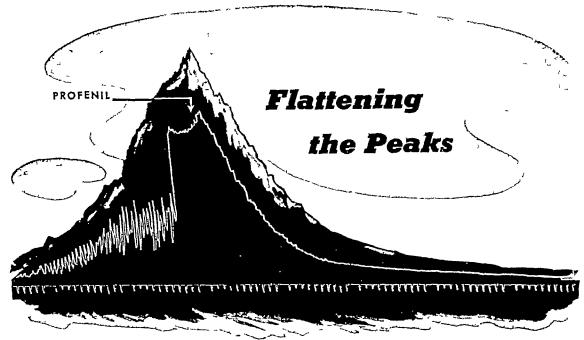
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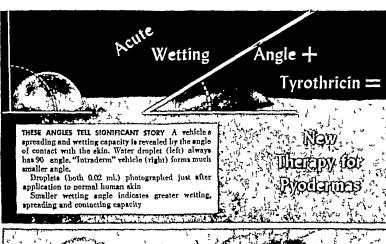
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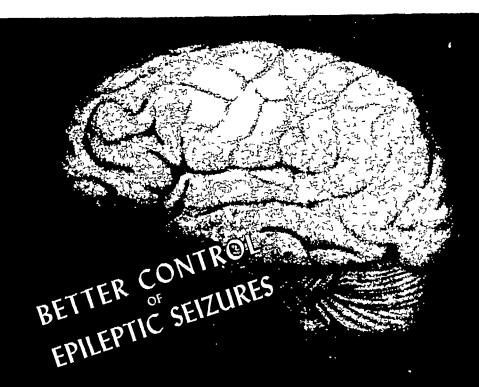
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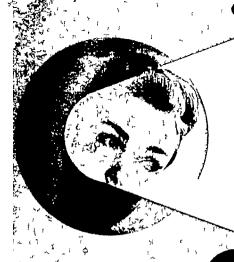
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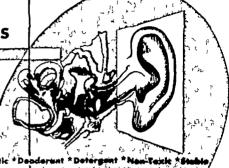
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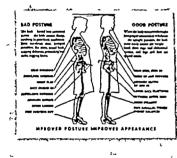
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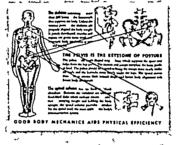
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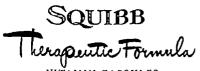
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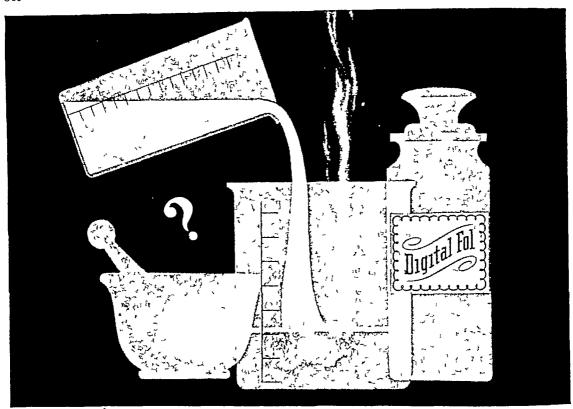
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¹ Peters J.P. nd Elmon R. J.A.M.A. 124 1206 (Apr. 22) 1944

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VOLUME 47

APRIL 15 1947

NUMBER 8

Editorial

For New and Old Members of the Society

As this is written, the Annual Meeting of the Medical Society of the State of New York impends. It will be an important gathering at Buffalo, May 5 to 9, 1947 Its functions in brief are first, presentation of new developments in the progress of scientific medicine, second, the meeting and formal proceedings of the House of Delegates, including the election of officers of the Society and its delegates to the American Medical Association.

New members of the Society should be somewhat familiar with the methods by which, in section meetings, and the larger general sessions lectures by eminent authorates, scientific information is disseminated, because in their own county societies they will have listened to or participated in the same procedure. Old members will have provided much of the material heard at these sessions

The papers read at Annual Meeting sessions will be published during the year in the Journal. Names of the various session and section officers appear as the last item in the Table of Contents of the Journal in each issue, under the heading "Miscellaneous," subhead, "State Society Officera."

New members are not, as a rule, aware of what goes on in the meetings of the House of Delegates. If they have the curiosity to ask someone, possibly a doctor who has not himself been a delegate from his county society, they may be put off with some such statement as "that's where the medical politicians give out." Well, let us examine the facts.

Actually, the House of Delegates is composed of representatives from the sixty-one county societies of the State. It meets on the first day of the Annual Meeting, receives the addresses of the retiring President and the President-Elect which usually deal with broad aspects of medical policy in relation to the social, economic, and health problems of the present and future.

The Speaker of the House has previously designated the personnel of the numerous reference committees to which he then proceeds to route the resolutions presented by the various delegates, according to the nature of the subject matter of each as it is read on the floor of the House These resolutions have usually been prepared by the delegates of each county society well in advance of the Annual Meeting They present the

views of that society on a wide variety of Thus, actually, the inception of much of the policy of the State Society takes place in the prior meetings of the various delegations in their own counties resolutions which they present on the floor of the House are discussed in detail by the reference committee to which the Speaker The reference committee consigns them may call in, if it thinks necessary or helpful, the proponents of the resolution and any others, for or against, or especially wellinformed on the subject matter, for consul-It is tantamount to a public hear-At the conclusion of the hearing the reference committee taking into account all the argument for and against, writes its own opinion, either approving or disapproving the resolution in whole or in part

At a later time in the sessions of the House, the reference committees at the call of the Speaker present their recommendations to the House sitting as a Committee of the Whole Debate on the recommendations of the reference committees then occurs from the floor, and chairmen of the various county society delegations should be alert to see that all the members of their delegations are present in the House when the reference committee having their resolution makes its report and recommendation This report, after full debate, is voted on by the House The action of the House then

becomes the policy of the Medical Society of the State of New York

Too few new and, regrettably, too many indifferent older members of the Society fail to take the trouble to inform themselves about the functions and workings of the House of Delegates, their representative, professional policy-making body Yet now, when relations between doctors and government, doctors and the public, doctors and their own national association, the American Medical Association, should be the grave concern of every thinking member of the profession, it would seem appropriate for the entire membership of the Society to familiarize itself with the mechanism of the House, to know how resolutions are "processed" by hard working officers of the State Society and the county delegates

The House sessions end with the election of officers and delegates to the American Medical Association on the last day, after all other business has been concluded

The Editors urge all members of the Society to interest themselves in the committee work of their respective county societies, but especially our new members. The vitality and strength of any representative group reposes ultimately in those who will assume with vigor and interest the work of the organization. Know what it is, learn how it works, then roll up the sleeves and push. It is your Society

The Centennial Year

The New York Academy of Medicine is to be congratulated upon its one hundredth year of useful and forward-looking service to the people and physicians of the City of New York. It has lived up to its high standards of civic and social responsibilities with respect to the public health, the provision of accurate medical information, and its related program of professional and lay instruction.

Its magnificent reference library, housed in one of the City's outstanding edifices on Fifth Avenue at 101st Street, is among the finest in the country Recently, a building extension has been contemplated to expand the library facilities, to provide exhibit

halls, and to further the usefulness of the Academy to doctors and public alike

The work of the Committee on Medicine and the Changing Order is a notable contribution to the advancement of the study of the social and environmental factors responsible for illness and mortality, and of the changes in methods of medical practice and medical education thought to be necessary before the full benefits of modern curative and preventive medicine can be made available to all the people

The JOURNAL extends on behalf of the Medical Society of the State of New York sincere congratulations to the Academy on a century of notable public service

Editorial Function

In discussing the function of editorial writers, the New York Times' said

The editorial page performs its important function too, of informing and leading opinion They (editorial writers) are writers of opinion but at the same time they must be fair

We are living in probably the most dangerous period that humanity has ever expenenced. Strange, new, horrifying things are happening every day Worse than that, we hear about them at once We are given no tame in which to cool off and consider them They are the fodder upon which our most brilliant journalists and radio commentators gorge themselves—and regurgitate upon us

Medicine is supposed to be a learned profession. It ought to be It is the only one to which man confesses both his bodily and mental weaknesses. We yield to no one in our admiration for the presthood, yet no priest hears a confession as fully rounded as When a patient that of a hypochondriac confesses to a doctor he tells everything Why? He has a physical excuse for every spiritual infirmity of which he is so alarm ingly conscious

We are continually being cautioned about our editionals because they might hurt somebody's feelings Why shouldn't they? Feel

ings are being hurt every second of every hour, usually through malice, hatred, or uncharitableness If the doctor hurts you at least he does it with beneficent intent Suppose a doctor hurts a patient's feelings by telling him he has a cancer and should be operated upon If he wounds him with his right hand he is with the left hand holding out to him the chance of a future of health and happiness He is not inflicting sterile pain

The original definition of doctor is teacher In its larger sense the medical profession has forgotten that A teacher is, or used to be a man who dealt with facts, or at least tried to He gave you the rough with the smooth He taught you that life was a vale of tears. but provided you with as much lubricating fluid as he could to enable you to slide

around its harsher corners

We think that if there is any place surviv ing for free discussion it should be in the editorial columns of a medical journal Its audience is comparatively small. It is restricted, supposedly, to readers of education and intelligence If any columns should be open to free expression of opinions, to the pursuit of truth, regardless of whose toes are stepped on, those of a medical journal should be the ones.

Television and Health

The Bureau of Health Education, we are informed, is exploring new methods of spreading health information One of these is the telecasting of instruction on subjects which must be seen to be well comprehended

The moving picture industry has, in the recent past, developed excellent technics in that medium for audiovisual instruction, but the radio, until the advent of practical means of telecasting, has suffered from obvious limitations.

The experimental television series of the Bureau will encompass such subjects as the medical uses of the stethescope, x-rays, the basal metabolic rate, blood examinations, contagious disease precautions in the home, and methods of administering drugs

seems to us to be a fertile field for explora-Television will more and more reach in this country a public already conditioned by the sound picture technics

In commenting on the possibilities of this new field, its usefulness in teaching, for example, the nutritional value of foods, first aid, child welfare, and physical training, should not be overlooked. At the same time. its restrictions should be kept in mind

Says the Lancet 1

The value of television will be not so much in systematic education as in the stimulation of interest, that is, in propaganda by example demonstration of bathing the baby will have ful

¹ January 21, 1947

¹ Lancet (London) June 1, 1946 p 823

filled its purpose if it attracts fresh comers to the infant-welfare centre

The day is long past when the doctor sought, or was granted, a veil of mystery in which to invest his calling. But this does not absolve the profession from its duty of protesting against the irresponsible presentation of medical subjects to an unselected audience of laymen.

The point is well taken The possibility, of course, exists of making a host of neurotics, an army of self-medication addicts, a swarm of chin-milkers, nail biters, contoitionists, pulse-feelers, and the like How-

ever, good editorial judgment can be counted on to hold this to a minimum. After all, telecasting presents no problems that the sound pictures have not met intelligently and, with the cooperation of the medical profession, interestingly

Should untoward public reactions occur, the new medium could be utilized just as effectively in our opinion to kid them out of existence. Perhaps in the end such an approach to health instruction by stressing what not to do may prove to be the most useful.

National Health and Medical Service Problems

In many countries of the world, knotty problems arising from attempts by all concerned to improve medical service to the people are under discussion. Considerable acrimony marks nearly all attempts to arrive at their solution. In some instances dispute arises over principles, in others over procedure. Is there reason in all of this?

Certain of the Scandinavian countries have had well-conceived and, in the past, functioning health and medical services on a national basis, but which have not served the whole population. Presumably, these have been acceptable to the whole people, including some of the medical profession, they have been functioning for many years under governments of which the political philosophy and practice have remained stable.

In Great Britain one has seen since World War I a change in political philosophy, culminating in the installation of the first Socialist government in its history While political flux may be, and in this case has been, relatively rapid, the roots of certain national institutions, among which is medicine, are deeply embedded in conservatism, the national habit of mind in the past of the Eng-Those roots extend far into lish people the educational system, into the universities, into the dim distant beginnings of the That medicine, a conservative hospitals science and art, should have flourished under a conservative government and in a conservative habitat, one can appreciate

What happens when a relatively rapid

change of political philosophy and practice occurs? The French Revolution and the Red Revolution in Russia offer extreme examples. In Great Britain currently one becomes aware of the stresses incidental to the decision of a majority of the people through their government to embark on a frank program of socialism, including the nationalizing of their medical institutions

Had the attitude of the medical profession been other than frankly conservative toward the proposal for change, skeptical of the procedures, doubtful of the benefits actually to accrue, that would have been surprising The medical profession of Great Britain is aware of the successful and highly-enlightened medical service of the Scandinavian It is indubitably aware of the countries sorry mess into which the Continental profession has fallen, and the low quality of medical service which the Continental people must tolerate, hag-ridden by war, debt, demolition, and the lowest common denommators of socialism and communism, respectively

Yet in Great Britain the people for their own reasons declared for socialism after World War II Will this decision be permanent? The nationalizing of the Bank of England, the Railways, and the Coal Mines having been accomplished, the National Health Service is next. How do the British doctors feel about it? Will they cooperate with the government in negotiating with the Minister on the Regulations of the National Health Service Act? A plebiscite on the

question was taken of the whole profession, member and nonmembers of the British Medical Association The majority vote was "No " Says the British Medical Journal

No one, least of all doctors themselves can be otherwise than gravely disturbed by this profound division between the Minister and those upon whom he must rely to operate the National Health Service Act The general public and its representatives in Parliament cannot fail to be dismayed when they see on the eve of the putting into force of the National Health Service Act that its provisions are such as to conflict

British Medical Journal Dec '1 1946 p 947

with the principles laid down by the Negotiating Committee, representative of all sections of medical life. Both people and Parliament must surely believe that there is something radically wrong in this Act if the majority of those who are usked to work in it declare by a vote that its provisions are such as to convince the majority of British doctors that the Act is against the public good For this is what the vote means

Let it be pointed out here that it was the peoples' decision to place in power the government which framed the Act For better or worse, the will of the people is decisive

Current Editorial Comment

Some of the Unusual and Dangerous Effects of Benadryl. The knowledge of the beneficial effects of benadryl in certain types of allergic diseases was acquired in the course of the usual sequence of discovery, experimental study, and clinical tests on patients under controlled conditions. Since it was made available to the public in March, 1946, its expanded use has created a demand that at times has exceeded the supply of bena dryl This demand is to be expected for a drug believed to be useful in relieving the symptoms of allergy Physicians should familiarize themselves with the usual sideeffects of benadryl and keep abreast of the more recently discovered toxic effects that are unusual

In a recent issue of the Journal of the American Medical Association, under the head of Clinical Notes, are reports from four different sources two of them on the unusual effects, one on a prolonged toxic reaction and one on the dangers of self medication with benadryl Geiger et al 1 report the case of a woman, age 26 who developed the usual symptoms in a rather exaggerated form (palpitation, dimmed vision heartburn, and nausea) after having taken 300 mg of the drug over a period of three days Following the next dose of 50 mg (making a total of 350 mg.) she was found unconscious, cold, pale and pulseless. With appropriate treatment including epinephrine (0 50 cc of a 1 1,000 solu tion) the pulse was palpable in thirty minutes and the patient had returned to normal in three hours. Four days later the administration of benadryi was carefully resumed Again the same symptoms returned after she had received 300 mg in a period of three days At that point the treatment was stopped, and the symptoms did not go beyond the usual side-effects plus disorientation and excitement. Benadryl was withheld, and she felt normal in two hours without further treatment

Weil² reports the case of a boy, age 3¹/₂ years who received 50 mg of benadryl twice a day for a period of three days. To relieve an attack of sneering at midnight of the third day, he was given two capsules (100 mg) of benadryl Thirty minutes later he sat up in bed singing laughing starry-eyed and "acting as if he were drunk." In addition the patient has muscular twitching of the face, spastic movements of the extremities urmary incontinence finally becoming irrational and diving from his bed to the floor, where he landed on his head laughing. He was returned to bed and given 1/2 grain of seconal After fifteen minutes he slept fitfully, but muscular twitching, athetoid movements slurred speech. and attempts to repeat the "dive" out of bed continued for three hours

The prolonged effects of benadryl is reported by Schwartzberg and Willerson 1 The nationt took 23 capsules (each 50 mg.) in twenty dayssome days one capsule never more than three in one day, and some days none In addition to the usual symptoms of mental lethargy, drowsiness. weakness, numbness tingling, and pallor, the patient showed evidence of neuritis, manifested by a feeling of tightness and weakness in the upper extremities and, to a slight extent, behind the knees. Those symptoms came on toward the end of the second week after beginning the use of benadryl (March 23 1946) and continued until April 21, eight days after the medication was discontinued on April 13 About July 1 1946 his recovery was considered complete, with the exception of slight discomfort beneath the right anterubical fossa on carrying heavy objects or on great pronation of the forearm.

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¹ Geiger Jacob, et al.: J.A.M.A. 133: 292 (Feb. 8) 1947 ² Well, Harry R.: J.A.M. A. 133: 293 (Feb. 8) 1947 ³ Schwartsberg S. and Willerson, D.: J.A.M.A. 133: ³ Chil. B. 1947

Borman⁴ reports the history of a woman, age 18, given a prescription for 48 capsules, each containing 50 mg of benadryl. The two capsules taken as prescribed on the first day caused such great relief of her symptoms of asthma that she decided to use them oftener. During the following three days, the balance of the 48 capsules were taken. She became drowsy, irrational, left her bed at night, was lethargic, confused, and disoriented. For two nights she had "suffocating spells." She was apparently fully recovered in forty-eight hours.

To the long list of previously reported side-effects of benadryl, which may be regarded as usual or to be expected, are added one (moderate dosage) record of a shock-like reaction with collapse and unconsciousness, one (a double dose in a child) of severe cerebral disturbance with slurred and irrational speech, one (low dosage for twenty days) of prolonged effects of benadryl, with a toxic neuritis continuing for three months, and a case of gross overdosage self-administered From these reports, it is clear that (1) the dose of benadryl should not exceed 50 mg, (2) the dose should be within the accepted standard of 2 mg per pound of body weight, (3) the prolonged use of benadryl, even in moderate dosage, may be dangerous, (4) moderate doses even for a short time, may cause serious symptoms, and (5) the dangers of selfmedication are heightened by the mental impairment and lack of judgment that may accompany the therapeutic use of benadryl

Aid for the Insane Bills calling for the naming of a temporary State commission to determine the need for expanded local psychiatric care, and to frame a program for State aid to localities for this purpose have been presented to the legislature Overcrowding in mental hospitals of the State, which now house well over 100,000 patients, is without question a sound reason for exploring every possibility for the local care, treatment, and cure of psychiatric cases

The increase in number of these unfortunates is alarming, but in a war and postwar era not unanticipated Political, technologic, and social change occurs rapidly in our current civilization. In the same day's newspaper one reads of experimental supersonic airplanes, streamlining of Congress, socialization of the institutions of a con-

4 Borman, Milton C J.A M.A. 133 394 (Feb 8) 1947

servative Britain, exploration of the Antarctic, atomic energy parleys, abysmal racial discrimination, wars of all kinds, spheres of influence, wonder or miracle drugs, balanced budgets and lower taxes, restoration of cathedrals, mass starvation, wrecks, airplane crashes, international legalism, cartels, and export of black teeth to Siam Day after day the inconsistencies, absurdities, paradoxes, and achievements that constitute the news are funnelled by press and radio, cable and telephone into a continual stream, an incessant beat upon the consciousness of the citizentaxpayer

Under the circumstances, one is prone to query Who's loony now? The uncertainty concerning who is and who is not well-balanced is a phenomenon of community concern and should be handled as such From the statistics currently being published it would seem as though nearly everyone living in any community in peacetime is either a potential psychopath, or happens to an accident, or possibly both The problem and its various solutions seems to us a local responsibility to be solved locally as far as possible with whatever

state aid may be necessary

Mounting Accident Rate The National Safety Council reports that in 1946, 100,000 persons were killed in this country and 10,400,000—one out of every thirteen inhabitants—were injured ¹ All the most important classifications of accidents showed rises over 1945

Certainly this is not because of failure of the various agencies concerned with accident prevention to urge caution. Physicians are daily taxed by the effort to conserve what may be salvaged from such human wreckage as may not be killed outright. Hospitals are sorely put to it to find room and nursing care for the more serious cases. The cost in time lost and in money of the 10,400,000 injured reaches astronomic figures.

It is time that inexcusable carelessness, indifference, and waste in human resources were curbed. The Medical Society of the State of New York might well take the lead in combatting in this State, in whatever ways might seem appropriate, such appalling loss of life and injury to persons.

¹ N Y Times, February 6, 1947

PHYSICAL MEDICINE IN TRAUMATIC INJURIES

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THEN we consider the hazards encountered in the home, on the streets in sports and in industry, and the people's carelessness and desire for speed, the outcome is bound to be an increasing number of traumatic injuries. There were 11,000 soldiers wounded on the beaches of Normandy in the first ten days after "D Day vet, even with curtailed traffic automobile ac cidents alone accounted for more than twice that many civilian casualties in the same ten days During four years of war there were approve mately 11,000 amputations in the Army but we have nearly 30 000 amputations from disease and accidents among our civilian population each

The treatment and, particularly the rehabilita tion of those disabled and handicapped through traumatic injuries is not a new one but the war has focused the attention of the medical profession and our people on this great national problem, and the necessity for its solution

It is the opinion of the majority of physicians and surgeons who served in the armed forces that physical medicine contributed largely to the splendid results obtained in traumatic war in juries. These same physical agents, when properly applied, will give the same good results in the treatment of traumatic injuries of our civilian population

The various forms of therapy included in physical medicine are physical therapy, occupational therapy, and rehabilitation Physical therapy deals with the management of disease by means of physical agents such as light, heat cold water electricity, and mechanical agents Occupa tional therapy includes the use of the arts and crafts, dramatics, music and recreational activities for functional and diversional treatment. Physical rehabilitation includes reconditioning activities and prepares the patient for the activities essential for daily living and working

The tissues which are most frequently involved in traumatic injuries are the skin muscles and tendons ligaments and joints bursa bones, nerves and blood vessels and internal injuries of the skull chest and thorax

It is evident that the subject of physical medicine in traumatic injuries cannot be discussed in a short period of time. It is possible, however to

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Symposium on Physical Medicine in Human Reconversion, Section on I hysical Medicine May 1 1940

discuss certain types of traumatic injuries and disabilities in which physical medicine offers the best methods of treatment.

Injuries to muscles and ligaments are the most frequent traumatic conditions treated by the family physician. The studies made by Lloyd1 and Lastwood' of injuries in physical activities in college and secondary schools reveal these interesting facts

Injuries to muscles and ligaments are reported as causing 61 per cent of the sports in juries among college men and 58 per cent of the mjuries among college women

In high school the number of injuries to muscles and ligaments is 54 per cent of the total injuries for the boys and 72 per cent for the girls

Injuries to the muscles and ligaments are also the most frequent injuries among our Major and Minor League baseball players, children in the elementary schools, and adults in the home Those tissues were injured most frequently in our army camps during basic training athletes and soldiers have learned the value of physical agents in the treatment of their injuries They will not be satisfied with advice to "rest" or to "rub" the injured part with liniment It is my firm conviction that unless the medical profession uses the physical modalities and manipula tive procedures which are indicated in the treatment of these minor injuries we can expect to lose more of our patients to the osteopath, chiropractor and so-called "bone setter"

Etiology and Diagnosis

Injuries to the muscles and ligaments are caused by direct and indirect trauma. A muscle injury is diagnosed by the physician as an acute traumatic my ositis Among athletes, however a muscle injury caused by a direct blow is called a bruise contusion or "charley horse," and those caused by indirect trauma are called muscle strains. They are also given specific names, such as "glass arm," "shin splints" "tennis el bow" tennis leg" pulled tendon," or "rider's strain" These names indicate the area of body involved, and/or the activity which caused the injury Injuries to the ligaments are diagnosed as sprains,

Pathology

When an injury occurs to the muscle tissue the muscle fibers, blood vessels, nerves, and connective tissue coverings are torn. Fluid and cells exude through the walls of the vessels and the area of the injury is gummed up by a sticky mass of lymph, exudated blood cells, and dead and dying cells of the part. When the injury occurs at the joint, synovial secretion is poured out by the synovial membranes of the joints and tendon sheaths. The injury to the sensory and motor nerves, and the pressure of the exudate causes pain and spasm in the muscles, while the hemorrhage produces the swelling, redness, and increased temperature of the part.

Treatment

The purpose of treatment is to accelerate the absorption of the hemorrhagic evudate, relieve the pain and spasm, and promote sound repair of damaged tissues, so that formation and subsequent contraction of the scar with loss of elasticity of the part does not take place These objectives cannot be obtained by continued rest or ımmobilization If rested completely while repair is taking place, the fibrous tissue contracts, adhesions form, and the resulting disability is limitation of motion at the joints and weakness of muscles In bacteriologic infection, absolute rest may be indicated because the inflammation is constantly at work In traumatic inflammation, however, absolute rest is not necessary as the cause of the inflammation is only momentary

The general treatment of traumatic injuries which involves the muscles, tendons, and ligaments is as follows

- Compression or Pressure Bandage The application of an all-fabric elastic bandage directly over the injured area is the best method in preventing swelling and accelerating the absorption of the hemorrhagic evudate felt or wool may be placed under the bandage The use of nonelastic material for compression bandages is contraindicated A certain amount of swelling is bound to occur and, if the part is too firmly strapped with adhesive tape, it increases the pain and interferes with the circulation When the bandage is applied the patient should be instructed to elevate the injured limb patient is treated immediately after the injury and a compression bandage applied, aspiration seldom will be necessary
- 2 Heat—The compression bandage and elevation of the part will have produced their maximum effect in about twelve hours. Heat is the next preferable form of treatment. With heat a better circulation is established by the capillary dilatation, congestion is relieved, and the swelling and thickening further diminished with the improvement of circulation. Absorption of the evidate will be hastened and the risk of organization of the excessive exidate or the formation.

of nodules lessened There has been a tendency to think of expensive special apparatus that generates "infrared rays" as the only source of therapeutic heat—If an object is heated to a temperature which is higher than its surroundings, an excess of infrared rays passes from it to nearby objects—The hot stove, steam pipes, open fireplace, incandescent lamp, heating pad, and hot water bag are all sources of infrared rays or heat—These sources can be utilized in the patient's home—In the physician's office, infrared and radiant heat lamps, and conventional and short-wave diathermy machines may be used

The principal reason for applying water to the part is to produce temperature changes. Thus, heat may be applied by warm water, hot compresses, or by using the whirlpool bath

- 3 Massage—Studies in the physiology of muscles have shown that any injured muscle is physiologically comparable with a fatigued muscle in that both require oxygen and washing if they are to regain their normal contractile function Heating the tissues will cause relaxation and vasodilation, but massage is a valuable method to keep the exudate moving and, thus, to hasten absorption
- 4, Exercise and Manipulation Movements are essential in dispersing the traumatic effusion, maintaining muscle tone, preventing the formation of adhesions between the joint surfaces and between adjacent muscle layers, and accelerating the return flow of blood When to begin movement and weight-bearing in muscle and joint injuries is an important question to decide There are some who spray the injured muscle with ethyl chloride to produce local anesthesia by refrigeration, or inject novocaine into the joint to deaden pain, and then have the patient carry out the normal functions of the part involved physicians require absolute rest until all signs of inflammation subside In my experience I have found that early movements of the injured part gives the best clinical results, provided a protective bandage with adhesive tape is applied The purpose of the protective bandage is to prevent the injured part from going in the direction in which the injury occurred sprained ankle occurs most frequently when the foot is inverted The protective bandage does not restrict dorsal and plantar flexion of the ankle joint but does prevent inversion of the foot This prevents any strain of the injured tissues on the lateral surface of the ankle joint

I cannot emphasize too strongly the importance of applying the correct type of protective bandage in muscle, tendon, and ligament injuries to prevent overstretching of the injured tissue. The results of overstretching are similar to that

which occurs in a split lip Every time the pa tient laughs, the edges of the wound are pulled apart and healing is delayed There is little value in placing strips of adhesive tape around the patient's back for muscle or ligament injuries as they do not limit the movements of these All that is necessary is to anchor one end of a strip of adhesive tape in the middle of the back, carry it down over the hip joint and anchor the other end on the posterior surface of the This will prevent the pa middle of the thigh tient from bending forward or flexing the thigh and, thus, prevent overstretching of healing tissues

A realisation of the necessity of preventing overstretching of healing tissues by a protective bandage becomes increasingly important with the present trend for early ambulation of patients following operations

I have endeavored to present the application of several of the physical modalities as they are related to acute traumatic injuries of the muscles and joints. These physical agents have an even more important function in treating the disabilities resulting from traumatic injuries which produce limitations in range of motion at the joints and weakness of muscles.

The physical disabilities resulting from fractures arthritis, amputations burns burnsts peripheral nerve lesions and brain and spinal cord injuries result in limitation of motion and weakness of muscles. When definitive treatment is no longer needed physical medicino offers the best form of treatment in obtaining the maximum degree of function.

Physical Rehabilitation

Physical medicine has proved to be the most useful method in treating the majority of acute traumatic injuries and the disabilities resulting from traumatic injuries. There is however another phase of medical care in which physical medicine is playing a major role and that is physical rehabilitation.

Medical science has made rapid progress in prevention, which is the first phase of medicine, and in the diagnosis and treatment of disease which is the second phase of medical care, but has failed to maintain the same degree of progress in the third phase or rehabilitation. This has resulted in a gap between the customary end point of medical attention and the needs of many patients. We have been so engrossed in preventing and treating diseases that often the patient has been forgotten

What are the basic needs of the disabled? We have found them to be the ability (1) to walk and travel, (2) to care for their daily needs, and (3)

to have the maximum use of the hands. These are the essential requirements to meet the needs of daily living and working. No patient should be discharged from a hospital, until he has reached his maximum ability in attaining these three objectives.

Let us consider briefly our present procedures in many hospitals The surgeon amputates the The patient recovers from the operation in good condition, and the stump is all that could be desired. The surgeon is busy from morning until night in consultation, teaching, and operat ing We can hardly expect him to give the time or become interested in the slow, laborious, time-consuming third phase of medicine someone must apply the bandages to shrink the stump maintain normal motion and strength of the stump, teach the patient how to use crutches in walking, and recommend the proper type of prosthesis Many months later the patient must be taught to use his artificial leg in walking, climbing stairs, sitting down and arising from chairs, getting in and out of a bus and all the other activities necessary for daily living

A prominent surgeon had a corebral hemor rhage which resulted in a right hemiplegia. He asked his medical and surmeal friends for assist ance and they all told him he had a hemiplegia from a cerebral accident "I know that," he said, "but what can you do to help me?" His desire, like that of all hemiplegic patients was to learn how to walk, to care for his daily needs, and have the maximum use of his hands so that he could return to his practice of medicine How quickly the morale of these patients rises when they are taught to walk with a crutch or cane to lace their shoes and tie a bow with one hand out their meat with a special knife, learn left-hand writing and many other activities for self-care In Bellevue Hospital we have been successful in teaching 95 per cent of the patients referred to the Department of Physical Medicine. to walk and travel and many of the activities for daily living, and the average age of these patients is 65 years

There are over 2,000 soldiers and many times that number of civilians who have a loss of motion and sensation of the lower extremities with incontinence as a result of traumatic spinal cord lesions. By proper rehabilitation procedures every one of these patients with a dorsal or lumbar lesion can learn to travel with braces and crutches, care for their daily needs and be trained in a useful vocation if they so desire

There are thousands of individuals disabled by traumatic injuries and millions who are crippled because of congenital defects and diseases who could be rehabilitated and employed in produc tive work if we devoted as much time and effort to the third phase of medical care as we do to the first and second phase

The development of methods for the physical, mental, social, and vocational rehabilitation of the severely disabled began at the Institute for the Crippled and Disabled over twenty-eight years ago During the War, the Air Corps, Army, and Navy developed many new methods The Veterans Administration has a medical and surgical rehabilitation division formulating new procedures for rehabilitating disabled veterans A number of medical colleges and technical colleges have received grants from the Baruch Committee on Physical Medicine to study the physiclogic effects and clinical indications for physical

therapy, occupational therapy, and rehabilitation procedures in the treatment of diseases and patients and to train physicians in physical medi-

Thus, physical medicine, which is the newest and yet the oldest branch of medical practice. will, I believe, become more and more useful to physician and surgeon, not only in the treatment of traumatic injuries but in every phase of medical care

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WHAT DOES THE MEDICAL SOCIETY OF THE STATE OF NEW YORK DO FOR ITS MEMBERS? Council Committee on Medical Publicity

The Council Committee on Medical Publicity directs the work of the Public Relations Bureau of the State Society The Bureau in turn handles those activities which have to do with the Society's relationship with the public. These activities range from the preparation of simple newspaper publicity to more complex activities, such as implementation of the Society's legislative program with the public, and coopera-

tion with other departments of the Society whenever public relations or publicity assistance is needed.

Under the aegis of the Medical Publicity Committee, activities of the Society are made known throughout the year in press releases sent to newspapers all over the State or in particular regions where the news is of This includes releases about postgraduate medical programs, teaching days, district branch meetings, and the proceedings and scientific program of the annual meeting — During the annual meeting a press room is set up for the convenience of the Society and the press Officers of the Society and its official bodies are assured of correct interpretation of their actions and their words, the press, on the other hand, is as-

sured of accurate information and assistance in securing it The production of booklets and pamphlets is also a function of the Bureau — From time to time printed matter has been published in connection with socialized medicine and voluntary medical insurance in order to keep the doctor posted and the public informed. In the campaigns such as those on chiropractic and antito keep the doctor posted and the public informed. In the campaigns such as those on chiropractic and antivivisection, the need for accurate and interesting printed matter for distribution to the public becomes a pressing necessity. Some of the booklets put out by the Bureau include. "Medicine Men and Men of Medicine" for the campaign against chiropractic legislation, "Dogs, Drugs and Doctors" and "His Future Is Brighter" for the educational campaign to halt proposed antivivisection legislation, "Check and Double Check on Sickness Insurance," which is a comprehensive question-and-answer booklet on socialized medicine and related subjects, published in December, 1946. In addition to these, Dwight Anderson, director of the Bureau, has prepared several books aimed at better public understanding of the profession. These are "When Doctors Are Rationed," published in 1942 by Coward-McCann and "What It Means to Be a Doctor," published in 1939 by the Society. He has also written articles on public relations for the professional and popular press.

It has been the custom of the Public Relations Bureau to produce from time to the three will be a supplied to produce from time to the profession of the Public Relations Bureau to produce from time to the public professional and popular press.

It has been the custom of the Public Relations Bureau to produce from time to time "Club Health Talk Bulletins" for the use of doctors in making club and radio talks on medical subjects Another publication is the News Letter of the Society, which goes out to a mailing list of top officials of the State Society, officials of county societies, and other interested persons A service rendered without any fanfare is frequent conferences with persons wishing information on controversial subjects, such as socialized medicine, medical care insurance and legislation, and a myriad of other questions. Sometimes these questions come by mail from high-school and college students, club people, and doctors. Queries are always given careful attention and information is supplied. A service on an even higher level is that given to magazine writers preparing articles on medical subjects Conferences are held with writers and then they are directed to proper channels for

further information and assistance

The Public Relations Bureau has pooled its resources on several occasions with that of the Legislative Bureau in putting on an intensive campaign against undesirable legislation Most outstanding was that against proposed antivivisection legislation last winter. In that instance, the Bureau marshaled all its forces and facilities in a bang-up campaign involving the formation of an organization called "Friends of Medical Research" Large quantities of educational printed matter were prepared and circulated on the subject, arousing the people of the State of educational printed matter within a month after the introduction of the bill the battle was over and the antivivisectionists defeated

Cooperation has been given to other departments of the Society in need of the kind of service available from the Bureau Assistance has also been provided the Woman's Auxiliary in formulating and conducting

a worth-while year-round program

PHYSICAL THERAPY IN THE TREATMENT OF ARTHRITIS

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URING recent years many advances have been made in the treatment of arthritis This is due to a better understanding and a more accurate diagnosis of the various types of arthri tis There is an official classification which has been approved by the American Rheumatism Association. It is our opinion that physical therapy plays an important role The management is based on a carefully planned program of therapeutic procedures adapted to the course of the disease and its success depends upon close attention to the individual's needs rather than upon the use of elaborate equipment and appara tus.

Patients with rheumatoid or severe osteoar thritis are usually hospitalized from two to four weeks in order to initiate a program of treatment in which medical therapy is combined with physi-The physical therapist must work cal therapy in close cooperation with the attending physician and successful results are dependent upon their cooperation

Approach to Treatment

The treatment of these patients must include a combination of psychologic and physical methods

Psychologic Treatment -In order to propere the patient psychologically for physical treatment, the physician and the physical thera pist must understand him and constantly encourage him In turn, the patient must be made receptive He must understand the purpose of the treatment, the details involved and the necessity of following all suggestions with minute care. Maximum benefit can be derived only through the patient's mental and physical cooperation sustained and encouraged by the expectation of improvement

2 Physical Treatment

(a) Bed Rest .- For effective treatment bed rest The bed should receive criti must be adequate cal attention. It must be hard, flat, and easily accessible from both sides Boards placed between the mattress and springs assure a firm and unsagging bed There should be space between the bottom of the mattress and a padded foot board or pillow This footboard must be high

enough to support the weight of the bed clothes One pillow is permitted under the head pillows are used under the knees, as flexion contractures of the knees develop easily

The patient lies in a supine position in good alignment, with arms in the rest position, parallel to the body. The feet are supported against the padded footboard or pillow, and the heels are dropped over the edge of the mattress flat sandbags are sometimes used to maintain extension of wrists and fingers. Larger sandbags prevent outward rotation of the hips Frequent changes of posture for short periods are indicated for the comfort of the patient, and to prevent the adverse results of inactivity and pressure from the bed Instruction is given in some of the fundamentals of the technic of relaxation, as the pain and discomfort diminish

A special course of breathing exercises is planned and done regularly throughout the day This includes deep breathing with chest raising inhaling through the nose, and exhaling through the mouth, diaphragmatic breathing with chest raising during inhalation and pulling in of abdominal muscles during exhalation, and abdom anal breathing with chest raising back flattening and lower abdominal muscles contracting

The following breathing exercises, and some simple trunk exercises are also taught flattening accomplished by pulling the anterior pelvis up and the posterior pelvis down to decrease lordosis adduction of scapulae by con tracting the rhomboids with relaxation of the humerus gluteal setting by tensing the buttocks and quadriceps setting

A sitting position with knees extended one-half hour three times a day, at meal time, is routinely adhered to Bed exercises must be carefully timed and must alternate with periods of rest vent intique, instructions are given to exercise every hour on the hour during the day vised practice is continued and muscular tonus lessens as progress is made toward the relaxation of body and mind

(b) Heat -This is essential in the treatment of arthritis. Mild and even heat is applied to all painful areas. This mild form of heat dilates the vascular channels and softens the tissues in preparation for massage and exercise. It also brings relaxation and relief from pain attention is given to the method of application of this mild heat, at no time is it intense. During

Presented at the 140th Annual Meeting of the Medical Society of the State of New York, Symposium on Physical Medicine in "Human Reconversion Section on Physical Medicine in "Human Reconversion Medicine, May 1, 1946. By Invitation.

the treatment, the comfort of the patient is considered, and changes in posture and occasional use of pillows for support are helpful

Infrared has proved a satisfactory source of Simple lamps are available for both hosheat pital and home use It is extremely important that the heat be only warm, never hot wave diathermy, which heats the deeper tissues, is an effective form of heat and is prescribed for the spine, the large joints, and frequently for the Diathermy is administered with low intensity and the technic selected should depend upon the comfort of the patient The paraffin bath is a satisfactory method of applying heat to the hands It is a simple procedure for home Hot packs, if carefully applied, as outline l below, bring comfort and relaxation to the patient turkish towel packs, wrung out of water at 115 F are wrapped around painful tissues and are covered with a light dry blanket, the packs should be changed every five minutes Steaming is achieved by using hot wet towels covered with half-filled hot water bottles applied for twenty to thirty minutes A Hubbard Tank, if available, is valuable as all joints may be treated simultaneously With the force of gravity eliminated, active exercises are performed with a minimum of discomfort

Note Ultraviolet light in mild tonic doses gives the patient a feeling of well-being Whirlpool is contraindicated in the treatment of patients with rheumatoid or osteoarthritis

- (c) Massage,—Of the quartet of rest, heat, massage, and exercise, massage is of value only when performed with technical skill plication of massage should follow heat and precede exercise, guarding at all times against exhaustion The main purpose of massage in arthritis is to increase the blood supply to the joints. Since its effective application depends upon relaxation, massage should consist of effleurage which is a very light, gentle, rhythmic stroking movement, molding the hand to fit the contour This is followed by light, firm, continuous stroking performed centripetally Petrissage movements, consisting principally of slow, gentle, rhythmic kneading, may be applied to the tissues proximal and distal to the joint, but never over the joint itself The patient will both enjoy and benefit from carefully administered massage
- (d) Exercise —Exercises are chosen with discrimination, performed slowly, and rhythmically Since pain increases muscle spasm and defeats the purpose of the exercise, progressive motion with minimum muscle effort is desired and substitution is allowed. The patient is given instruction and should understand the purpose of the exercise program which is graded in duration and is always within the patient's capacity. It is

varied to prevent monotony Muscle re-education deals with the treatment of weak muscles and the muscle atrophy of disuse is corrected Each joint is put through a normal range of motion once each day if possible The correct position and the proper support must be insured, due to the difficulty of obtaining relaxation and the pain encountered Therefore, this procedure may take considerable time

Restoration of function is obtained by developing power in the joint. Individual joint exercises begin with the small joints and continue with the larger ones

Passive exercises are performed by the operator without assistance from the patient, and are usually in preparation for active motion. Assistive active exercises are performed by the patient with the assistance of the operator. Carefully performed exercises require concentration. Active exercises are performed by the patient under supervision, but without assistance, and are valuable in restoring normal function.

(e) Occupational and Recreational Therapy—In this plan, occupational and recreational therapy are important. Treatment should be under the supervision of a qualified occupational therapist to whom the physician has given the necessary instructions in each individual case. Here, too cooperation is extremely important between the physician and occupational therapist.

Occupational therapy provides the needed diversion for the inactive patient and helps in the restoration of function. It also substitutes for the patient's own attempts at activity, which may be harmful. The treatment starts at the bedside, continues during convalescence, and at home progresses into work therapy to orient the patient into old or new work habits.

(f) Convalescence —Posture, the ability to maintain proper balance, is now of the greatest importance. The patient learns the use of his body as a whole and appreciates the relationship of posture to health. He is confident and stimulated when motion is under his control.

The program of bed rest and organized evercise is continued preparatory to weight bearing Special attention is given to foot exercises which are simple and must be performed carefully and systematically Consideration is given to shoes which must be well supported, must fit properly, and be worn from the initiation of the weight-bearing exercises. At this stage any necessary supports, such as parallel bars, crutches and walker, may be used, but these devices are only temporary and used in the interim between complete bed rest and restored function

In the transition from bed rest to sitting, standing, and walking, body alignment is stressed and

fatigue must be minimized. Preliminary exercises are continued alming at postural stability in the sitting position before standing or walking is attempted. The exercises have strengthened the patient so that he may sit over the edge of the bed or in a suitable chair maintaining good posture. With added strength and confidence he stands well supported with weight evenly distributed and equally placed on the ball of the foot and the heel for balance. His abdomen is drawn in, his chest raised and his head stretched toward the ceiling. He practices transferring the weight from one foot to the other.

Walking may require the support of crutches or a walker, but, if at all possible, these supports are disregarded since the patient tends to concentrate his weight on his hands when using supports, thus impairing his balance He is encour aged to take short steps, keeping his knees fairly straight, and putting his whole weight on his feet During his first attempts at walking, the patient receives some support but it must be given without disturbing the all important bal If the patient has been consistently encouraged and reassured, and has acquired con fidence in the procedure, he accepts the discomfort and wearmess which accompany the first steps He looks forward to the goal of a normal mit

(g) Home Therapy—The factor of the patents home adjustment is emphasized in this program. His mental repose and muscular relaxation continue to receive constant attention. The patient becomes posture-conscious and derives pleasure from his exercise regimen. He is kept busy and interested during his convalescence and now approaches the objective of car-

ing for himself and assuming old habits modified to suit his new routine

While the patient was in the hospital, plans have been made for the management of his care and treatment at home Some member of his family. who has followed the program and realises its importance is given instructions. Rest, heat and exercise in their simplest form are continued at home, and there rest must still be adequate definite number of hours are spent in bed fatigue is apparent, a longer time in bed is indi cated Heat by means of an infrared lamp is applied regularly, two or three times daily The heat must be mild and the distance at which the lamp is used should be considered (30 to 36 inches) Exercise is still of great benefit and. now, also takes the place of massage. The routine is worked out to suit the new environment. General postural and breathing exercises are continued and individual joint exercises performed at regular intervals. Activity is increased gradually with care to avoid fatigue of stairs is avoided for some time. Occupational therapy solves much of the problem in regulating activity

Progress must be carefully followed by the physician, physical therapist, and occupational therapist, and changes in the program must be made according to the degree of improvement.

In conclusion, patients with rheumatoid arthritis and osteoarthritis show the greatest improvement if a specific program adapted to their individual needs can be carried out intensively, and can be continued at home. It is of extreme importance in the successful management of the case to be sure that the patient has a good under standing of the whole program of his treatment.

INDUSTRIAL HEALTH MEETINGS

A conclave of combined professional personnel in industrial health work over the entire nation will take place at the Hotel Statler, Buffalo New York April 26 through May 4 1947 These meetings will represent the 32nd annual

These meetings will represent the 32nd annual gathering of the American Association of Industrial Physicians and Surgeons the 9th annual conference of the American Conference of Governmental Industrial Hygienia Association the American Industrial Hygiene Association to the American Conference of the American Association of Industrial Nurses, and the 4th annual meeting of the American Association of Industrial Dentists.

The sessions will be replete with many new subjects of interest including among others, round table discussions for chemists engineers, physicians and nurses a symposium on new problems in the developments of industrial hygiene a discussion of state codes and industrial hygiene administration conference on environmental control on particle size, and analytical procedures, clinics on fractures are transmitted to the use of the atomic bomb, reports on the Bildin experiments with notion pictures tracer chemistry in toxicologic

research and experience with range finding tests, progress in the teaching of industrial medicine in American medical schools, the development and administration of industrial dental clinics in various industrial groups, a penel discussion on new preven tive measures in industry a panel duscussion on in inservice education of the nurse in industry, and many other subjects which can be found by consulting the preliminary program

Prominent speakers on important subjects will

Prominent speakers on important subjects will be featured at dinner sessions, including other events such as the Cummings Memorial Lecture and the presentation of the Knudsen Award for the Most Outstanding Contribution to Industrial Medicine

during the past year.
Also available at this meeting will be the opportunity to inspect and study a splendid group of scientific and technical exhibits, with the most recont developments and medical department accessors.

Romes.

Further details and a copy of the preliminary program may be secured by writing to Dr Edward C Holmblad Managing Director of the American Association of Industrial Physicians and Surgeons, 28 East Jackson Blvd. Chicago 4, Illinois.

THE PLACE OF PHYSICAL MEDICINE IN THE TREATMENT OF PATIENTS WITH MENTAL CONDITIONS

Benjamin Simon, MD, Middletown, Connecticut*

BECAUSE of the limited time available and because of the very special conditions under which the work I am presenting was performed, it will be necessary to define and establish the framework of this discussion, lest it appear unduly simple, naive, and, possibly, banal

The term, "mental condition," will include all emotional and mental reactions found in the patients coming to Mason General Hospital, Brentwood, New York, in the period of over two and one-half years during which I was chief of neuropsychiatry Approximately half of the patients were psychotic, most of the others had psychoneurotic diagnoses A fairly small number were psychopathic personalities or had various neurologic disorders which, because of errors in initial diagnosis, led to their hospitalization in a psychiatric hospital Actually, the distinction I am making is of no serious import. By the time an accurate diagnosis could be made, for what it was worth, the treatment of the patient would have The basic and essential been much delayed criterion was a general estimation of the neuropsychiatric patient as a member of a group, and the special features of dynamic reaction which characterized the individual under consideration Certain other factors had to be taken into account

I will not detail the special functional scope of the neuropsychiatric hospital This I have covered in the recent section on the treatment of the neuropsychiatric patient in an Army hospital which appeared in Medical Clinics of North America 1 In brief, the basic program of treatment was promulgated on the thesis that maximum benefit of hospital care would be achieved within a definable period of time, this period being that within which a great percentage of patients would achieve recovery Actually, this period of time comprised approximately eight to ten weeks of hospitalization at Mason General Hospital, and did not include prior hospitalizations in overseas installations Physical medicine was not considered as such in the treatment of the patient except as a technic for which there was particular aptitude in interested hands, and as a means of doing certain things for and with the patient, which helped him to improvement or recovery The total theory of treatment was postulated on a somewhat naive simplification of the fundamental dynamics underlying mental and emotional reaction patterns To quote from the afore-mentioned article

"For working purposes, we may accept the fact that both mental and emotional disorders are intrapsychic therapeutic efforts. Inefficient as they may be from the viewpoint of social adjustment, they act to prevent the complete emergence of an underlying disturbance which, if allowed full expression, would be considerably more painful than the explicit symptoms. In other words, symptoms of a psychiatric disorder represent an effort to reduce unbearable anxiety.

"This simplified concept of functional symptoms would lead to the conclusion that the external effect of symptoms must necessarily lead to an improved condition in the individual Intrapsychically, this is probably true. To the observer, who sees the effect of symptoms only in the relationship of the patient to his environment and the performance of said patient within a postulated framework of behavior, conation, and cognition, the effect of the symptoms, if they do reduce anxiety, is not at all a restoration of the patient to a community of interest with the world, but, on the contrary, a separation of this individual from the world, in which without obvious or discernible disturbances in his physiologic or physical economy he appears to differ from other men, to perceive differently, to feel differently, to act differently—to be different In summation, the symptoms have served the function of isolating the individual from others by the imposition of an involuntary, unrecognized, and inefficient autotherapeutic process "1

Physical methods then became part of the total program directed at the simple object of freeing the patient from his self-imposed isolation—as did group therapy, occupational therapy, hypnosis, narcosynthesis, etc

In ascending order of importance, our special physical therapeutic technics fell into three groups. The first is in most hospitals recognized as "physical therapy" and is performed by or under the supervision of trained physical therapists. In general, it is directed at specific physical disorders and I will mention only in passing the treatment of these physical conditions in neuropsychiatric patients. A priori, any improvement in the physical status of the patient necessarily reflects in his mental and emotional state. No amount of psychotherapy can be fully effective on patients who have old fractures, arthritis, bursitis, myositis, sacrollac strains, sinusitis, and other such conditions. In such

^{*}Presented, by invitation, at the 140th Annual Meeting of the Medical Society of the State of New York Symposium on Physical Medicine in "Human Reconversion, Section on Physical Medicine, May 1, 1946

cases the use of diathermy was very effective These conditions involving murcles and joints were followed up with graduated passive to active exercise on the plinth and then on to more active exercises in the reconditioning gymnasium equipped with a rowing machine bicycle pullevs, stall bars, weights, parallel bars and above all, competent, trained instructors duced in addition a great sense of well-being in the patients Not the least advantage from this work was the group effect, and this was seen particularly in the officer group, who would go to the gymnasium and engage in what might seem to be a drab and uninteresting series of exercises competing with each other on the daily progress of their exercises. When one recognizes the essentials active in neuropsychiatric disorders one sees narcussistic gratification on the one hand but also a healthy trend toward object identifi cation with the others - a first step in overcoming the self-imposed isolation

Ultraviolet rays were most beneficial in the treatment of many skin diseases particularly acae, and helped reduce inferiority feelings in these patients. The added rapport with the medical officer thus attained helped facilitate

other therapies as well

The direct treatment of the symptoms of con version hysteria has heretofore not been satis-With hypnosis, suggestion under seda tion manipulation under anesthetic and other technics, it is quite possible to cure the hysterical patient of his presenting symptoms. The usual outcome is a reinstitution of symptoms or more commonly the institution of new conversion manifestations. Worse than either is the emergence of the underlying anxiety without expression in conversion symptoms at all treatment which does this is detrimental from the long range point of view We found, however, that it was quite feasible to treat conversion symptoms, if, at the same time, treatment was directed at the correction of the total personality reaction and at the elucidation and abreaction of the dynamic conflicts underlying the symptoms. In these instances, no harm was done by clearing up symptoms and securing from this a heightened transference on the part of the patient-which helped again in facilitating psychotherapeutic treatment by individual and group methods. Many cases of conversion hysteria were treated with heat massage, galvanio or faradic stimulation, and local exercise effect of electric stimulation in paralytic cases was quite excellent. The patient who could not walk had his psychotherapy supplemented by the physical attention and its results. This fed his narcussism at first but at the same time, led to improved transference and served to reduce the same narcissism. When all the elements of treatment went along pair passu, results were most gratifying. The idea of being "built up" physically possessed many neuropsychiatric patients and attention to this without avoidance or overfixation enhanced greatly their total response.

The second application of physical methods to the treatment of nouropsychiatric patients was carried out in the hydrotherapy department will dismiss so-called stimulation forms of therapy with just the word that they were not used knowledge of the dynamics involved in depressions and in catatonias indicates to us that ef forts to "kick the patient into a cheerful state" are fundamentally unsound. We believe that these reactions have underlying them the very same mefficient autotherapeutic trends as do the behavior of the manias and other excitement states—that, while they are polar opposites in manner of expression, they are similar in that they are attempts to deal with a world which the patient is finding too much for him pact of this world should be reduced to a mini mum until the personality has been brought to a state where it may, so to speak, "take it" There is a place for some of the stimulation therapies in mild psychoneuroses, but this stimulation is achieved much better in the total program. For sleep disturbances, particularly those having trouble getting to sleep, but sleeping well afterward, a few hours in the continuous baths at bedtime is very beneficial Our limitations in equipment the great need of equipment for the more intensely ill patients and other rea sons—the marked deficiency in personnel, both qualitatively and quantitatively, barred any ex tensive use or application in this direction. This was true also of the salt glow

Our hydrotherapy was based essentially on the continuous bath and the cold wet sheet pack. The continuous bath, with standard apparatus consists of immersion of the patient in water at an average temperature of 96 F., a state resem bling as nearly as possible the omnipotent and stimulation free existence of the intrauterine Whether or not this was the total effect on the psychology of the patients I do not know We found this treatment extremely effective in both excited and depressed patients, and it was not uncommon for patients to ask for both or pack when they felt their anxiety coming to open expression in one direction or the other ments in general, continued through a twelvehour period, in some instances for a twenty four hour period, and were usually organized as courses of treatment extending over a number of days, or for several weeks. During the year and a half period in 1944 and in 1945, 13,000 continuous

baths were given In 1945 alone, we gave 10,000 During the last half year of 1943, and an equal part of 1944, the hydrotherapy unit was not in operation and could not be used this period, the cold wet sheet pack was our mainstay, and 7,800 treatments were given The number of packs dropped from 7,000 in 1944 to 4,000 in 1945, with a corresponding increase from 3,000 continuous baths to 10,000, showing In all, 25,000 treatments with our preference continuous baths or cold wet sheet packs were given to 4,000 patients during the two and onehalf years from the opening of the Mason General Hospital to my departure Without this, we would have been totally at a loss to care for many disturbed and depressed conditions In many cases, promptly after admission the patients received continuous baths or wet sheet packs, and very quickly the disturbance subsided and the patient became accessible to other forms of treatment Many of them had this while they were being worked up for shock therapy, and in many instances, hydrotherapy along with shock therapy carried the patient over the acute stages of his disorder while the effect of shock therapy was coming into play Between treatment periods, every effort was made to get as much participation as possible in the rest of the program

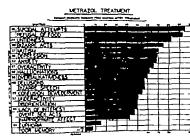
The last form of treatment which I shall discuss is not particularly classified under the heading of physical medicine, though its effect is produced through a physical means—the induction of a convulsion by the passage of an electric current through the brain This form of treatment for our neuropsychiatric casualties, particularly the acute psychoses, was pre-eminent and when cases were properly selected was the most effective technic applied to the individual The development of the treatment can be seen by the following In 1943, 1,000 electroshock treatments were given to 70 patients, exclusive of an approximately equal number of cases treated by metrazol before electric equip-In 1944, 1,250 patients ment was received had 8,500 treatments, and in 1945, 1,500 patients received 20,000 treatments The total of all the cases treated by shock therapy was approximately 3,000 during this two and one-half year period They received 30,000 treatments Despite these figures, by no means all cases who might have benefited by the therapy received it, since the use of this treatment in other than psychoses was prohibited by Army regulations, though it is effective in some neurotic states

Like our other special methods of treatment, physical or otherwise, shock therapy was considered only a means to an end—a method of facilitating the patient's introduction into the

broad program of general reconditioning point of view in selecting cases for treatment rather antedated that of the general program but fitted into it most admirably Semantic and nosologic considerations were abandoned, the only exception being that it was necessary to determine from the total reaction whether or not a The patient was given patient was psychotic shock therapy, not because he had schizophrenia, manic-depression, or some other psychosis, but because of the special symptoms which he presented and which we felt could be ameliorated by shock therapy The basic criteria were established from the data of cases treated by met-At the Mason General Hospital, these criteria were widely applied and found to be as effective in cases treated by electroshock therapy The Army material has not yet been sufficiently worked up for presentation, so I shall present the considerations which Holt and I² postulated Twenty common, readily definable symptoms were studied, and the effect of shock therapy on each was reviewed at the end of a course of treatment, and a year or more later It was found that effective results required a minimum course of treatment, averaging sixteen convulsions quote again from my article on treatment,

"Shock therapy, like the other forms of treatment, is directed at the symptomatic expression of the patient and cases are no longer selected according to diagnostic categories The general criteria of reactivity, acuteness of onset, relation to reality problems, all of which are well recognized as indicating a good prognosis, are generally found in Army patients In addition, the criteria established by Simon and Holt are used as a guide for the selection of cases Certain symptoms such as refusal of food, confusion and bewilderment, disorientation, depression, and mutism indicate a good prognosis for electrotherapy Others, such as mappropriate affect, bizarre speech, euphoria, and underactivity, are less responsive Secondary projections respond well, primary projections do not Selection of patients by these criteria has led to outstanding success Of paramount importance is the necessity of instituting treatment early Many patients will be under electrotherapy within a matter of forty-eight Treatment must be thorough and complete Great danger lies in terminating treatment at the critical point of about the sixth treatment, when the patient appears to be markedly improved-and usually is Termination of treatment at this point will result in frequent relapses and many failures In general, treatment should be carried on until the patient shows no further changes in reaction for the better or the worse Treatments will range from twelve to sixteen "1

The convulsion is considered an absolutely necessary part of the treatment So-called sub-



Fra 1



Fro. 2

convulsive, absence or petit mal types of reaction had no place in our therapeutic program

Fig 1 shows the response of these symptoms at the end of an average course. You will note that the desire to die disappears and that shock therapy is a most excellent appearing. The patient regains interest in his appearance. He stops behaving in a queer manner and begins to talk. His mood lifts. At the other end of the scale the malignant characteristics such as suphorm mappropriate affect, overt sexual behavior lack of interest, respond much less favorably. Poor memory is, of course, a consequence of treatment and should not be considered except on this basis unless it is a primary manifestation of per plexity.

Fig 2 gives us the status of the same patients at least one year, and in many instances two years, after the termination of the course of treatment. You will notice that improvement is generally retained. Actually, in the Army I never saw a feeding problem remain such after the second or third shock treatment. Some soldiers were even returned to duty after a course of treatment, and many were restored to their homes and families without necessity of further hospital care.

In conclusion, I quote again

"In all cases whether the soldier is to be returned to duty or not, treatment has included plans for the future. The social worker will have worked out problems of special importance to each individual in making his restoration to the community more successful. He will advise the patient of community resources which he can tap not generally but specifically in relation to his own community. If the psychiatrist feels that further outpatient treatment is desirable he will refer the patient to the particular agency in his community equipped to perform this function. Psychologists will perform vocational aptitude and other tests designed to help the patient in choice of new vocations or restoration to old. The Separation Department will have as-

sisted the patient in making out all claims for pen sions and benefits to which he might be entitled The United States Employment Service and Civil Service will have helped in job selection and placement. Separation counsellors legal assistance officers and others have paved the way for a full restoration to civil life It is important at this point, however that the patient, now brought to a level of community functioning, be kept self reliant and he prevented from developing a sense of dependence which could readily arise out of so much guidance A most dangerous consequence of the social guidance of the patient may be the tendency to make him overdependent on external agencies and dependent on his military rights and benefits.

It cannot be overemphasized that the period of treatment in the military hospital is a period of reconversion and until he leaves the hospital and returns to the community the patient is not yet a civilian.

It must also be reiterated that the hospital is performing an intermediate task in the reconversion of the patient, a task which the community must take up the day he leaves. In most instances, he will be well enough to carry his own responsibilities, but where he is not, the attitude of blaming the Army is unreasonable and unjust, since the Army is performing one phase of the total job of the successful pursuit of the war and the return to peace. Nothing which has happened can be considered to have changed this individual any more than he would have been changed by the process of living and maturation. Unless he receives full opportunity on a level with his peers, the fruits of all the labor which has gone into his restoration will be lost.

It is the duty of all those whom this former soldier will meet and know to see him as he actually is—
a man who has been away and has come back. He should be welcome '

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COMMENTS ON ARMY RADIOLOGY IN WORLD WAR II

EDWARD K REID, MD, Rome, New York

WHEN I received the invitation to discuss with you the problems of radiology in the Army, I felt that perhaps the subject might be considered untimely as we were all war weary, but since that time, many matters have come up which make us think twice before we can say that military radiology is an obsolete subject Furthermore, in reviewing the material available, it became apparent that many matters of interest to civilian roentgenologists could be profitably discussed at the end of hostilities

We come before you today approaching the subject from several angles. On my part, I must give a "reporter's report to the profession" as my own professional service as chief of roent-genology was short. However, I did have the privilege of seeing radiology as others see us in my capacity as commanding officer of a general hospital and as chief of operations for the island surgeon's office on Okinawa. As far as the actual departmental problems are concerned, I am going to rely on other colleagues to tell you their experiences under varied theater conditions, and I will confine myself, as a sort of moderator, to a rapid review of the over-all problems which concern us as individuals and the Army as a whole

I feel sure that you are interested in the question of what changes in civilian personnel we may be able to expect in our specialty as a result of this war. The following notes may help to obtain this picture

Due to the foresight of the Surgeon General, Col W W McCaw, and Col A. A. de Lorimier, two outstanding Army radiologists, we made a survey at the time of the bombing of the Panay in 1937, finding the startling condition that there were ten diplomates of the American Board of Radiology in the Regular Army, forty-four in the Organized Reserve, and four in the National Guard, a total of fifty-eight possibly qualified radiologists in the event of military emergency

It was obvious that this number would be reduced by age and physical incapacity for active duty

Unfortunately, little could be done constructively because of the tenor of the times. However, an over-all plan was contemplated which consisted of these phases. (a) estimates of personnel needed, (b) plans for a curriculum for training physicians for wartime roentgenology, and for gearing the department of roentgenology.

Presented at the 140th Annual Meeting of the Medical Society of the State of New York Section on Radiology May 3, 1946

of the Army Medical School to carry the load, (c) an over-all plan for procurement of equipment and revision of tables of equipment, (d) actual development of a practical, easily operated, accurate field equipment which could be operated under almost any condition in the world in a reasonably efficient manner, this equipment to contain any easy but effective method of foreign body localization in which speed of operation was of great importance

With the advent of the state of emergency proclaimed by the President, a nucleus of personnel was available from those already in the reserve components of the Army, and with the onset of hostilities, the War Manpower Commission through its Procurement and Assignment Service, made available to the armed forces the services of an adequate number of physicians However, the problem of obtaining radiologists was still a severe one as they were nearly all of one of the following three groups (a) overage, (b) not available due to civilian needs, or (c) already volunteers in affiliated units or otherwise The matter of availability was strictly a civilian problem, usually in the hands of the Preparedness Committee of the county societies the radiologist was declared available, the medical officer's Recruiting Boards offered him a The radiologists as a whole were commission fortunate in that nearly all started as majors and many were advanced to heutenant colonels in a short time

It seems only fair to make the comment here that the rank held by a radiologist should not necessarily be taken as an index of his professional ability This was stressed by the Surgeon General's Office when I was discussing these matters They were regretful that in many instances, especially in the continental limits of the United States, promotions were not always possible The matter of promotion here rested solely with the Commanding General of the Service Com-He was given a blanket number of grades for all branches, and, often, being a line officer, did not see eye to eye with the medical component in regard to relative rank and, consequently, some were passed by though deserving

The Surgeon General's Office wished me to pay special tribute to the many splendid radiologists who were ordered to remain in induction station service. It was recognized that many were passed up for promotion even though doing a work which was tedious in the extreme when they would rather be in units destined for action

There was, however, no choice as the competent work done has already been felt in less sustain able claims than would otherwise have been the

Upon receiving the radiologist into the service they were classified on their education and expenence into four groups

- A Professors of radiology or similar experience
- B Diplomates of the American Board
- C Residents in radiology or men of expanence in civil life over a considerable time but not diplomates
- D Graduates of the short course at Army school or those with little experience in civil life, but with special interest and adaptability

It may be of interest to know the peak figures in these classes as shown by the records of the Surgeon General's Office, as this will give an indication of the number of men released from the Army who probably will be interested in pursuing the specialty. This will apply particularly classes C and D, as those above that are already certified. The peak was reached in April of 1945, and has been declining since then. At that time, there were four in class A—these were used as consultants, 414 in class B, 230 in class C, and 677 in class D—a total of 1,334. A few of these, particularly the regulars, were not on professional duty

Since a large number of these men will be returning to civil life and many will become assocated with avalian roentgenologists, either as readents or junior associates, I felt you would like to know what the training of these men in the Army embodied.

As in all officer personnel, it was the desire of the Surgeon General's Office to give basic military medical training at Carlisle Barracks and a short tour of duty to familiarize them with army life where possible. Following this, those who were trained early in the war went to a four weeks "Intensive Basic Course in Roentgenology" at the Army Medical School Washington, DC The stated objective of this course is the key to the desires of the Surgeon General. I quote "The purpose of the Intensive Basic Course in roentgenology is to prepare junior officers of the medical corps to operate the x-ray equipment of the Army installations in such a manner as to prevent injuries to patients or undue strain on equipment. It is not intended to make ex pert roentgenologists." The organization of this course was divided into the following sections (a) field equipment (b) photoroentgenology (c) permanent installation equipment, and (d) clinic work at Walter Reed General Hospital The method of instruction embodied conferences lectures, demonstrations, and practical appli cation.

Later, this school was moved to Memphis, Tennessee, where twelve weeks of work were given. Of course, a considerable time was allotted to military subjects in this as in every other army school, but the following time was spent on technical reentgenology

Physics X by Hisands Rosengengraphy Fluorescopy Sitroscopy Maintenance of Equipment Foreign Body Localization Diagnostic Rosengraphy Fathologic Conferences Cluical Conferences Field Rosengers Responsibility	Houn 57 23 38 5 5 23 24 24 210 36 36
	30 3 2 30

In addition, a more clinical course was given to especially adapted students at the Mayo Clinic for a twelve-week period

It seems fairly certain that many of you are receiving applications from both men and women technicians who have been demobilized and I believe you may be interested to know what you may expect from them. Schools for technicians were set up in centers throughout the country and v-ray was but one of many subjects taught. The exact number of technicians who finally were graduated has not been compiled but it is fair to estimate that about one technician was needed for 100 hospital beds since a 1,000-bed hospital had ten. The technician received the following roentgenologic technical training

	Hour
	Houn
Physics	73
X ray Units	93
Anatomy	38
Darkroom	***
	22
Protection	-
Fluoroscopy	8
X-ray materials	22
Administration	10
Manipulation and Positioning	*39
Field X ray Equipment	50
Foreign Body Localisation	90
Toronga Doug Localisation	22
Utility Examination-Review	32
Total 608 hopes	

Personnel having been procured and trained. the problem of assignment arose. This again brings out the point that rank can be a matter of being at the right place at the right time, as there must be a position vacancy before any one can be recommended for advancement. It would seem, however, that the Army did well by the radiologist. In the A and B classes there were 418 men, the plan called for 318 numbered gen eral hospitals whose chiefs were to be lieutenant colonels. This would leave only 100 men to fill the vacancies of the large hospitals in the United States consultants training directors and those not engaged in actual radiologic work. It was therefore largely the younger men in the C and D classes who held the rank of captain the policy to promote all Medical Corns officers

from first heutenant to captain after six months in grade. Some of the Zone of Interior installations did not get the promotions from captain to major which would have been desirable. When we consider that the chief of anesthesia of a 1,000-bed hospital was a captain, radiology must admit that it had friends at court in Colonel Kirklin and the others in the Surgeon General's Office

Having discussed the history and personnel problems, perhaps just a word regarding the type of service to be rendered would be of interest. This was almost entirely diagnostic roentgenology. Some superficial therapy was possible with the field unit, but was not especially encouraged in mobile installations. Deep x-ray and radium therapy were only permitted in specifically designated centers. Photoroentgenology was, of course, performed at induction and separation centers.

There is no time for me even to begin on the subject of the pathology encountered — In this I hope the other essayists will have cases of interest and I will only refer to the splendid paper of Drs J C Bell and G W Heublein in the November, 1944, issue of Radiology entitled "Diagnostic Roentgenology in an Army Hospital During the Present War"

Our equipment procurement problems were not acute once the war was under way except for the problems of transportation. The right materials to do the job had been adequately planned

Maintenance was another matter In the desert, the problem was that of excessive dry heat, lack of adequate water, and sand contamination. In the arctic, it amounted to an engineering problem of heat for the department as a whole

The American Board has been most thoughtful of the younger men called into service Provisions were made for them to obtain credentials from each diplomate who supervised their training

These credentials were authenticated by the commanding officer of the unit. The service will be evaluated by the Board when considering eligibility for examination and, thus, the time will not be lost

It has also been a source of satisfaction to younger radiologists to know all the thought and effort that was given by those at home to the problem of refresher courses and residency training. The majority of these men realize that further work will be necessary before certification.

Many radiologists can well consider the services and Veterans' Bureau as careers. To date, only 50 grade-B men have applied in all specialties for Regular Army commissions. With the Veterans' Bureau giving pay credit for qualified specialists, it now may become an attractive position.

In addition to experience gained in actual radiology in the Army, it is hoped that many have learned things which may be applied to our work which are actually not originally planned for such use

We are now developing a method of fluoroscopic training based on the Air Corps method of split-second recognition of combat plane formations as was taught by Dr Renshaw of Ohio State University We believe that this method will train us so that the exposure time for patients will be materially reduced without any sacrifice of accuracy of diagnosis We hope to have publication of this in a short time

BAUER APPOINTED TO HEALTH COUNCIL

Gov Thomas E Dewey has appointed Dr Louis Bauer, of Hempstead, to the Public Health Council and reappointed Homer Folks, of Yonkers, to a full six-year term

Dr Bauer will complete the unexpired term, until next January 1, of the late Dr Simon Flexner, of New York city

FOUNDATION ANNOUNCES PRIZE CONTEST

The American Association of Obstetricians, Gynecologists and Abdominal Surgeons announces a Foundation Prize Contest

For further information write Dr James R. Bloss, Secretary, 418 Eleventh Street, Huntington 1, West West Virginia

PEDIATRIC APPROACH TO THE MANAGEMENT OF ASTHMA IN CHILDHOOD

BRET RATNER M D New York City

(From the Department of Pediatrics New 1 ork University College of Medicine)

GREAT deal is known today about the A management of asthma Some of this in formation can be utilized without benefit of elaborate skin tests and other studies. It is my hope that the overwhelming majority of childhood asthma cases will be taken care of by the Only in the event that the child pediatrician does not respond to such treatment should it be necessary to call upon the highly trained pedi atricallergist for assistance in diagnosis and treatment

Certain Phases of Pathogenesis

Orientation of the basic mechanism underlying allergy is needed more today than ever before There is little that can be found in the literature to contradict the antigen antibody hypothesis namely, that hypersensitive reactions in various tissues result from an interaction of circulating foreign antigen with its specific antibody the antibodies having become fixed to tissue cells at some time prior to the reaction

Whether released histamine is the direct cause or the result of the reaction is problematic 1 Yet, the proponents of the histamine theory only tacitly accept the antigen antibody mechanism and promptly unfold all the wonders of released histamine, making this chemical appear to be of major importance in the causation of the allernic reaction.2 All of their therapeutic efforts are directed toward the neutralization of histamine The drugs recommended for this purpose at best afford only symptomatic relief, and none of them Epinephrine, ephedrine, and atropine still remain as reliable drugs for the relief of aller gic symptoms This is so because they do relax the spasms which result from antigen-antibody interaction.

There is an insistent demand for ways and means to reduce the number of attacks and more particularly, to prevent attacks I lose all pa tience with the attempts at treatment of asthma with aerosol penicillin I have the greatest ad miration for this product in respiratory infections, and when infection is the cause of asthma, I use it either by apray orally or by injection But it is foolhardy to use it in a case of food environmental or police asthma With the newer

antihistaminic drugs, all one can say is that their introduction into the domain of the therapy of asthma is quite unsound I refer more particu larly to histaminase Hapamine, benadryl and pyribenzamine The first two drugs are dying a natural death for they have failed, but benadryl and pyribensamine just made their ap-That these drugs alleviate urticaria and hay fever is agreed upon by many. they alleviate asthma is agreed upon by few We should not be content with measures that

merely allay symptoms

In a previous paper³ I went into a detailed analysis of the onset of allergy in childhood showed that asthma may have its onset at any time however, very few cases appear to start in the first year The largest number of children date their first definite symptoms of true asthmatic dyspnea from the third to the eighth years This may be and usually is, preceded by multiple attacks of respiratory difficulties, repeated epi sodes of sneezing coughing, corysa, and so-called bronchitis. The age of onset of eczema, however, is considerably earlier than that of asthma, and in many instances, eczema is the forerunner of asthma After early infancy asthma becomes the prevailing allergic syndrome. and wherever there is a multiplicity of allergic syndromes, it is generally one of the complicating conditions Asthma was also found to be the dominant manifestation in the allergic antecedents of the children studied. It would appear therefore, that the lung structure is domi nantly predisposed to sensitization because of the large amount of smooth muscle tissue present Antibodies are harbored in the bronchioles in this sensitized tissue and it is here that the reaction ensues when the specific antigen gains entrance into the body The histamine theory does not explain this predilection for lung tissue involvement as well as does the antigen-antibody hypothesis.

The Value of the History

Much can be accomplished by a detailed in quiry into all the circumstances surrounding each of the child's attacks including the things the child has done prior to the attack, the places visited the time of day and season of the year. If this is done painstakingly, it will become quite evident that the attacks have some rela-

Presented before the Section of Pediatrics at the 140th Annual Meeting of the Medical Society of the State of New York Hotel Pannsylvania, May 3 1946

tionship to certain circumstances One can readily surmise that if the attacks come on only at night, or in the early morning, there is some relation to the bedroom furnishings Similarly, if attacks are related to visits, much information can be gleaned that may in many instances clinch If the attacks come only in the diagnosis August or September, there is probably some relation to ragweed, if in the early spring, then trees may be implicated, and in June, grasses By searching for cause and effect, certain foods as well may be discovered to be the incriminating factors A history may thus reveal specific offenders responsible for the child's asthma, without specialized study

General Recommendations for Antiallergic Treatment

With respect to alleviation and prevention of symptoms, certain broad approaches may be taken

Engronment —In cases in which environmental sensitivities are suspected, animal pets may be removed, and all dust-producing articles of clothing, bedding, and furniture eliminated Where elimination is not feasible protection may be given, eg, pillows, mattresses, and overstuffed furniture may be covered with some impervious material, seams and edges being especially carefully sealed to prevent seepage recommend tightly noven textiles made of long-fibered cotton, such as Egyptian cotton, in preference to most of the rubbenzed materials available today, because the latter have a tendency to produce sweating and to crack Horse hair, latex, or rubber mattresses are the ones of choice, if they are not available, the old ones must be carefully covered Wood and metal chairs are preferable to the overstuffed variety

Immunization against the environmental substances is not always effective and, for the most part, I do not advise it—It is far better to reduce dust contact in the home, in the manner outlined, and to permit a moderate amount of contact outside of the home—In this way the child will gradually build up an immunity in a natural manner

Food—For alleviation of symptoms due to suspected food sensitivities, much can be accomplished by the employment of a heat denatured diet, which is composed of freshly heated evaporated milk or raw milk, boiled for at least one-half hour, thoroughly boiled meats of all varieties, broths and soups of all varieties, hard boiled eggs, precooked cereals (such as Pablum and Pabena) and cereals cooked for prolonged periods, spaghetti and macaroni, dextri-maltose, corn or cane sugar, thin melba toast and Ry-Krisp, thoroughly cooked vegetables, stewed

fruits, jams and jellies The emphasis is upon long and thorough cooking in the presence of moisture. Since this diet is devoid of any fresh fruits or vegetables, vitamin C must obviously be provided by adding 50 mg of ascorbic acid a day.

The environmental control should be permanent With the foods, however, after all symptoms have disappeared for a prolonged period, and the child is thriving, one fresh food or lightly cooked food, at a time, may be added to the denatured diet and, if well tolerated, may be continued. In this way it can be determined empirically what foods are at fault, and these incriminating foods must be continued in heat denatured form when the patient returns to an otherwise normal diet. This empiric approach may be successful in many simple cases.

A bronchoscopist recently openly scoffed at allergists, because he never was helped by their "innumerable tests" True enough, for in all of his cases, the asthmatic breathing was undoubtedly due to obstructive bronchial or lung pathology. In young children, therefore, be sure you are dealing with true asthma before proceeding with treatment.

Certain Phases of Diagnosis and Specific Treatment

First, I would suggest that it is a mistake to make a definite diagnosis of asthma on the basis of an isolated attack of dyspnea accompanied by the objective findings of sibilant and sonorous Only repeated occurrences of such a syndrome, especially if preceded by or accompanied by eczema, urticana, or repeated attacks of so-called colds or vasomotor rhuntis, should arouse one's suspicions During the period of observation, much valuable data can be obtained by careful questioning related to diet and environmental factors One can intimate to the parents that allergy is suspected as the cause for the child's illness Thus prepared with the information that recurrent episodes are to be expected they will cooperate more fully with the physician in analyzing the circumstances surrounding the attacks

"All is not asthma that wheezes," particularly in young children, and each episode must be evaluated by the physician in charge. This was strikingly brought home to me in the case of a child who lived at a great distance. The frequency of attacks in this 3-year-old child gave the physician in charge a false sense of security. The mother called the physician who, after listening to the complaints, told her that little Jeffrey probably had another one of his attacks and proceeded over the telephone to prescribe symptomatic treatment. Several days later, the

child died of an overwhelming lobar pneumonia disgnosed a day before death by x ray, sputum and blood examination I have had several cases with asthmatic symptoms that by fluoroscopy and x ray proved to be true intercurrent pneu monias which cleared up with penicillin therapy Contrariwise, a high temperature should not lead to a diagnosis of pneumonia in an asthmatic child, temperatures do occur in uncomplicated asthmatic attacks—contrary to general belief especially in very young children The use of the fluoroscope is as essential as the stethoscope in ruling out lung pathology and at times the only reliable means of so doing Recently, also, two patients with asthma came in with complaint of asthma which proved to be the first stage of measles

I stress delaying the diagnosis of asthma and resorting to skin testing because much harm is done by too hasty an employment of this procedure Many cases of allergy tested in the early stage will give completely negative results It requires time for the skin to become sensitized In some instances the condition is evanescent and clears up spontaneously Hence, the physi cian would do well to refrain from referring a case for testing until the child has had several attacks over a period of at least a year. Once having em barked on skin tests, they should be done with thoroughness It must be realized that despite its limitations, the protein skin test does compare favorably with other important diagnostic procedures-very few of which are infallible and it should not be scoffed at

Perhaps the best method to be employed in children is the scratch test, because it is painless and as many as 35 to 50 tests can be performed on the back at one visit. Anaphylactic shock has never been known to develop from a scratch test. This cannot be said with the same degree of assurance of the intradermal test. The scratch test when performed and interpreted intelligently is far more deheate, and fewer false reactions are obtained. The intradermal test however, is of importance in instances in which the scratch tests are entirely negative or only suggestive in character.

It has long been thought that food sensitivities play the dominant role in allergy of childhood That does not prove to be so for throughout infancy and childhood sensitivities to foods, inhal ants, and contactants run a more or less parallel course Multiple sensitivities are the rule and not the exception Therapeutic measures may fail completely if all possible offending factors are not taken into account. For this reason, if the child is subjected to study he should be tested with all available proteins. More and more tests, rather than fewer and fewer, should be our aim

Unfortunately, the tendency is to do fewer tests.

Tests with extracts made from dust-producing substances indigenous to the child's direct en vironment are very important and helpful vestigations have shown that changes occur as certain materials age, for example, stuffings in mattresses pillows etc molds develop and other substances are found which produce antigenic properties not present in new materials Skin testing is not the sole diagnostic procedure essential for the proper appraisal of all the factors involved in this complicated problem must be studied and treated as a whole The family history the specific history of the child, and an investigation of the environment all aid in an appraisal of the case A complete chemical examination of the blood, blood and nasal cytologic studies, roentgenograms of the sinuses, chest and wrist bones Mantoux test, urinalysis, and psychosomatic factors help to appraise and rule out secondary factors

Having discovered the specific offenders, bril liant results may on occasion, be achieved merely by the climination of the incriminating proteins This may simply necessitate the removal of an animal pet, or a particular piece of furniture, as noted above However, intractable cases of asthma as a rule have multiple sensitivities and the process is far more intricate. In my experience, really good permanent results in such cases can only be achieved after one to several years of observation and therapy, though often benefits may be perceived early in the course of treatment Remissions are too often encountered and unless the parents are carefully edu cated and cognizance given to all complicating factors, discouraging results are the rule.

Specific allergenic treatment may be resolved into three phases (1) elimination, (2) substitution, and (3) immunisation. These must be left in the care of one trained in this field

For the enhancement of the general immunity response of the patient, it is of mestimable value to inject small doses of stock vaccines including a large variety of bacteria. These injections can be given at weekly or fortnightly intervals Here too the caution with respect to large reactions must be observed. If the reactions are large the dosage must be considerably reduced by diluting the vaccine one tenth, one hundredth. or one thousandth fold The anamnestic reac tion then gathers full momentum and the child after a period of such treatment develops an im munity in the same way that he develops a natural immunity to diphtheria and other contagious diseases through minimal subclinical The nonspecific effect of the anam nestic reaction in come unknown manner stimulates antibody formation in general 1.4 Autor

enous vaccines have no particular advantage over the stock vaccines

Symptomatic Treatment of the Asthmatic Attack

This particular phase of the problem is of the greatest interest to us as physicians anxiety and fear engendered in parent and child by an attack of asthma places this disease far in the forefront of emergency practice all, a cheerful attitude should be maintained by all surrounding the patient. If the child is breathing forcefully, and is not cyanosed, there is little danger. The harder he breathes the If a child is cyanosed and has very shallow breathing or apnea, the situation is dangerous If the sounds on auscultation are clear, loud and resonant, with sibilant and sonorous rales, the asthma is of no serious conse-If auscultation discloses feeble sounds and there are moist rales the seriousness is real. If the rales break through after coughing, it is indicative of bronchial plugging Temperature may occur as stated above in the asthma of childhood, do not be misled and change the diagnosis to pneumonia

From the standpoint of symptomatic therapy, no classification of asthma has thus far been satisfactory 5 It is my belief that asthma due to bronchiolar constriction is usually promptly relieved by adrenalin or ephedrine Asthma due to bronchial plugging, on the other hand, is not relieved by antispasmodics, but only through emesis, steam inhalation, and expectorants The bronchiolar constriction usually results from foreign antigens, such as food or serum, which enter the blood stream and act directly on the sensitized bronchiolar musculature producing The bronchial plugging is usually due to an inhalant which enters the air passages directly and produces its chief reaction in the lumen of the bronchi, with edema, excess mucous secretion, and resulting obstruction

General Directions

- 1 Windows should be opened, unless it is very cold
 - 2 A soap-sud enema should be given
- 3 If the child is not too sick, remove him from the bedroom to one of the other rooms Because some factor in the immediate environment may be involved, the asthma sometimes clears up when the child is moved to another room, or while being transported to a hospital
- 4 During an attack, the patient is generally more comfortable if propped up or sat up in a chair
- 5 If an electric fan is available, the breeze blowing directly on the face is comforting and rids the patient of the fear of suffocation
- 6 Above all, the physician should remain composed

Medication for Simple Attack of Bronchiolar

Construction

- 1 Adrenalm (1-1,000), 2 or 3 minims subcutaneously. This can be repeated intracutaneously several times at intervals of fifteen to thirty minutes. If the asthma clears, you are dealing with a spas modic bronchiolar spasm.
- 2 Follow with a sedative—phenobarbital, acetyl salicylic acid, or triple bromides
- 3 Ephedrine sulfate by mouth, 1/4 of a grain, may be tried instead of adrenalin

Medication for a Severe Asthmatic Attack

(Status Asthamaticus or Obstructive Bronchial Asthma) If the child can be removed to a hospital it is to be preferred, but the following treatment can be carried out in the home

- I A slow drip intravenous infusion of 10 or 15 per cent dectrose solution (300 cc for young children, and 500 to 1,000 cc for older children). In this infusion, 1 cc of adrenalm, 1-1,000, can be mixed, making a dilution of 1-300,000 to 1-1,000,000. They value of this lies in the reduction of the dehydration and relief of the edema.
- While the drip infusion is being set up, the child should be given one to two teaspoonfuls of syrup of ipecae, in warm water, to induce vomiting During the retching period, a reverse peristalsis of the trachea may be set into motion, so-called "tracheal vomiting," which will release mucous plugs and is followed by relief so speedily that the result is at times truly dramatic
- 3 At times, the inhalation of steam is as affective as vomiting, the steam causing a thinning and expulsion of the mucous plugs
- 4 The child is then given a sedative by rectum, preferably bromides or chloral hydrate
- 5 An electric fan is kept blowing gently in the patient's face
- 6 If there is cyanosis, oxygen, or preferably oxygen and helium, should be administered by nasal catheter
- 7 Aminophyllin by intravenous injection or by rectum may be of some value, but should not be counted upon for much relief in children

Therapeutic Don'ts 1 Large doses of adrenalin should never be used The repetition of 1/2 to 1 cc of adrenalin is unwise. It does not relieve the asthma but causes an even greater spasm of the bronchioles, thus aggravating the asthma. It also causes pallor, apprehension, cardiac syncope, vascular congestion, increased pulse rate, and heightened blood pressure.

- 2 It is criminal to give morphine or its derivatives during an attack. Probably most deaths from asthma are directly attributable to too much adrenalin and the use of morphine ⁶
- 3 Do not leave the patient in an apprehensive state Do not omit adjuvant therapeutic measures Do not omit some form of mild sedation Do not permit the child to be left alone

Prognosis

Asthma is not a disease that should be treated solely from a symptomatic standpoint, for repeated attacks make one only too aware of the futility of such an approach. It is a physiclogic disturbance which can be mastered if thor oughness is the watchword When the problem is finally solved, there is a signal absence of residual pathology The child who has no further attacks appears normal to all intents and purposes, and stigmata of the disease are nowhere to be found If the condition becomes chronic, emphysema and bronchiectasis may This state is more likely to occur in a neglected case in an adult than in the child

In the complicated cases where the physician in charge appears to make no headway, despite careful observance of the directions detailed above, he may deem it necessary to refer the patient to the trained allergist for a comprehen sive "work up" Such an intensive study can rarely be achieved in less than two to three weeks Above all, the child must be studied as a whole and not only from the allergic standpoint Monthly or biweekly visits to the allergist en able the consultant to check all factors and to analyze each asthmatic episode In the interim the physician in charge carries on, noting any untoward reactions Complete retesting may occasionally be necessary Good results often are immediate but several months, or even a year or more, may elapse before they are achieved in some cases

Prophylaxis

Much can be accomplished prophylactically in the asthma of childhood Recent evidence makes it clear that allergy can develop in children whether born into so-called allergic or nonallergic families Allergens whether food, pollen animal or vegetable dust, serum, bacteria, or drugmay invade the body under certain circumstances Intrauterine life, infancy, disease, and convalescence constitute vulnerable periods during which the individual must be protected from undue exposure to highly antigenic substances

Measures which aim to prevent the inception of food, dust, drug, serum, and bacterial sensitivity are available through the regulation of the diet, the management of the environment, the control of drug and serum therapy, and the reduction of recurrent invasions of pathogenic Awareness of the many factors now known to influence the incidence of allergy may result in a greater control or possible prevention of authma.

Conclusions

- Drugs such as historhinase, Hapamine, benadryl or pyribenzamine have little value in the treatment or prevention of asthma
- Asthma is not a disease that should be treated solely from a symptomatic standpoint, for repeated attacks make one only too aware of the futility of such an approach
- Asthma is a physiologic disturbance which can be overcome, for the child who has no fur ther attacks has a signal absence of the pathologic stigmata of the disease
- Because so much can be accomplished prophylactically, the asthma of childhood should be of especial interest to the pediatrician

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SURGICAL DRESSING MATERIALS NEEDED BY CANCER COMMITTEE

In urgent need for surgical dressings to carry on its work of caring for the city s constantly increasing legion of cancer victims, the volunteer Field Army of the New York City Cancer Committee appeals to the public for salvageable white cloth materials

of any description and in any amount.

Worn table linens and light colored window shades are desired for making caneer dressings sheets and other white cottons for bandages. Discarded men s white shirts are needed for making bed jackets

In requesting public cooperation, Mrs. G. k. Ox holm, director of the Field Army, stated that since May 1946 119,291 cancer dressings have been distributed through the Social Service Departments of 38 hospitals in the metropolitan area, through the Visiting Nurses' Association and to individual patients.

Materials should be sent to the Field Army, 2 West 106th Street, New York 20, N Y

THE POSSIBILTY OF PREVENTING BREAST CANCER IN WOMEN

Is Artificial Feeding of Infants Justified?

Ludwik Gross, MD, New York City

(Chief of Research, Veterans Administration Hospital, Bronx, New York)

Mammary carcinoma in mice is caused by a filterable virus transmitted from one generation to another through the milk of nursing females. The virus remains inactive until the infected animals reach the tumor age, at that time mammary tumors develop and kill their hosts. This fatal disease can be prevented by isolating the newly born progeny from their potentially cancerous mothers, and transferring them for the purpose of nursing to lactating females whose milk is free from the cancer agent.

In view of the importance of these observations and their possible implications for human pathology, it was suggested that women having a history of breast cancer, or, more generally speaking, a history of any tumors in their families, should refrain from nursing their babies. Artificial feeding should in such cases be substituted. Should human breast cancer be caused by factors similar to those in mice, it is possible that many human lives could be saved by the simple preventive measure of artificial feeding of one single generation of descendants of cancerfamilies in man

This recommendation was recently challenged, ⁵ the principal objections being as follows (a) abandoning breast feeding may be associated with increased infant mortality, (b) stagnation of milk in breasts of mothers who refrain from nursing may prompt the development of mammary carcinoma, ⁶ (c) the eradication of breast cancer may be substituted by an increased frequency of cancer in other organs ⁵

Discussion of the Objections Advanced

There is ample evidence to suggest that with proper care, which includes sterilization of bottles, refrigeration of the prepared milk supply, etc, infants fed with either prepared cow's milk or with one of the commercially available substitutes for human milk, can be raised with no higher mortality than those fed by breast. It is worth emphasis, however, that either pasteurized or briefly boiled human milk could be safely used for this purpose, since in mice, at least, the tumor virus does not resist pasteurization so It should also be emphasized that, according to experi-

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mental evidence, artificial feeding of one single generation would suffice to'eradicate mammary cancer for generations to come

The assumption that stagnation of milk (resulting from not nursing) may be responsible for the development of breast cancer⁶ does not have any precise experimental support. There is no evidence to suggest that refraining from nursing either causes or accelerates the development of mammary carcinoma in mice. In fact, Bittner reported recently that in a cancerous strain of mice, experimentally produced stagnation of milk actually decreased the incidence and delayed the time of appearance of breast cancer in these animals.

In any event, observations obtained in recent studies on mammary carcinoma of mice appear to suggest that breast cancer will not develop in animals free from the transmissible tumor agent To give an example, we have in our laboratory mice of the C3H line,4 in each generation practically all females develop breast tumors before they reach one year of age Another part of our laboratory is occupied by a colony of animals of the same line, with the exception, however, that these do not carry the tumor agent H B Andervont, of the National Cancer In stitute, removed a litter from a pregnant C3H female, at term, by cesarean section in May, 1942, and transferred this litter immediately for the purpose of nursing to a female mouse (of the black C 57 line) whose milk was free from the cancer agent A litter of such cancer-free C3F mice was obtained from Dr Andervont and i colony of mice was raised from that litter in ou laboratory These mice look exactly like this C3H mice from whom they descend They not, however, develop breast tumors 11 In 0,1 laboratory many of these females have had the litters removed for various reasons immediate; after birth, ie, they were submitted to "mfrd stagnation," and yet, none of them has ever di veloped a tumor These mice are in perfec health, they bear litters often twice as numerou as the tumor virus carrying C3H females, they live their full life span without showing an, symptoms of mammary carcinomas, not a single breast cancer having been observed in these mice in our laboratory

The assumption that the eradication of breast cancer (by artificial feeding) will be substituted

by an increased frequency of cancers in other organs' does not appear to have any reliable expermental or clinical support. One is tempted to compare such a statement with an assumption that the eradication of pulmonary tuberculous would precipitate tuberculosis of the intestines or of bones.

The supposition that people, or animals, have to develop a cortain number of tumors, and that he decrease of the incidence of tumors in one articular organ would automatically be comensated by an appropriate increase of tumors in other sites 12 is based on statistical speculations pen to considerable criticism from both a tatistical12 and an experimental14 point of rinw

Conclusions

Breast cancer in mice is transmitted through allk from mothers to daughters and can be for ll practical purposes exterminated by the simple neasure of foster nursing of one single generation difficult and time consuming studies are necesary to find out whether human breast cancer is lso transmitted through the milk of nursing aothers It will take some fifty or one hundred ears to carry out such a research project

In view of these circumstances a working sypothesis could be advanced at once assuming hat breast cancer in women is caused by factors imilar to those responsible for mammary car moma in mice On the basis of such a hy othesis, mothers having any history of tumors in heir families should refrain from nursing their

babics Since a few hours of breast feeding would suffice to transmit the hypothetic cancer virus, artificial feeding from birth should be substituted, for one generation

It is unfortunate that fundamental observations and discoveries in medicine are seldom accepted without many years of delay The simple preventive measure of artificial feeding of infants born to potentially cancerous mothers will perhaps be generally accepted and introduced only some ten or twenty years hence, instead, the same measure could be applied at once breast cancer in women is caused by factors similar to mammary carcinoma in mice, some 15 to 25,000 women could thus be saved from death each year in this country alone 4

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NFANT MORTALITY RATE SHOWS DECREASE IN 1946

Infant mortality declined further in 1946 from the ow rate for 1945, the U.S. Public Health Service, ederal Security Agency announced in January rovisional figures for the first 10 months of 1946 dicate a decrease of 3.2 per cent from the rate for e same period of 1945

Final figures for 1945 released at this time show st the infant mortality rate of 38.3 deaths under rear per 1,000 live births was the lowest ever ra-ded for the United States. It is 3.8 per cent wer than the rate of 39.8 for 1944. Infant deaths imbered 104 684 in 1945 as compared with 1944 hen there were 111,127 deaths under 1 year

The maternal mortality rate of 2 1 per 1 000 live

births for 1945 also showed a reduction of nearly 9 per cent from the rate of 2.3 for the previous year The numbers of deaths from puerperal causes on which the maternal mortality rates are based were 5 688 and 6,869 respectively for 1945 and 1944.

One of the factors contributing to the lower infant and maternal mortality rates is an increase from 1944 to 1945 in the proportion of babies delivered in

hospitals.

In 1945 78.8 per cent of all births regis-tered in the United States were reported to have occurred in hospitals or other institutions. represents an increase of 3.2 per cent from 1944 when 75 6 of recorded births took place in hospitals.

AMERICAN JOURNAL OF PSYCHOTHERAPY

The Association for the Advancement of Psychotherapy announces that the official organ of the Association is the American Journal of PsychotherIts editor is Emil A. Guthell, M.D., 16 West 77th Street, New York 24 The American Journal of Psychotherapy is a quarterly, and is issued in January April, July, and October

AN ANTHROPOLOGIST LOOKS AT AMERICAN INDIAN MEDICINE

ARTHUR C PARKER, Sc D, Rochester, New York*

INTEREST in the subject of American Indian medicine and medicine men has been manifested since earliest historic contacts In North America accounts of medicaments and cures go back to the time of Cartier whose scurvy-stricken crew was brought back to health by the Indians through the administration of decoctions of something called *onehta*, presumably an infusion of the needles of the hemlock (Tsuga canadensis) ** In South America, where agriculture and social development had reached a somewhat higher stage, the exploring European found such substances as coca leaves and quinine bark, the former being used by natives as a narcotic and the latter for malaria

Since the European medicine itself had not advanced far beyond empiricism the effects of native American drugs were noted with interest by ship and expedition physicians The horizons of knowledge had not been lifted far enough in the sixteenth and seventeenth centuries not to continue the hope that in some strange clime there might be found the great panacea, or perhaps effective drugs for all infectious diseases, and that even the length of man's life might be prolonged indefinitely by the discovery of the Fountain of Youth. The explorer and medical man sought, in the new world, and with varied results, for healing waters, magic herbs, and the Paracelsian touch

From every early account it is clear that observers unknowingly classified what was assumed to be medical practice into five or six categories that were either rational or nonrational learn from them that the Indian of America considered that medicine was synonymous with mystenous power The man who could conjure, procure, or generate by brews or gesticulations the magic substances that would penetrate his patient's body and bring about relief or a cure was a medicine man The name has stuck and come down to us with much of its original connotation, that is, the aboriginal doctor was one who might mingle antics with herbs, prayers with legerdemain, and tobacco fumes with ball games, to drive out the demon of diseases

The native American was only a little behind the European in his ignorance of the cause of infectious diseases, especially of the great epidemics that took such a heavy toll The aborigine had neither hereditary immunity nor sci-Experience, however, soon entific knowledge taught him to flee the infected area and not return until the holocaust was over *** His theory was that disease was a demon that entered the body principally through the nose and mouth okit, as he called it, entered the bones and lived upon the marrow, but might take shelter and food for a time in organ and muscle, gnawing away at the tissue and causing pain lenge presented was how to coax the demon to leave the body Hence, there was recourse to emetics, purges, sweats, salivation, and sneezing If these failed, another type of medicine man might be brought into action who might scare the devil out of a patient, or so placate the demon that it would accept the sacrifice, sniff the incense, and depart

The primitive mind is far more sensitive to frustrations, injuries to prestige, slights, unsatisfied desires, and resentments than is commonly known The native practitioner sensed that an unsatisfied mind, brooding upon its misfortunes. might become a sick mind Its vagaries seemed to indicate that it was possessed of an evil spirit and that its brooding or its violence were the result of internal disturbances The patient who was ugly, sullen, unhappy, and dissatisfied, was considered "possessed" Therefore, his case demanded certain satisfaction whereby his mind might be diverted and made clean again the oki would leave Disease was a devil and the devil had to be outsmarted, or, that failing, he might be bargained with and flattered out of the If simple herbs would not accomplish this result, then dances, masked faces, and gesticulation might do it

Aboriginal View of Disease

From this brief survey, we pass to an analysis of the several means employed to bring about a Medicines varied widely among relief or cure the three hundred groups of aborigines north of Mexico, and what one may have employed might have been unknown to the other there is a general similarity of method and practice, for the need of relief was so vital that it leaped over all boundaries in seeking to achieve a very practical result

Presented by invitation at the 140th Annual Meeting of the Medical Society of the State of New York Session on History of Medicine May 2 1946

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** By some thought to be Pinus strobus or Thuya occidentable.

^{***} Hrdlicks † Ok: was a demon, generally invisible

We may put down the rites and ceremonies deemed necessary to conjure the supernatural into the service of healing as thaumatorgic ritualism and consider it nonrational or irrational as the case may be Yet, even in such practice there might be found those who would testify to 'cures." The patient had a fuss made over him and got well. He no longer feared that he had overlooked something

Closely associated with the invocation of unseen demons as an agency of alleviation, was the practice of mental therapeutics by which the medicine man sought to divert the minds of his patients from dwelling upon their distress and to shock them into another direction erammed with more hopeful thoughts Once this was accomplushed he would loudly proclaim a cure amounted to a mental repolarization, but the antics, singing, dancing, and drumming, or the brisk game of lacrosse upon which the patient bet (only to win a fixed game) often confused the mismonary observer who deplored the superstition

3 The most common of all methods of combating diseases was that of administering herbs and other substances. While grotesque ceremonies seemed the more spectacular, the natives were not unaware, by virtue of accident or experiment, that certain substances produced desired results. By long experience, a traditional pharmacology had been built up by numerous tribes whose herbalists transmitted a general information from one generation to another Some remedies were thought to be the personal property of individual medicine men and penahed with him, but others were rather common knowledge Most of the agricultural and sedentary tribes of the northeast, for example, knew of purges, emetics, diuretics, demulcents, carminitives, astringents styptics, sudorifics, vermifuges, and other medicines. In the kit of the Iroquois herb doctor, for example, would be found t prickly ash (Zanthoxylum Americanum), sassafras root bark Rhamnus cathartics, calamus rhisomes, wintergreen, bruised bark and root of Quercus alba, Podophyllum, hamlook needles (Tsuga), pussywillow root (Salix discolor), blackberry root, and such inert substances as petroleum, sulphur, alum, burned shells, wood ash (potassium carbonate) and pulverized charcoal. There were many other herbs, as senega, boneset, wild ginger, tens deemed valuable for fevers, and barks, such as alippery elm cherry, walnut, and apple root.

4. There were many empirical theories about diet. Some groups valued animal organs some tabooed certain plants, and salt was generally avoided as causing almost every kind of ill, especially arthritis and debility Food with the

Certain forms of physical therapy were rec ommended, and aweat baths were a common means employed for ridding the body of "harm ful humors." Descriptions of the hut or "oven" where the steam was generated abound in almost all accounts from the earliest to about 1838 Civilization stopped the Indian's Turkish bath and while recommending to him tightly closed rooms to avoid the "miasmitic air of the open." it quite discouraged his bathing

There was originally much rubbing of the muscles with the slime of certain bruised leaves as wintergreen and sweet fern and the fat of animals was employed for a massage lubricant. Some eastern Indians employed strained petrol eum, skimmed from springs in New York and This was also taken internally but was deemed best as a rub for arthritic pains guard against rheumatism, copious draughts of arbor vitae tea were drunk. Thoreau tried it and thought it abominable in taste.

Many of the tribes were fairly able, according to several accounts in the practice of rudi mentary surgery They would excise a limb, extract arrows, set bones, make splints, and pull or knock out teeth After battles they cared for their wounded and bore them away on litters. Treatment in all probability was by rough and ready methods with little attention to surgical cleanliness, save for boiled water, and it is quite astonishing to note the absence of reference to the crippled, lame, and hopeless invalid among them Even during the American Revolutionary war there are few or no accounts of having observed a warrior who was permanently disabled after battle. Only the presence of healed wounds is The European pioneer who wandered among the tribes was sometimes impressed by the skill of native practitioners, and at other times. viewing their appeal to magic they called them charlatans Still, several observers, including the studious Heckewelder and the later Dr Benjamin Rush were not averse to employing the simples recommended by the red man of the forest. Our own pioneer formularies employed by the frontier herbalist were largely drawn from the wandering Indian herb doctor who went from town-to-town selling barks and roots. A volume of medical folklore might be written about the influence of

Iroquois and most eastern tribes was fortified with maise, sunflower, and nut oils, these being deemed highly essential Animal fats, however, were valued, especially bear oil Fish was a very common food and used with their corn foods. Sometimes rattlesnakes were eaten as a delicacy There was something magne about food and one was believed to become like the food he ate, hence venuson, eels, bears, and boiled owl were prescribed

Tom an actual inventory at Cattaraugus Reservation

these medicine men who came to tell of their tribal mysteries, and to make "cures when all else had failed" Many of these tall tales have not yet vanished from the memories of the elder generation in the north

Now, just what kind of people were these American aborigines who had so few diseases and who were healed with such effectiveness? LaHontan tells us that they were a "robust and vigorous sort of people, of Sanguine Temperament, and admirable Complexion" Said he, "They are unacquainted with a great many Diseases that afflict Europeans, such as Gout, Gravel, Dropsy, &c Their Health is firm, notwithstanding they use no precaution to preserve it "fft He goes on to relate that they "are sometimes seized with pleurisies, but these are as infrequent as they are mortal, for this is the only Distemper that all their Remedies cannot conquer" But, says this versatile observer, "Commonly these Quacks bring 'em juices of Plants which are a sort of Purge and are called Maskikik, but the patients choose to keep 'em rather than drink 'em " He is surprised when the Indians tell him more, saying, "But they are yet more astonished at our custom of Bleeding For say they, the Blood being the Taper of Life, we have more occasion to pour it in than take it out, considering that Life sinks when its Principal Cause is moved off"

LaHontan, writing in the early days of the Eighteenth Century then strikes a note that sounds suspiciously like the creed of the Twentieth Century, for, (and we can read it in his original French), he remarks

††† Vide II p 465 Voyages of LaHontan, (McClurg edition), Vol.

"I remember, that in a Conference I had one Day with a Savage, the Barbarian said with a good deal of Sense, That good Air, good Water, and Contentment of Mind could not indeed keep a Man's Life from coming to an end, but at least it must be owned, that these Advantages contribute in a great measure to make a Man run through the Course of his Life without being sensible of any Disorder or Inconveniency They make a jest of the Impatience of Europeans, who would be cured as soon as they are

"They allege that our Fear of Death occasion'd by the least Fever, does so inflame and fortify the disease, that sometimes we fall a Sacrifice to Fear itself, whereas if we looked upon our Illnesses as a Triffle as well as Death, and kept our Bed with Patience and a good Heart, without offering Violence to Nature, by cramming down Drugs and Medicines, the good old Dame would not fail to comfort and Refresh us by degrees"

LaHontan lustily prodded what he thought the foibles of religion and he pilloried medical follies to such an extent that he was boycotted by both church and physician, and yet his book, published in England, in 1709, had such a remarkable sale that it became the world's first best seller People read it and gasped at its audacity, but it tickled their common sense Medication by drugs, however, still prevailed, and men continued to pulverize rubies and mummy meat, notwithstanding LaHontan's observations

Only in this more enlightened era does the layman unite with ${f the}$ physician in attempting to follow the advice given this remarkable man .who wandered naked natives and among came forth with what appeared to be theologic and medical heresy

MEDICINE IN NEW YORK FOLKLORE

HAROLD W THOMPSON, PH D, Ithaca, New York*

THE late Will Rogers never said a truer word I than when he declared that "we are all 1gnorant—we're just ignorant about different things" It will hardly be necessary to say that this paper is written out of a "facetious and rejoicing ignorance" of medical science by a grateful patient who happens to be a student of folklore and literature in New York State short time you are asked to forget the facts that a Garrison or a Sigerist might present, and to listen to a plain account of how the Yorker has gone about curing his ailments without benefit of physicians Some of the materials will be drawn from old memorandum books and clippings pre-

Presented, by invitation, at the 140th Annual Meeting of the Medical Society of the State of New York Section on History of Medicine, May 2, 1946 * Deceased.

served in historical archives, but most of these alleged cures are from oral tradition collected with the aid of several hundred students and friends at the Albany State College and Cornell Uni-Lest anyone try to follow my recipes, let me adopt the warning of an eighteenth century memorandum book now owned in Chautauqua After giving a Negro Caesar's cure for poison, as practiced in Dutchess County, the writer says "If the patient find no alteration after the third dose, 'tis a sign that he has either not been poisoned at all, or that he has been poisoned with such poison as Caesar's remedy will not cure "

As might be expected, our people have cherished herbals or "yarb remedies"-sometimes those brought from the old country, sometimes those learned from the Indians or from experiment. Occasionally, you find the pseudoscience known to folklorists as "signatures," based upon the theory that plants bear a sign of shape, color, or name which indicates what illness they may cure, for example a yellow flower may cure joundice Similarly for dog bite you may apply a "hair of the dog that bites you"—though not in the pleasant sense that has become familiar in American bars. Such a cure from Long Island has for its base the pulverized jawbone of a dog, together with the dried and pulverized "false tongue of a newly foaled colt' and one scruple of verdigris.

The most amusing of folk-cures are not herbals or medications but have the element of the super natural or image. Often they depend upon sheer faith in a ritual sometimes they employ sacred words or invoke spirits frequently they employ what is called "sympathetic magic by transferring disease to an object which is thereupon lost deliberately or destroyed. The clearest way to illustrate all these types is to take up cures for several common allments that could hardly expect a physician's aid in remote farming districts or poverty-smitten slums.

As your memory of childhood might suggest the largest number of cures which we have collected are for warts, bane of children us were told that warts are caused by handling The commonest prescription is to steal a dishcloth from your mother (or a neighbor) then bury it, and wait for it to rot A poetic variant comes from an Italian family at Plattsburgh The patient was a lady whose husband led her under a pear tree in springtime With his right hand he pretended to pick off her warts, one by one, and put them in his left hand, which was clenched as if holding something Then he plucked from the pear tree an equal number of buds and put them into the same left fist. Leaving his wife, he buried the buds and the pretended warts near a railroad track where the wife was not likely to go As the buds rotted, the warts disappeared—all except one. It is possible that the husband, careless as husbands often are had made a mistake in counting the buds or the otherwise this cure might have been perfect

It will be seen that essentially this was a case of transfer or sympathetic magic. In our lore the itual and the objects vary considerably. Let me quote from my files

Face the front door at home. Bite a bean in two and rub it on each wart. Then throw the bean over the left shoulder and never look for it.

Make a crosswise sign with a bean on your wart then feed the bean to a rooster Make a little bag drop a white pebble in it for overy wart you have, and bring it at night to a crossroads without letting anyone see what you are doing

On the first Friday of every new moon, for three nights, look at the moon and repeat three times, 'What I see increase, what I feel, decrease."

Spit on a stone, then stir the saliva and repeat, What I see, decreases.' Then to s the stone aside

Many other objects are used for this wart magic, including bones, potatoes, straws, raw meat, Lernels of corn, pennies, and pieces of rope knotted as many times as you have warts. But it is time to mention a different magic technicthe selling of warts A gentleman whom I shall call Mr Brown was saving goodbye to a farmer at Esperance, New York, after a pleasant vacation Mr Brown jerked his hand away from the farmer's clasp explaining that he had warts that were sore. The farmer said "I will buy your warts I will pay you one cent apiece-it must be a separate coin for each wart. Then you go away and forget all about them, and in a short time they will go away too ' Mr Brown laughed and accepted the pennies Two weeks later he remembered the transaction, looked at his hand and found that the warts were gone A year or so later he noticed that one of the girls in his department at the General Electric Company's plant was putting dots of ink all over her hands She explained that she was doing this to cure her warts. Mr Brown made a search for thirty five pennies and bought her warts. A few weeks later the girl showed him that the cure was complete

The lady who told me this story observed that anyone who would believe in such a cure might well fear to get on his own hands the warts which he had bought. I have since been told of a method whereby you rub one penny on your warts and give it, perhaps in change, to a stranger, whereupon he gets the warts. A more elaborate version of the same shady trick is to get from a brook as many smooth white pebbles as you have warts, dip the pebbles in blood from the warts te them up prettily in a little box, and send them to a friend in a basket of fruit. The friend may think that the pebbles are for his fish-bowl until he finds that he has warts

That the mind may have some effect upon warts—to use a layman's phrase—is indicated by an incident told me by Dr Sigerist, the historian of medicine A physician of his acquaintance had as patient a boy who had a number of warts (some on his face) which would have been difficult to remove by clinical methods. The doctor told the boy that he intended to apply a new medicine which might sting a little but would probably be effective. The warts were painted with colored water, the boy wincing the while, and, soon after, the warts disappeared

Next to cures for warts, perhaps the second largest list is for colds, chills, tonsilitis, sore For colds I have had recommended three throat tablespoons of asafetida in one quart of whiskey, the dose is one tablespoon for a child and a wide ontion for adults Sometimes asafetida is eaten. sometimes it is worn around the neck. Teas are made of blooming mullein, sage and catnip, red seeds of sumach sweetened with honey or sugar, horehound, and hot ginger Still another recipe calls for tea of basswood flowers to which has been added hot rum or whisky-or both calls for a lemon boiled in a cup of water to a pulp, this to be consumed before breakfast for three days For a gargle, salt and vinegar are recommended, sometimes together This would be pleasanter than taking skunk-grease by the teaspoon, as one of my pupils from Morris Plains. New Jersey did

For sore throat there is the good old goosegrease which my mother used Others prefer turpentine and lard, or camphor and lard, or goat-My sister wore amber beads to prevent tallow sore throat A recommended gargle is made from the inner bark of an oak tree Various poultices are made for the throat from flaxseed, or bacon dipped in vinegar, or fat pork under flannelsometimes sprinkled with pepper, or from tomatoes, or fried onions, or butter and pepper The mildest medicine is beaten white of egg with lemon juice and sugar Almost all country children have heard of wearing a dirty sock around the neck, though one polite girl recommended a clean white stocking Jewish mothers swab the throat with rose-honey

Cures for asthma are not so numerous, but I mention one from Schenectady which probably comes from the days when that good town was the center of a colonial fur-trade. This calls for a muskrat skin with the fur turned toward the body over the lungs. A magic cure bids you nail a lock of the patient's hair to a beech tree, the tree will die but the asthma will go away.

For nosebleed I was taught to put a cold key at the back of my neck. A clear example of sympathetic magic calls for letting a few drops of blood fall on a stone—then replace the stone where it was found A recipe from Clinton County recommends letting the drops fall on a wedge of wood which is driven into a hole in the wall "Then go away and forget the whole thing" A sort of "signature" cure calls for wearing a red string around the throat

For cuts the folk use cobwebs to start coagulation, sometimes the cobwebs from a sooty chimney are preferred. For a cut caused by a rusty nail, salt pork (sometimes rubbed in pepper) is applied. I have also heard of putting a piece of silver money on the cut, or of scraping sole-

leather on it A magic cure recommends smearing an axe with blood, then putting the axe under dripping eaves From a German immigrant family comes the ritual of moistening the thumb with saliva, then rubbing it around the cut in a semicircle—one way and then another—all in the name of the Blessed Trinity

For diseases of childhood we have collected many cures, some rather repulsive For croup amber beads are recommended again, or five strands of black thread around the neck, or one black satin thread For whooping cough the most picturesque ritual came over from Ireland to York State, and it calls for two men and a donkey beside the patient The men, with the donkey between them, pass the child over the donkey's back and under its belly without letting the patient touch the ground This is probably as effective as a method reported as coming from Wales vou take the afflicted child for a walk over one bridge and return by way of another student tells me that the proper way is to have the child walk across a bridge three times, another cautions me not to walk on a bridge over a river but to take the patient over some other body of (Lovers of Tam o' Shanter will recognize here a relic of the old belief that evil spirits cannot cross a running stream) Any of these cures for whooping cough are pleasanter than an English-American recipe of roast mouse for the afflicted child Perhaps I should add that I have heard of a college graduate not far from Albany who has her baby wear its underwear inside out to prevent whooping cough entirely

For colic a few drops of peppermint on a teaspoon of sugar sounds like a mild recipe, but other cures are not so attractive Put a spoonful of soot in a cloth and pour three tablespoonsful of hot water over it, let it steep, then give baby a tablespoonful every hour Or have the mother chew carraway seeds and blow her breath into the baby's face Or have Papa blow tobacco smoke in a spoonful of milk For convulsions a French recipe of our Northern Border calls for pulling off the shirt of the victim, turning it inside out, and burning the garment For worms an Italian recipe from Monroe County suggests that the grandmother pretend to cut the worms with a pair of scissors held above the baby's stomach Grandma "murmurs sayings"—whatever that means—then spits on the scissors and throws them into a corner In Otsego County a bag of tansy is hung around the neck to dry up the A Slovak-American remedy is made by worms cooking milk, wormseed, onion, and garlic (Wormseed is an example of signature)

For teething, Job's tears are worn around the neck to prevent the baby's tears—another example of signature, but the baby does profit by something on which to gnaw Rubbing the gums with a silver thimble is also recommended Some of the practices remind us of frontier days, for example, putting a rattlesnake's rattle in a tobaceo bag hung around the child's neck, or letting him chew on cartndges—which must be from a six-shooter, or rubbing the gums with the brains of a freshly killed rubbit

Measles are "brought out" by rubbing the patient down with warmed vinegar in which garlie has been boiled. (The source of the recipe is Jewish.) For mumps a lump of fat salt pork may be tied around the neck.

To get back to the adults now—I wonder why a horse chestnut or buckeye carried in the pocket, or sometimes on a string around the neck, is supposed to ward off rheumatism That is probably as sensible as the "Canuck" method on our border of carrying a potato until it is hard and dry, when the rheumatism will have gone Out in Wayne County the pioneers recommended wearing the skin of an eel around the waist.

For sore eyes washes are made from the root of wild roses, or from mashed mulberry leaves, or from rainwater and sugar, or—in the case of a baby—from just plain milk. There is a belief that wearing rubbers in the house weakens the eyes, and that piercing the ears strengthens the eyes. If a friend thinks that a stye is coming on his lid, just startle him and the stye will not come. Or rub the stye with a cat's tail if you can find a quiet cat. If this doesn't work, go to the first corner and repeat—

Stye, stye, go off my eye

And take the first that passes by

Of course, you must be careful not to be the first to pass that corner thereafter, or you will get the stye back. If a stye has just started, rub

turpentine on it

If you have a headache, you might let a friend blow smoke into your ear, or carry rattlesnake rattles in your hat, or wear earnings, or a red bandana. Some people think that letting the hair grow long is beneficial—a nice trick if you can do it. Others suggest that the patient have a bowl put on his head, the hair cut around the bowl, and the hair promptly burned One of my students says that her mother always feeds her the meat of a peachstone for headache or indigestion "and it has never failed."

Perhaps it is in the realm of preventive medicine that the incredibly numerous tales of prenatal influence belong. We have all heard about the mother who longed for strawbernes and marked her child with a strawberry mark on his neck. It is told of one such child in Ithaca that in strawberry season his "little batch of straw berries always turn red and the little black spots stand out on them." Expectant mothers are also told not to become too much attached to animals or play with them. One of my graduate students was told of a neighbor who was so devoted to her dog during pregnancy that her child, when it came, had a dog on its stomach She was also told of another woman who played with a monkey, who used to sit in her lap and wrap its tail around her neck. Each of this woman's twins had a monkey's tail wrapped around its neck, and the husband was so angry that he shot the family

Out at Niagara Falls, seventy years ago or more, a pregnant mother was knocked down by a Some of her neighbors alleged that her child had a head like that of a pig, and that he was fed from a silver trough I have had the same story from Vermont, so I am not boasting about the case at Niagara Falls. Some pregnant women, if alarmed or shocked, will put their hands to their thighs rather than to the face, so that if a birthmark appears on the child, it will be in an inconspicuous place I have been told of one careless mother near Canajoharie who. longing for a ham sandwich, put her hand to her forehead. Her son had the birthmark of a ham sandwich on his forehead, a mark which did not disappear until his forehead was injured in an accident.

There is time left for only a brief mention of the widespread belief in the Evil Eye victims are usually children Some of you have seen on the petticoats of the children of Italian immigrants little pointed objects in the shape of a horned moon or a spread-tailed fish-charms against this dreaded affliction. If the child's headache becomes severe, someone is summoned who knows the ritual of bowl and olive-oil which determines whether this is a case of the Evil Eye and what cure is to be applied Fortunately the child nearly always recovers—as we all have done under the more scientific care of such gentlemen as are attending this convention. We all have some things about which we do not jest. happens that I do not jest about religion or my two grandsons or doctors. So I shall not end with a joke but with the blessing which the Dutch of New York State used to say to their friends on New Year's Day

Long may you live, Much may you give, Happy may you die, And inherit the Kingdom of Heaven bye and

^{&#}x27;If Teacher amokes a cigarette, she soon will lose her job, you bet. And let her try to powder her nose, or take an interest in beaus, or waste her time at movie shows, by the Old Harry out she goes.

We ain t had a teacher since back last May For some strange reasons, they just won t stay — New York Times Magazine Section, Sunday, March 2 1947

Special Article

IS GENERAL PRACTICE BECOMING A SPECIALTY?

Homer L Nelms, M D, Albany, New York

IN CASTING about for the subject of this vice-presidential address my first impulse was to follow the routine and conventional custom and speak on a purely medical subject have been relatively easy to review the literature and make a further report on a collected clinical series or detail some of the newer observations in medicine made in the course of a busy practice However, having resisted the temptation to be conventional and risking the hazards incident to pioneer thinking, I address myself to a problem that is destined to loom larger and larger with the present trend of medical practice the question—"Is General Practice Becoming a Specialty?"—or, as a corollary, "Should General Practice Become a Specialty?" This question is of extreme importance from a scientific and eco-I propose to discuss it from nomic standpoint In doing so I draw on some of the both angles observations made during the past eighteen years when I served as your secretary and was intimately associated with the problems of organized medicine

All will agree that in our efforts to understand and interpret physiologic and disease processes it is not possible from a modern scientific standpoint, paraphrasing a Biblical expression, for one man to be all things to all men that he might by all means save some The phenomenal advances in medicine and the related sciences during the past forty years have been so rapid and so farreaching that specialization was inevitable and, in my opinion, has become a necessity primarily, but not necessarily alone, from this group that we must look for further progress in our conquest of disease In raising the question, then, my purpose is not to detract nor minimize the importance of the specialist or the specialties in the broader field of medical practice. I do. however, wish to lay new emphasis on the importance of the general practitioner and the unique place he holds in the over-all medical care of our people He is indeed the public's first line of defense against disease and the profession's last stand against the growing inroads of the cults

Time was when the family doctor was the first to be consulted in any illness He was a kindly man familiar with the history of the entire household With limited clinical facilities, he too

Vice-presidential address delivered before the Medical Society of the County of Albany, September 25, 1946 often was forced, and, occasionally, content merely to take care of the patient and let nature take care of the diseases. A combination of physician and priest—Father Confessor of all creeds. We glorify his memory but shall attempt to expand his usefulness and not make him wait until he reaches the next world to receive his just reward.

One cannot consider this question without first considering the general practitioner himself and here I am not thinking primarily of the intellectual or physical loafer who having received his medical degrees considers his education complete and settles back to the false security of a mere pill peddler. Such men are in reality glorified clinical clerks and worthy of little recognition either from the profession or the public

I have in mind the educated man armed with a college degree, trained in the basic sciences, and able to use his five senses The resourceful individual who, having entered the profession of medicine, accepts the challenge and responsibility of general practice with the same enthusiasm and anticipation of equivalent returns that comes to the recognized specialists in other fields He attends postgraduate lectures, reads his medical journals, attends what meetings he can, studies his obscure cases, learns to differentiate between trivial and serious complaints, promptly recognizes his own limitations, and draws upon his own wealth of experience to either cure or direct the patient without delay to more competent hands Such a man would be a success in any specialty for he practices the broadest specialty in medicine, that of general practice I maintain that this man is also a specialist in his own right in this particular and difficult field of practice Should an examining board be created, as in other specialties, and examinations properly conducted, only the best could qualify and having done so he should take his rightful place in public and professional prestige and fees with other recognized specialists Such a concept calls for some refinement and improvement, particularly in the field of diagnosis but, remember, other specialties were also crude in their beginning

In reviewing present trends in practice and indugling in the necessity of projecting ourselves into the future, we must sooner or later come upon this problem. Is general practice also becoming a specialty? In attempting to answer

this question, we are immediately faced with a series of professional trends which have a very distinct and important bearing on the problem The first of these, and one of the most important. is the growing tendency of patients to seek the services of specialists directly By common knowledge they think they know the best derma tologist, the best surgeon, or the best eye man and when in need of such obvious services they con suit these recognized specialists directly and thus bypass the general practitioner or the family physician for this particular difficulty larger sense such practice is not the best that scientific medicine offers, for the particular com plaint may be only a minor manifestation of a more fundamental ailment that only a careful and complete history and physical examination can disclose. Every specialist feels better when the patients are carefully studied before they get to him and some have even gone so far as to refuse to see new patients until they have been carefully studied. Nevertheless, the tendency to bypass the general practitioner is growing

The second important factor is the tendency of recent graduates to enter the so-called specialtics directly upon completion of their training and often without a firm background in general medicine. In this same connection we must consider the problem of the returned veterans who are no longer content with the poor pay longer and ir regular hours in practice, and lesser prestige afforded the general practitioner. They are seeking to get into a specialty where fees are more lucrative and calls by appointments only are the accepted practice, thereby making better working

If you have any misgivings about the question under discussion, consider the plight of the public and, yes, of the profession itself if every medical graduate were to exercise his prerogative meet all the qualifications of the specialty of his choice, and limit his professional activities to one field alone. This practice carried to its ultimate conclusion would work havor with the profession and the public for that intimate contact between physician and patient would be lost, patients especially for the functional disorders, would flock to those cults which already exist and new

conditions for the doctor

specialists.

This tendency toward specialisation can be expected to grow in the future as it has in the past Witness for instance, the field of general surgery and contrast it today with that of fifty years ago Today we have the brain surgeon, the eye surgeon, the nose and threat surgeon the thoracic

ones which would come In this same connection

it is interesting to note that the Committee on the

Cost of Medical Care has estimated that not more

than 18 per cent of the medical profession need be

surgeon, the abdominal surgeon, the gynecologist, the genitournary surgeon, the traumatic surgeon, and the end is not yet in view. In the field of general medicine, we have the cardiologist, the neurologist, the demanding the content of the demanding the end is not yet for we have the diabetto special ist, the rheumatic specialist to mention only two and there are more to come

While such an array speaks well for the ad vancement of medicine, and I would not have it otherwise. I think it should also emphasize the utter helplessness of these specialists when out of their respective fields and should give new dignity and prestige to the general practitioner and the general surgeon for their competence in the most necessary but difficult field of medical practice It is common knowledge that 85 per cent of hu man ills could be adequately cared for by a competent general practitioner but the present trend away from him is becoming so great that he himself will soon stand out in bold relief as a specialist in general practice. We are all familiar with the patients who have travelled from specialist to specialist to specialist, only to find ultimate relief and solace at the hands of competent and under standing general practitioners.

To maintain a practical working knowledge in these respective fields, whether as a practitioner of general medicine or general surgery, is an intel lectual and professional triumph and worthy of the term "specialist" in its own right Smaller and isolated communities must have most of these requirements wrapped up in one pair of hands and one set of brains and the resourceful soil who can do most of them well, maintaining a favorable morbidity and mortality rate, is worthy of our most venerable admiration.

One does not go far along this line of thought until he encounters the question of fees and this is especially true where insurance is involved whether it be workmen's compensation or medical expense indemnity insurance or any type of prepayment medical plan. Most of them start with the minimum fee for the general practitioner and a maximum for the specialist despite the fact that the ordinary course of the disease may be the same in one hand as another. To mention only one illustration, the Army has demonstrated that the average case of gonorrhea can be cured within forty-eight to seventy two hours with adequate penicillin medication One cannot be blamed for asking the question why one man should receive a larger fee than another both using the same drug and the same technic in uncomplicated cases An appendectomy, even without complications, is listed at \$100 but acute coronaries and pneumonia, far more hazardous and timeconsuming for the doctor still seem to ment only

\$3 00 a call Such inequities must be corrected if general practice is to survive and attract the best minds in medicine

To the competent general practitioner who elects to stay in this field or the prospective graduate who is shaping his career, the future is not without hope In 1936 the South Carolina Medical Society created a Section on General Practice Ten other state societies have since done likewise, and in 1946 the American Medical Association for the first time conducted a Section on General Practice In September of 1946 one of our leading publishers mailed its first issue of a new monthly called The American Practitioner manned by an editorial board consisting of the best minds in American medicine The question of certification of the general practitioner as a specialist can be expected to receive increased consideration The New York Times in an editorial on February 9, urged that general practice be made a specialty All these happenings would seem to point in the direction that general practice as now constituted is in itself a growing specialty which has not received its full recognition either from the profession or the public Competent practitioners as a group can be expected to organize, hold their scientific meetings, press for increased recognition in state and national associations and demand fees commensurate with their ability as have other specialties The wise medical school will find a place on its faculty, and the progressive general hospital will not over-look the ability and intellectual integrity of this group in making up their staff all, let us make sure that only the competent qualify

In conclusion, I would say that the general practitioner is a scientific and economic necessity in the makeup of medical practice as now constituted. He should not be discriminated against either in fees, or in prestige, or in hospital privileges, but should receive adequate recognition with the specialist for his competence and ability in this the most important and difficult field of medical practice. The responsibility for this recognition rests primarily with the profession itself to convince the public of the importance and absolute necessity of the general practitioner in the over-all medical care of our people so that he will no longer be the forgotten man of medical

Where is one of us who, if he were sent to one of the "Islands of the Sea" and provided with the services of just one physician, would not feel more secure against the hazards of disease in the hands of a competent general practicationer than that of any other group in the professional field?

To the general practitioner I would say that you have a field of medicine particularly your Accept its responsibilities without exploiting its opportunities You are the public's first and last line of defense against disease group that can save the public and the profession against the insiduous and growing inroads of the Medicine's final answer to the threat of bureaucratic medicine whether it be initiated by a governmental unit or any other high-sounding well-meaning, but misdirected voluntary group The future destiny of medicine is in your hands You, of all others, can give medicine its true balance wheel It is our responsibility that we help you in these objectives

SOCIAL PSYCHIATRY IN THE TREATMENT OF NEUROSYPHILIS BY INDUCED MALARIA

Applied social psychiatry is an essential procedure in achieving effective treatment of neurosyphilis Knowledge that the disease is venereal creates an emotional disturbance both in the patient and in his family which may give rise to a superadded neurosis in the patient and a neurotic breakdown in the family Education and reassurance by the doctor can prevent these complications and obtain increased cooperation in treatment

The physician must accept responsibility for the

treatment of disease and likewise must recognize and control adverse external circumstances Retraining and 10b placement are important elements in the plan of therapy

The best results are obtained by close cooperation between the physician and a trained medico-social worker. The criterion of successful therapy is the degree of satisfactory functioning of the patient in society—Whalen, M, and Bree, M. H. The Lancet, October 5, 1946.

"DOCTOR JONES" SAYS-

In the past thirty years public health has been running neck and neck with medicine in the way it's developed and unfolded. Today it's a specialized, scientific field and a broad one. It's no longer a part-time job but one that calls for years of special preparation. The trained, full-time health officer of

today, because he knows his stuff, when he does things has a reason for 'em and knows the results to expect

As the fellow said when he ran over the cat the results speak for themselves —Paul P Brooks, M D, in Health News, February 10, 1947

ADDITIONAL ANNUAL REPORTS

MEDICAL SOCIETY OF THE STATE OF NEW YORK

1946-1947

Report of the Treasurer

To the House of Delegates Gentlemen.

The accompanying letter of transmittal and excerpts are taken from the report of the firm of Hackaling & Oberkirch, certified public accountants, who examined the books of the Society for the year 1946.

There are several facts of the report to which I would like to call your particular attention. You will note that operating expenses have been greater than income and this is the first time that this has occurred in many years and although the amount is not alarming (\$473.25) nevertheless, the trend is significant. Most of the departments and bureaus are operating at increasing costs which are, in the main, caused by an increase in the direct service to your members.

The cost of printing, paper and handling charges relative to the JOHNAL show an increase over the previous year of \$10 567 30 and judging by present economic trends we will be faced with additional future costs during this and succeeding years.

It is interesting to note that during the year 1946 remission of dues on account of service with the armed forces was granted to 4,476 members. This figure is 42 more members who were granted remissions for the year 1946 than for the year 1946. Attention of this House is called to the fact that these remissions will continue for at least another year for by action of the House of Delegates remissions were granted for the duration or time of service with the armed forces plus one year and the balance of the succeeding fiscal year. This represents a loss in income of \$44,760 in 1947.

At this time the cost of the new Directory cannot be foretold accurately However in order to give the members some idea of increasing costs which have occurred during the past year I would quote from the report of my predocessor Dr Kirby Dwight In his report to the House of Delegates dated March 22 1946 he stated, We are at work now on the Directory which will cost at least \$24 000 before we are finished. I quote this passage from Dr Dwight's report only for the purpose of emphasizing what I have said about the increasing costs.

It is my prediction that the 1947 Directory will cost the Society approximately \$40 000

I cannot alose my report without expressing due thanks and appreciation to all members of the staff of the Medical Society of the State of New York with whom I have come in contact for their helpful, willing cooperation at all times.

Respectfully submitted,

JAMES R. REULING M.D., Treasurer

March 28 1947

Auditors Statement

We have completed an examination of the Balance Sheet of the Medical Society of the State of New York as of December 31 1946 and the Statements of Income and Surplus for the year ended that date, and have reviewed the system of internal control and the accounting procedures of the Society and, without making a detailed audit of transaction, have examined or tested accounting records of the Society and other supporting evidence by methods and to the extent we deemed appropriate Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances and included all procedures which we considered necessary

We did not confirm the unpaid members' dues by correspondence with the members.

In our opinion, the accompanying Balance Sheet and related Statements of Income and Surplus present fairly the position of the Medical Society of the State of New York at December 31 1946 and the results of its operations for the year ended that date in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year

Respectfully submitted
HACKELING AND OBERGERCH

March 6 1947

Balance Sheet—December 31, 1946

ASSETS		
GENERAL FUND		
Current Assets		
Cash in Banks and on hand Accounts Receivable	\$ 6,225 64	\$ 79,403 49
Less Reserve for Doubtful Accounts	948 75	5,276 89
Advances to Veterans Medical Service Plan of New York, Inc 1946 Dues Receivable—Net, estimated Securities—	_	18,234 60 5,650 00
At Cost (Market or Redemption Value \$470,411 31)		433,171 53
Accrued Interest Receivable Inventory of Paper Stock—JOURNAL and Directory		9,549 04 12,051 73
		\$563,337 28
Other Assets		
Advance Costs—1947 Medical Directory	\$31,472 82	
Prepaid Expenses Deposits—Postage, etc	3,380 33 783 59	
1941–1942 Medical Directories on Hand	148 52	35,785 26
FURNITURE AND FIXTURES—at Nominal Value		2 00
		\$599,124 54
ENDOWMENT FUNDS		
Cash in Bank		\$ 11,347 77
TOTAL ASSETS		\$610,472 31
LIABILITIES AND CAPITAL		
GENERAL FUND		
CURRENT LIABILITIES		
Accounts Payable	\$ 8,143 45	
Commissions Payable—Journal and Directory Advertising Sales Taxes Payable	8,409 39 958 17	\$ 17,511 01
Deferred Income •		
Prepaid 1947 Medical Directory—Advertising and Circulation Prepaid JOURNAL Advertising and Circulation	\$17,528 31	
Prepaid 1947 Membership Dues	2,054 53 5,600 00	25,182 84
Reserve for Future Annual Meetings		11,630 88
CAPITAL—General Fund Surplus (page 880)		544,799 81
		\$599,124 54
ENDOWMENT FUNDS		
ACCOUNTS PAYABLE		\$ 75 00
Capital		
Lucien Howe Prize Fund Merritt H Cash Prize Fund		4,846 19
A Walter Suiter Lectureship Fund		1,929 36 4,497 22
		\$ 11,347 77
TOTAL LIABILITIES AND CAPITAL		\$610,472 31

CASH IN BANKS AND ON HAND

December 81 1946			
CHECKING ACCOUNTS	General Funds	Investment Funds	Total
Guaranty Trust Company National City Bank of New York The Chase National Bank	\$21 588 0 10 993 5 3 996 1	5	\$21 588 01 10 993 55 14,807 30
	\$36 577 7	1 \$10,811 18	\$47 888 86
SAVINGS ACCOUNT Various Savings Banks—Journal Reserve Funds Various Savings Banks	\$30 974 3	37 8 240 26	\$30 974 37 240 26
	\$30 974 8	7 \$ 240 20	\$31 214 63
PETTY CASH FUNDS-OFFICE	\$ 800 0	0	800 00
TOTAL	\$68,852 (8 \$11,051 41	\$79,403 49
ENDOWMENT FUN	DS		
Lucien Howe Prize Fund Merritt H. Cash Prize Fund A. Walter Suiter Lectureship Fund			Union Dime Savings Bank \$ 4 871 19 1 929 36 4,547 22
·			\$11,347 77
SECURITIES			
The investments of the Society (General Fund) may be sum	marized as folk	OW 28	At Cost
Bonds and Mortgages Stocks			\$294,378 17 188 798 86
TOTAL			\$433,171 53
All of these securities are in the possession of the Chase Nati the Medical Society of the State of New York.	ional Bank as (Custodian for ti	he Trustees of
CONDENSED STATEMENT OF OPERATING INCOME ENDED DECEMBER 8	E AND EXP. 1 1946	ENSES FOR	THE YEAR
OPERATING INCOME Members' Dues—Year 1946 Less Reserve	\$154 800 00 5 170 00		
Loss allocation to JOURNAL Circulation Income as author	\$149 630 00		
ized by the Board of Trustees	18,690 00		
Arrears	\$130 940 00 1 783 00	132 723 00	
Net Operating Income from JOURNAL Plus allocation of Dues	\$ 25 102 64 18,690 00	48 792 64	\$176,515 64
OPERATING EXPENSES Administrative New York Office Public Relations Bureau Animal Experimentation Campaign—Not Legislative Bureau—Albany Office 1941-1942 Directories—Not Counsel—Retainer and Expenses Planning Expenses Planning Committee for Medical Policies Workmen's Compensation Bureau Bureau of Medical Care Insurance Belentific Activities Booklet—Group Plan of Malpractice Defense and Insurance		\$ 45 979 85 25 007 47 2 845 46 16 886 15 3 52 14 406 72 20 359 22 617 15 17 604 40 12 202 56 17 766 52 803 42	
District Branches Excess of Operating Expenses over Income		2,526 89	177 188 89 \$ 673 25

ANALYSIS OF FINANCIAL INCOME, EXPENSE, AND CAPITAL FOR THE YEAR ENDED **DECEMBER 31, 1946**

			
General Fund \$538,398 90	Lucien Howe Prize Fund \$4,637 20	Merritt H Cash Prize Fund \$1,932 17	A W Suiter Lecture- ship Fund \$4,403 03
459 99 12,245 26 1,366 46	45 72 13 27 150 00	12 10 8 84 76 25	67 53
,			76 66
\$552,470 61	\$4,846 19	\$2,029 36	\$4,547 22
\$ 673 25 657 55		100.00	*** ***
6,340 00		100 00	50 00
\$ 7,670 80		\$ 100 00	\$ 50 00
<u>\$544,799 81</u>	\$4,846 19	\$1,929 36	<u>\$4,497_22</u>
	Fund \$538,398 90 459 99 12,245 26 1,366 46 \$552,470 61 \$673 25 657 55 6,340 00 \$7,670 80	General Fund Fund S538,398 90 \$4,637 20 459 99 45 72 12,245 26 13 27 1,366 46 150 00 \$5552,470 61 \$4,846 19 \$673 25 657 55 6,340 00 \$7,670 80	General Fund Howe Fund H Cash Prize Fund \$538,398 90 \$4,637 20 \$1,932 17 459 99 45 72 12 10 12,245 26 13 27 8 84 1,366 46 150 00 76 25 \$552,470 61 \$4,846 19 \$2,029 36 \$657 55 657 55 6,340 00 \$100 00 \$7,670 80 \$100 00

Report of the Council

PART VI

Medical Service and Public Relations

The Council Committee on Medical Service and Public Relations has the following membership

Harry Aranow, M D , Chairman, Bronx Walter W Mott, M D , White Plains Leo F Simpson, M D , Rochester

During the past year your Committee has been primarily interested in the activities of the Council on Medical Service of the American Medical Association, and in cooperating with that body

The Chairman and other representatives of our Society attended meetings of the Middle Atlantic States Conference of the American Medical Associa-

tion Council on Medical Service in Philadelphia last May and December At these meetings, men from the several states and representatives of the American Medical Association discussed such topics as medical expense indemnity insurance and medical care plans, the Murray-Wagner-Dingell Bill and the Hill-Burton law, "home town" medical service for veterans, and proposed medical service for bituminous coal miners

The results of these conferences were reported to the Council of the Medical Society of the State of New York, and have helped guide our

policies

Report of the Council

PART IX-Supplementary Report on Legislation

To the House of Delegates Gentlemen

The Council Committee on Legislation respectfully submits the following report

This report is prepared to conform to resolutions of the House of Delegates at annual meetings in October 1945 and April 1946. The elimination of illegal practice by members of cults has been a matter of discussion before the House of Delegates for many years in succession. Many suggestions have been made in regard to amendments to the law which

were thought would be an aid in the elimination of cult practice. In April, 1045, the Council voted to set up a special committee of the Council to study the question of medical practice in the State of New York and to report back to the Council with regard to a program on this matter for 1945 to 1946 special committee became known as the Special Committee to Study the Question of Medical Prac

tice in the State of New York, or in short the Medi-

cal Practice Committee.

The Medical Practice Committee held a number of meetings in the summer and fall of 1045 The report of this special committee was made to the House of Delegates at its annual meeting in October, 1945 The House of Delegates accepted this report after a lengthy discussion of the many questions submitted in the report. At that time the motion, 'that the information which has been collected by this special committee be edited and published in the JOURNAL for the information of every member of the Society"
was carried At the meeting of the House of Delestates in April, 1946 a recommendation was made
"that the Council and the Executive Officer of the Society should study all proposed legislation which aims at the elimination of cult practice. An amend ment was also made to add, and that a report be presented to the House of Delegates at its next annual meeting. A substitute motion for the orig inal and the amondment was also made and this motion was to refer this matter to the Council "for The motion to refer the such action as it sees fit. matter to the Council for such disposition as was seen fit, was carried.

At its meeting in June 1948 the Council voted that this matter of a study of all proposed legislation which aims at the elimination of cult practice be referred to the Legislative Committee or one of its sub-committees. The purpose of this article, then, is to present the results of this study by the Legislative Committee and the study of the Special Committee to study the Question of Medical Practice in the State of New York, both for publication and for presentation at the next annual meeting of the House of Delearies.

of Delegates.

Your committee has made a study of this matter we have not only examined proposed legislation, but have sought out and listened to everyone who might have something to contribute, we have tried to ob-tain statistical evidence for the points of view ex pressed. In this respect we have been successful in some instances, although in other cases we have been unable to obtain factual corroboration of opinion A great deal of consideration has been given to the question whether or not New 1 ork State should or should not have a basic science law. This question has come up at each annual meeting of the House of

Delegates for a great many years.

In this report we decided to begin with the question of the desirability of a basic science law for New

York State, as this has been discussed and em phasized more than any other proposal for legislation It was thought that we should begin with an examination of the phrase, "basic sciences." This term is usually understood to include the subjects of anatomy physiology, chemistry bacteriology and pathology—in other words, the elementary and fundamental sciences upon which all healing is based. Thus, a basic science law is a law which would require any applicant desirous of practicing any branch of the healing arts to pass a uniform examination in the basic sciences this requirement to be fulfilled prior to the admission of the candidates to professional examination and licensure. establishing a basic science law or examination are usually presented to state legislatures with the reasoning that the provisions in such a law would set the standards of knowledge in the basic sciences for all the healing arts and such knowledge should be possessed by all applicants who would hold them selves out for the practice of the healing arts. Legisstative power thus exercised is regarded as an exten-sion of the police power of the state in the field of public health as a protection to the public. In states having multiple examining boards for various schools of practice and where a number of the cults were also licensed, such protection of the public was considered necessary as there was no uniform standard in those states being maintained by the multiple examining boards. The high standards that may be set by the examining board for the practice of medicine may not be equaled by another board licensing another school of practice or cult in fact, there were evidences in states where an applicant who was not thoroughly grounded in the basic sciences could obtain a license for the practice of the healing arts. Efforts made to bring the examinations of the various boards up to proper standards were of no avail. As a matter of protection to the public it was thought advisable in such states to have a common examination which all applicants who desired to practice any form of the healing arts should be required to pass. On passing this common examination the candidate for a license would receive a certificate known as the basic science certificate which he would be required to present to the board before which he appeared for examination and licensure It should be emphasized that the primary purpose of the basic science law in those states with multiple examining boards was to insure that all candidates for licensure had proper training in the basic sciences.

It has been found in some states, however that this law setting up the requirement for a basic science certificate could be used to advantage in eliminating illegal practitioners. It was found that convictions could be obtained under the penal code if the illegal practitioner had not complied with the law requiring a basic science certificate. It should be emphasized, however that this is a secondary matter under the basic science law and not the primary object of this law

There is no need for such a law in New York State for the purpose of protecting the public in connection with those who are legally licensed for practicing the healing arts. In New York State our prerequisites for medical licensure are as high, if not higher than in any other state in the country All applicants must pass examinations not only in the bane sciences

listed above but also in diagnosis, surgery, obstetrics, gynecology, and in hygiene All applicants for licensure for the practice of the healing arts in New York State take and must pass the same examina-tion Therefore, in New York State there is no need for such a law for the protection of the public in connection with those who are to obtain a license for the practice of the healing arts. It must be recognized, however, that there are a number of cultists practicing in New York State who are not licensed or have no legal standing for their practice. It is estimated that there is approximately one chiropractor for every fourteen physicians in New York State For the most part they practice quite openly, using name plates on their doors and advertisements in the classified section of telephone books We, as members of the medical profession, have always realized that these "healers" should not be permitted to treat gullible individuals who are unable to discriminate between genuine and meretricious med-But the ways and means to achieve this end have not always been clear, since the legislative safeguards of the public health which we already have must not be weakened

Some years ago Louis Reed, Ph D, 2 made an able study of the cults As he points out, "medical sects are not a new phenomenon" Ever since medicine evolved from the guessing state into an exact and authoritative science, it has been beset by healing cults of one variety or another On the basis of different ideas in therapy or cause of disease, such schools of practice as the homeopaths, the eclectics, the physiomedicalists, and osteopaths developed "Today these groups for all practical purposes no longer exist. The practitioners who composed them longer exist gradually abjured sectarian doctrines and, when there were no longer any real differences between them and 'regular' physicians, were absorbed into the general body of the medical profession" It is obvious, then, that where the various schools of practice have accepted the scientific developments in regard to the basic sciences, they have come to the same point and united Those schools of practice or cults which have not progressed with science or accepted such viewpoints usually die out in a matter of years Why, then, are cults such a problem? Dr Reed's

comments on this subject follow

"The problems contingent upon the existence of healing cults are important, despite the fact that they are not new In the first place, life and health at times depend upon the science and art of medicine and those who practice it. It is imperative, therefore, that those who treat disease should be schooled in the established facts of medical science, and be reasonably well trained and competent in the art of medicine It is a serious matter when persons not properly trained in the medical sciences are permitted to practice existence of such individuals lowers the quality of medical care available to the public and constitutes a distinct menace to its health"

Cults have always existed in all nations, in all countries As old ones died out, new cults developed The cult groups at the turn of the century are today replaced by other groups holding different theories as to the cause of disease and method of therapy largest group of cultasts in the United States is the practitioners of chiropractic (estimated at 30,000) who believe that all diseases and illnesses are due to nerve interference, caused by subluxations of the vertebral column and that by "adjusting" these vertebrae the patient will be restored to health The

educational standards of the chiropractors and other smaller cults, such as naturopaths and naprapaths, are nonexistent Requirements for taking a "professional course" may be a high school diploma, but the financial status of the applicant (ability to pay tuition even on extended payment plan) is of so much greater importance to these "schools" that waivers of educational prerequisites are ridiculously easy to The length of school terms is also highly One school advertises, "You may start any obtain time and earn money while learning by giving treatments in our clinic," and some schools qualify the students by correspondence courses At the end of nine, twelve, or eighteen months, or whenever the student's funds give out, he may obtain a treatment table on time payments from the Palmer Institute

for Chiropractic and enter practice
Chiropractic leaders are trying to raise the educational standards of their group
They recognize that educators and many legislators regard cults as a menace to the public health and that the legislators will make every effort to minimize the dangers inherent in the activities of cults How far such improvement will be possible with the present group of chiropractors is, of course, open to question This problem of control of cult practitioners is, however, as has been pointed out, nothing new, nor is the problem of those who are not properly trained attempting to practice, new We find a regulatory measure applied to New York City enacted by the Colonial Assembly of New York in 1760 It was entitled, "An Act to Regulate the Practice of Physic and Surgery in the City of New York." It can be seen, from the following excerpts that this act was clearly for the protection of the public

"Whereas many ignorant and unskillful persons in physic and surgery, in order to gain a sub-sistence, do take upon themselves to administer physic and practice surgery in the city of New York to the endangering of the lives and limbs of their patients, and many poor and ignorant persons inhabiting the said city, who have been persuaded to become their patients have been great sufferers thereby For preventing such abuses for the future, be it enacted no person whatever shall practice as a physician or surgeon

before he shall first have been examined after due examination of his learning and skill shall be approved and admitted to practice "

We find in the record of New York State and its legislative acts, from these Colonial times up to the present, concern over the methods in which unprincipled people attempted to practice various healing arts. The record of the Legislature has been a series of acts which would raise the standards for the practice of the healing arts, medicine or surgery for the sole purpose of protection of the public nearly a hundred years the press and medical journals carried numerous articles praising and condemning various features of the laws under which the doctors of New York were licensed. During this period we find legislative amendments which prohibited barbers to hold themselves out as surgeons, the Indian medicine man with his roots and herbs from promising cures for all evils, and the treatment by the miscellaneous "healers," as coming within the practice of medicine. The amendments to the Public Health Law and the Medical Practice Act first attempted to define and then to limit the rights of candidates who were to be licensed to practice the healing arts

The requirements for a license to practice the heal-

ing arts were stopped up to higher levels as the edu cational facilities and the scientific developments demanded. A number of procedures by which a license could be obtained have been tried during this period of time. When the Medical Society of the State of New York was established with its component county societies this organisation was made responsible for the examination and certification of those candidates for licensure. When the Homeopathic State Society and the Eclectic State Society were incorporated with their component county medical societies they were also given the right to grant licenses. A diploma from a recognized medical school was accepted for licensure when registered in the county clerk's office The Board of Regents in the Department of Education also established under the State laws an examining board and were able to grant diplomas and licenses for the practice of medicine It then appeared that in New York State these multiple sources for licensure were a danger in so far as standards for such licensure could not be maintained at the same level sufficiently high to protect the public

Around the turn of the century medical journals and the press contained voluminous articles in which the writers indicated their belief that since the aim of all healing is the prevention and cure of disease and the prolongation of life there must be one set of principles which all who undertake the care of the human body must recognize. So strenuous was the demand of these editorials that even nonprofessional people interested themselves in the discussion of the standards of basic scientific education which should be possessed by all candidates for licensure in the

healing arta.

This sentiment crystallized in 1907 when Arthur G Root, 'Chairman of the Committee on Legislation on the Medical Society of the State of New York, noted 'A most important measure was introduced in the Assembly and was known as the Assembly Public Health Committee a bill. The object of this bill is to limit the practice of medicane in the establishment of one medical board for all medical schools irrespective of sect or creed. In the judgment of the Committee on Legislation this is by far the most im

portant medical bill before the session.

In 1907 New York State combined the several branches of medicine that were practiced in the State into one group laid down requirements for entrance to examinations, and granted an appropriate license to those who successfully completed them Dr. Draper 'then Commissioner of Education, said, 'This is an exceedingly important act relating to the State examinations for admission to medical practice in this State. The essential and important features are that a single board of nine members, to be appointed by the Hegents, is substituted for the three boards herotofore existing, and the examinations are limited to the scientific branches fundamental to all medicial practice (healing arts) and common to all schools of medicine."

If we examine carefully the requirements of licensure discussed in this Medical Practice Act of 1097 one can readily see that essentially it is a basic science act. The same requirements listed by states currently sponeoring basic science legislation are given. In fact, one can readily see that we in New York might proudly say that we had the first basic science act ever passed. We have never called it that. All we have ever done is to recognize that cuits are a mense to the public health and whenever possible we have urged the Legislature to impose on individuals who desire to practice medicine legal restrictions which will parallel the increasing complexity of medical selence.

New York, one of the original thirteen states, went through the travail of medical licensure very early The western states, where the theory of basic science legislation was disceminated early, acquired their licensure troubles at a later date. As people traveled west, communities rapidly developed and became political entities almost overnight. With governments established, one group after another began asking for prerogatives. First, the doctors sought recognition then, following their example many groups of quacks and pseudopractitioners sought licenses to practice their respective methods of diagnosis and treatment. After a while the phy sicians and the public discovered that there was a lack of uniformity in the educational qualifications possessed by their various groups as well as a lack of uniformity in the manner in which they conducted their licensing examinations. And so it was conceived that inasmuch as there is a certain fund of knowledge which should be possessed by everybody who expects to engage in practice it would be to the interest of the public health to require that they all take the same preliminary examination in funda-mental subjects and then take another examination under their own special board in their peculiar methods of diagnosis and treatment.

In order to prevent unfairness in the examination it was agreed that the examiners should not be identified with any of the various schools of practice but be members of the faculty of established institutions of learning. As each state has felt the need—perhaps one should say that as the arternal pressures increased—the legislature of that state has provided for a revamping of licensure requirements in an effort to improve the quality of medical care.

At the present time the forms of licensure regula tion may be classified in four ways (1) five states have a single licensing board no basic science act, and no legislation on cults (2) eight states have single licensing boards to license chiropractors but are under medical board supervision and there is no basic science act ** (3) eighteen states have multiple licensing boards and no basic science act, † and (4) avventeen states and the District of Columbia have multiple licensing boards and a basic science act, †

Thus we see that states have tried to solve the cult problem existing in their jurisdictions by a variety of legislative devices. Eighteen are currently using one form or another of a basic science law New York, having unified its multiple boards in 1907 is currently beset by the problem of what to do about the chiropractors.

What then should be done about this problem? Will the passage of a basic science law meet the public's need for safeguards against cultists?

This survey, which is an attempt to explore the whole picture has been conducted in the following manner

I The subcommittee appointed by the Committee of the Council on Legislation to undertake this study requested the Executive officer of the Society to prepare a questionnaire which would

^{*} Louisiana Massachusetta Missiasippi New York, and Texas.

^{**} Alabama, California, Illinois Indiana, New Jersey Ohio, Pennsylvania, and West Virginia.

T Delaware, Georgia, Idaho Kansas Kantucky Maine, Haryland, Missouri, Montana, Nevada, New Hampshire North Carolina North Dakota, South Carolina Utah Vermont Virginia, and Wyoming.

It Arisons, Arkaness Golorado Connecticui District of

Transona, Arkhura Colorado Connecticat District of Columbia Florida Iowa, Michigan, Minnesota Nebraska, New Mexico Oklahoma, Oregon, Rhode Island South Dakota, Tennessee Washington and Wisconsin.

cover all the possible phases of basic science legislation. This questionnaire was to be sent to the Secretary of the State Medical Society, the Secretary of the Basic Science Board, the President of the State Medical Society, and the Secretary of the State board of Medical Examiners in each state having basic science legislation. The data given in replies to this questionnaire were tabulated for this report

The replies received and a tabulation of the answers are available for examination in the office of

the Executive Officer of the Society

2 In addition, those members of our Society who urgently favor the adoption of basic science legislation have been kind enough to give the committee copies of all the correspondence they received on this subject and have also attended conferences to discuss

the subject

3 Further, your committee has tried to analyze the laws of each of the forty-eight states from the standpoint of the type and extent of medical legislation on the statute books and the enforcement machinery to effectuate this legislation. In this connection the material gathered by the Legal Division of the American Medical Association has been reviewed and we have made a lengthy sampling of the types of bills introduced in state legislatures on the question of medical licensure as reported in the Journal of the American Medical Association over a period of several years.

The information gathered from these sources may

be classified in the following manner

1 The licensure practices of states prior to enact-

ment of basic science legislation

2 The enforcement procedures available in these states for the prosecution of unlicensed cultists and those licensed cultists who exceed the limits of their licensure restrictions

3 Opinions from various sources about the effectiveness of basic science legislation in prose-

cuting these categories of violators

4 Other facts gleaned from comments and covering correspondence, pertinent to the issue

Licensure Practices Prior to Enactment of Basic Science Legislation —Three fourths of the states (fifteen out of twenty) having a basic science law had separate cult licensing boards in existence at the time of passage of this legislation. Of the remaining five states, two set up separate licensing boards for chiropractors at the time the basic science law was instituted, one licensed chiropractors under a single examining board, one permitted chiropractors to practice, though unlicensed, if they indicated their unlicensed status to the public, one had a "joker" put in the law which rendered it inoperable

Of the entire twenty states having basic science legislation only Virginia had a licensure procedure similar to our present one in New York at the time of the passage of its law Even here no comparison can really be made, for Virginia's basic science law is a temporary measure aimed at regulating chiropractors who are already practicing in that state and, therefore, it cannot be classified as ideal basic

science legislation

It must be concluded that from the available material it is evident that all the remaining states had granted some form of recognition to chiropractors either before or concurrently with the passage of their basic science act

Enforcement Procedures —The methods used to enforce compliance with both the basic science and the medical licensure acts of the states whose representatives were questioned vary greatly sistent pattern exists to facilitate analysis of enforcement procedures vs effective control of cult practitioners In some states the prosecution of violators is left entirely to the local prosecuting attorneys, in others the office of the state's attorney general is responsible for such action, in a few the State Board of Health has enforcement powers Only in Kansas does the State Board of Medical Examiners have power to do more than recommend In Kansas the Board of Medical Exprosecution ammers can go into court and obtain injunction against an unlicensed practitioner of a healing art In Minnesota the State Board of Medical Examiners has succeeded in obtaining a high degree of compliance with the law by retaining an attorney whose function it is to investigate complaints of illegal practice, prepare cases for prosecution, and refer

them to the prosecuting attorney for action
Almost all of the states having basic science legislation reported that licensed cultists exceeded the limits of their licensure, but they further stated that while detection of such illegal practitioners was possible, conviction was almost impossible to obtain for various reasons. In most instances in these states the prosecuting power is centralized in a state body on the principle that convictions could thus be obtained without fear of political reprisals, but one reply did state that such fear made their Department of Health reluctant to initiate action against cultists

It would appear from the material examined that basic science legislation has not provided an effective mechanism for prosecution of unlicensed cultists except in those states whose penal code permits a conviction and sentence without jury trial. It is thought that under the Penal Code of New York State a cultist arrested for illegal practice could demand a trial by jury, and, if so, this procedure would be no more effective than under the present Medical Act. It was also gathered from the same material that the basic science legislation was not effective in detecting or prosecuting the licensed cultists who exceeded the statutory limits in their practice.

Basic science legislation is generally held to be more effective in the prosecution of individuals alleging themselves to be physicians and practicing illegally than in the prosecution of cultists practicing as such. This is not needed in New York State under the present requirement for annual registration, which has been found to be an effective measure for preventing unlicensed physicians from

practicing

Effectiveness — Much of the material available from the questionnaire concerning the effectiveness of basic science legislation in keeping down cults is opinion evidence. One of the replies bearing on this point is as follows. "None of the members of the Board of Basic Sciences has seen fit to assume the responsibility of saying whether our basic science law has brought about beneficial results. That is one of those questions that probably would require a great deal of investigation, and would likely then remain wholly in the field of opinion." However, the over-all picture is approximately as follows. The secretary of the Board of Basic Science Examiners was usually more enthusiastic about the beneficial results of the legislation than the Secretary of the State Board of Medical Examiners who, in turn, frequently thought more highly of the legislation than did the Secretary of the State Medical Society.

Of the twenty-one states to which queries were

sent, fourteen replies were received from secretaries of state societies, fourteen from secretaries of state Boards of Medical Examiners eleven from presi dents of state societies, and fifteen from nineteen secretaries of Basic Science Boards.

There were several instances where one official referred the letter of inquiry to another official for reply

Of these states, six were completely in favor five were generally favorable with reservations eight

were adverse in their comments.

To obtain an objective analysis of the effectiveness of basic science legislation is exceedingly difficult. Such a problem would probably have to be approached on a statistical basis and an attempt nade to evaluate the numerical trends of cultist licensure both before and after passage of such an act. Such statistics have been available to us for only a few states and even in our own State there is no good way of telling exactly how many individuals claim to be chiropractors.

Dr Reed estimated by the use of classified telephone book insertions under the heading of chiropractors,' that in 1932 there were 1 472 practitioners in the State. From the same sources current esti-mates are between 1 600 and 1 700. As to those estimates, however opinion varies widely monly accepted quotation is 2,000 for the State as a whole and if at some future time it were desired to trace the rate of growth or decline of this cult, it would be extremely difficult in this State to find an accurate base line in the figures which are currently available. Our situation is hardly unique and the reluctance of other states to provide numerical data on the trends in cult licensure most probably stems from a similar paucity of valid evidence

Other Information Gained from the Question naire.-Despite the lack of numerical data, the returned questionnaires yielded facts and ideas which were not specifically requested These were usually found in comments on the questions asked or in the covering letters which accompanied the answers

Quite a few boards of basic science examiners are troubled by the problem of reciprocity Uniformity of medical practice acts sufficient to permit reciprocal licensure has, in many states, been difficult to achieve. The additional requirement of a basic science certificate has, in so far as entering physicians or returning current medical graduates are concerned, been one additional administrative hurdle that appears to be unnecessary since these individuals have already passed a state board or national board examination in the same subjects. Variations in the subjects included among the basic sciences has also proved to be a major obstacle.

Two other factors appear to be of considerable value in keeping down cult practitioners. One of these is the use of injunctions whereby it becomes necessary only to demonstrate to a judge the illegal nature of a defendant a practice in order to restrain him effectively from such practice rather than having to submit a case to a jury. The other procedure which appears to help the situation is the investiture of the state Boards of Medical Examiners either than the state Boards of Medical Examiners either the state Boards of Medical with actual or with unstated but generally accepted legal powers to investigate and prosecute violaters

of medical practice regulations.

In addition to discussing these problems in the replies from several states we were cautioned specifically against attempts by the cultists to attenuate the force of a basic science law by jokers, crip-pling amendments, and exceptions. Cultists avail themselves of these devices at every possible oppor

tunity and these practices are still attempted even in those states which have had a basic science law for a considerable period of time. Where cults do not have adequate political power to tamper with a state a medical practice act they have apparently been able to master sufficient votes to render a basic science law entirely unworkable or to so hamper its execution as to render it virtually worthless. amination of the reports of the Division of Legal Medicine and Legislation of the American Medical Association as published in the Journal of the Amer ican Medical Association for any one-year period, will reveal numerous attempts of this nature.

With such facts as are available from those states having basic ecience legislation we now turn to an examination of the current cultist problem in New York State. Since 1907 all those who wish to treat patients by any method of healing have been required to be licensed under the Medical Practice Act by a single examining board All physicians

are, of course, so licensed

Every year bills to legalize the practice by chiropractors are introduced and every year the propo-nents of a basic science law suggest that enactment of this legislation is the best way to meet the problem. They claim that a basic science law markedly decreases the number of cultists obtaining licenses and aids in the prosecution of those practicing illegally since a clear-cut case of practicing without a basic science certificate can be substituted for the charge of practicing medicine without a license. It is further claimed that since chiropractors are not ourrently licensed it will be necessary for all of them to take basic science examinations in order to qualify for licensure should a chiropractic licensing act be passed This would virtually guarantee failure to obtain licenses by a very large percentage of those

currently gracticing
Actual operation of this law, however has made some individuals working with it less optimistic as to its beneficial effects. Here in New York, where the question is still under consideration and where cults have never been licensed it is necessary to in clude the following factors in our review of the mer

A basic science law is an educational requirement preliminary to further examination, and is not, by its nature a qualification for any pursuit.

(a) Thus, if we hope the chiropractors are going to bother to take such an examination we must permit and condone the setting up of a board for chiropractic licensure

(b) If we do not condone the setting up of such a licensing board, the chiropractors still remain un-licensed and still practicing, and the basic science act is an empty piece of legislation.

- (c) If we approve a basic science law and coincidentally a chiropractic board it is conceivable that we shall have to license by waiver all those currently claiming that their occupation is the practice of chiropractic. While it is true that the chiropractors are unificensed and theoretically do not have to be admitted under a waiver, it is highly dubious whether legislation of this nature could ever be en acted without such a provision Finally one must. in reality, assume that if the chiropractors muster sufficient political power to pass a licensing act for their cult, they will be able to have included a walver clause which will regularize the practice of those cur rently egaged in this occupation
- It should also be observed that passage of a hasic science law would not mean an end to the con-tinuous lobbying by the cultists. They would press

each year for continuity wider areas of practice, and it is highly debatable whether a change of the issues such as this would represent is to be desired when contrasted with the present state of affairs in which these cultists are still in the position of being illegal practitioners, and no opportunity is offered by displaying a "basic science certificate" for intelligent persons to be deceived into believing this to be a license to practice a special cult of healing

Nevertheless, despite all its drawbacks, basic science legislation does have a place of importance Its value might well be proved as an effective rearguard action, if passed concurrently with or immediately following a chiropractic licensing act such an unfortunate event should come to pass, the experience of other states indicates that basic science requirements are an effective method of controlling the flood of newly arriving cultists, but no evidence can be found for the viewpoint that a basic science act is either a useful preventive or an effective controlling mechanism in the handling of the cult problem in a state which has a single licensing board for practitioners of the healing arts

Conclusion —In view of the above considerations. the following recommendations are made

That the Medical Society of the State of New York should not sponsor a basic science law

(a) It should be noted here that the basic science laws were enacted to cure the evils resulting from licensing cult practitioners In New York State as of the date of submitting this report, the initial mistake of licensing cultists has not been made

That the Council of the Society take such action as is necessary for the wide popular distribution

of this report

Council Committee on Legislation Medical Society of The State of New York HARRY ARANOW, M D WALTER W MOTT, M D LEO F SIMPSON, M D FREDERIC W HOLCOMB, M D ROBERT R HANNON, M D, Executive Officer

March 1, 1947

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PART XI

Contract with Kings County Medical Society

The Council Committee on Contract with Kings County Medical Society, consisting of Dr Charles D Post, Chairman, Dr James R Reuling, and Dr F Leslie Sullivan, submits the following report

The Committee on Contract with Kings County Medical Society was created for the purpose of offering a solution of the controversy existing between the Publication Committee of the Council and the Medical Society of the County of Kings by reason of this contract

Under the provisions of this contract, the Medical Society of the State of New York agrees to deliver into the custody of the Medical Society of the County of Kings each and every book, exchange, publication, or other literary medical pamphlet or magazine with convenient speed

The Publication Committee contends that this withdrawal of books and journals hampers the publication activities of the JOURNAL and has requested, masmuch as this contract was entered into many years ago (1904) during which time many changes have taken place, that the Editor of the JOURNAL should be privileged to state to whom books should be sent for review, that the books remain in the hands of the reviewers, and furthermore, that the Editor of the JOURNAL should have ready for reference all journals received for a definite period of six months or a year

These requests necessitate a modification of the contract unless a compromise solution can be found

It is therefore recommended (1) that the existing contract be modified in the following manner "that the editorial staff be given the privilege of choosing any man to review a book, the book to be returned into the custody of the Medical Society of the County of Kings" This recommendation follows the suggestion in Dr Adie's House of Delegates Reference Committee Report on Publications and Medical Publicity presented at the last meeting of the House of Delegates

The Committee recommends (2) that the Medical Society of the State of New York subscribe to such journals as the Publication Committee considers necessary for its editorial use This could be done at

a relatively small cost to the Society

PART XII

Miscellaneous

Nursing Education —The Council Committee on Nursing Education consists of the following personnel W P Anderton, M D, W Guernsey Frey, Jr, M D, Clayton W Greene, M D, and Norman S Moore, M D

The House of Delegates meeting in Buffalo in 1945, in adopting the report of the Council concerning, "the Nursing Problem," recommended the "establishment of an independent coordinating board representing nursing, hospital administration, and medicine, the delegates being authorized, subject to the governing bodies of each representative group, to outline broad policies of cooperation and to study and recommend answers to the following questions in order that nursing in the postwar period may meet the demands of the public, the medical profession, and hospital administrations

When planning for medical and health work in the future, what role should nurses play? Should their role be determined by traditional concepts of the nurse and nursing service, or should these concepts be challenged and a redefinition made of the functions and preparation of nurses in terms of the

needs of society?
"2 To what extent should we attempt to differentiate further the personnel engaged in nursing service and the areas and levels at which they function? What changes in the present system of nursing education would such a revision of boundaries and functions necessitate?

Should all nursing schools on all levels be

^{*} Deceased.

established as real schools, that is institutions that exist primarily for educational purposes and which are provided with the necessary resources and facil ities to perform their educational functions effec-tively? What changes in the present system would be necessary in order to make nursing schools real schools and put them on a sound economic basis?
To what extent should the government be responsi-

ble for maintaining such schools? "4 By what formula should it be determined how many nurses should be prepared in the different categories required for adequate service to the popu

lation as a whole?

5. To what extent should the immediate service needs of the hospitals in which students receive their clinical experience determine the number of

nurses to be prepared?

How should the problem of security for the nurse be met? Should hospitals adopt the annuity retirement system generally accepted in educational matitutions or should this important problem be

solved by other means? The House of Delegates authorized that the Committee on Nursing Education of the Council be given the authority and expanded if necessary to confer with similar groups from the official hospital

and nursing organizations

Pursuant to this mandate representatives of the New York State Nurses Association and the New York State Hospital Association were invited to meet with the Council Committee on Nursing Edu eation on February 20 1047, and at this meeting a Coordinating Council on Nursing Problems was organized with equal representation and voice for each of the three sponsoring groups Dr Frey was elected Chairman, and it was voted that the minutes be kept by the Medical Society personnel, and that the Medical Society offices be the Coordinating Council headquarters

In considering the specific problems referred by the House of Delegates, the conferees recognized that these matters had already been endlessly discussed It was felt however that this Coordinating Council, having behind it the prestige and authority of three great state-wide bodies, would become the official dearing house for questions relating to the nursing profession, and could accomplish much where other independent bodies could only investigate and re-

It was the consensus of the meeting (I) that the nursing care of the sick had several broad aspects hospital care, care in the home and public health nursing (in all its ramifications) (2) that three general categories of nursing personnel should be recognized and defined—the R.N. (and the student nurse) the practical nurse and the ward adds, or nursing aide or semitrained attendant, including the orderly (3) that the practical nurse would find her greatest field of usefulness in carns for the chronicals, ill the aged the convelopments and in chronically ill, the aged, the convalescents, and in general all those requiring practical nursing care, at home or in institutions, (4) that the traditional concept of hospital nursing by R.N. s and student nurses that the converse of the student nurses that the student nurses the student nurses that the student nurses the student nurses that the student nurses that the student nurses the student nurses that t should remain essentially unchanged, but that there should be greater utilization of the services of nurses aides to relieve the trained nurse of the non technical aspect of nursing care (trays, baths, bed pans, etc.), (5) that public health and industrial nursing is the exclusive domain of the R.N

In discussing the training of subsidiary nursing personnel, it was felt that ward aides orderlies nurses aides, etc (the third group) should have no formal program of training, being merely 'broken in" on the wards as they are hired, lest the conviction prevail that such personnel have superior qualifica

Approval was given to the formal training of practical nurses to the end that they enjoy a quali fied professional status. It was pointed out that there is an over-all shortage of practical nurses, and that there are at present far too few training schools for practical nurses. Objection was registered to the training of practical nurses in the same hospitals as R.N 's, but it was felt that there may be many insti tutions which could establish such schools and possibly a few borderline schools which could profitably change from training R.N's to training practical

nurses Despite the feeling of some members of the medical profession that the Registered Nurse is being "overtrained," this Coordinating Council voted not to recommend any lowering of standards in nursing education. It was felt that the ultimate goal should be to have nurses training schools truly educational institutions in which the student paid tuition fees so that the nursing service she rendered would be in the nature of gaining practical experience rather than, as is largely the case at present, working her way through the course. Following some discussion of the exploitation of the student nurse by the hospital, the financial problem of such a program was recognized both from the viewpoint of the hospital and the training school, and of the student It was pointed out that the education of a nurse generally costs more than the value of the services rendered by the student nurse to the hospital that the hospitals have no hold on their graduates who frequently go, immediately after graduation into in-dustrial and public health employment, and that perhaps some plan might be developed whereby in dustry and the community at large would under write some portion of the nurse s education. It was 'Resoled'. That the possibility of making University Scholarships of the New York State

Board of Regents available to students entering nursing training schools, both practical and recistered, having standardized educational programs be explored."

(Such scholarships are now available only to candidates for a Bachelor's degree.)

It was further 'Resolved' That public health organizations, industrial councils, and other community groups utilising professional nursing services be requested to offer scholarships to en-courage qualified candidates to undertake nursing as a career

It was pointed out that nursing should be made an attractive profession, second to none as a means of livelihood for an ambitious young woman No action was taken on the problem of hours and sal aries, as it was felt that these questions were being adequately handled. The matter of security for nurses received considerable attention and it was "Resolved, That this Coordinating Council use

its influence to secure the extension of the benefits of the various Federal and State Social Security Laws to include nurses.'

The Coordinating Council also voted to endorse the program of the American Hospital Association providing retirement benefits to employees of hos-pitals. The matter of voluntary prepaid retirement plans and retirement annuities with the assistance of philanthropic foundations will receive study at some future meeting of the Council.

The nurse delegates called attention to the fact that doctors as a group and as individuals are in a strategic position to interest young women in nursing, and it was suggested that a resolution be submitted to the House of Delegates of the State Medical Society, suggesting that physicians encourage the daughters of their patients in this (Such a resolution is being submitted)

It was voted that this Coordinating Council recommend to the sponsoring bodies that similar units be set up on the local level, the invitations to organize to go from the county medical societies, but the committees so organized to be subordinate only to this Coordinating Council.

At the second meeting of the Coordinating Council on Nursing Problems, held March 20, 1947, besides the regular Council members, two representa-tives of the Practical Nurses' Association of New York were present by invitation

The following definition of a Practical Nurse was adopted

"A practical nurse is a person trained to care for subacute, convalescent, and chronic patients requiring nursing service at home or in institutions, who works under the direction of a licensed physician or a registered professional nurse"

The practical nurse's fee is supposed to be 75 per cent of the professional registered nurse's fee for the same hours, varying as the latter varies in different communities.

The licensing of practical nurses will become mandatory in New York State within a year

Representatives of the Nursing Section of the State Education Department are to be invited to meet with the Coordinating Council on Nursing Problems to discuss the standardization of the training of practical nurses. The conferees were agreed on the desirablility of securing the sponsorship of local Boards of Education, or other educational bodies, for all training schools

The Coordinating Council adopted the following resolution

"Resolved, That this Coordinating Council on Nursing Problems approves the employment of practical nurses for qualified nursing duties, in hospitals, under supervision of a registered professional nurse "

The members of the Council Committee on Nursing Education, as the representatives of organized medicine on this Coordinating Council for Nursing Problems, commend the foresight of the Planning Committee in authorizing the establishment of such a body

The spirit of friendly cooperation, eagerness to compromise conflicting viewpoints between the various groups, and the total absence of any spirit of antagonism between even the R.N's and the practical nurses are impressive signs auguring great possibilities of accomplishment for this council

In submitting this progress report, the Committee requests the approval of the House of Delegates for its proceedings and recommendations to date, and it asks to be continued with the full prestige of the Medical Society of the State of New York behind it.

Memorials

DR. KIRBY DWIGHT

WHEREAS, the Medical Society of the State of New York has suffered a grievious loss in the death of Dr Kirby Dwight, and

WHEREAS, he had long been an arduous worker for the interests of the public and of the medical profes-

Sion, and
WHEREAS, his ability had been recognized by his election as President of his County Society, for several terms as Treasurer of the State Society, and recently as Trustee of that Society, and

WHEREAS, his wisdom, ability and kindliness will

be sorely missed, therefore, be it

Resolved, By the Council and the Board of Trustees of the Medical Society of the State of New York, that it deeply regrets the passing of Dr Dwight, and be it further

Resolved, That this resolution be spread upon the minutes and a copy sent to his family, and published in the New York State Journal of Medi-

DR. WILLIAM HALE

WHEREAS, in His wisdom Almighty God has called from our midst, William Hale, our respected

and admired President, and
WHEREAS, Dr Hale's sudden death at the height
of his term of office, has left a gulf of sorrow among
his fellow officers, Councillors, Trustees, members, executives, and employees of the Medical Society of the State of New York, and

WHEREAS, our loss is shared with the members of his family, therefore be it

Resolved, By the Council and Board of Trustees

that this expression of bereavement be spread upon our minutes and published in the New York STATE

JOURNAL OF MEDICINE, and be it further Resolved, That a copy of these resolutions be sent to Mrs William Hale as an expression of deep sym-

pathy for herself and her children

DR. F LESLIE SULLIVAN

WHEREAS, Dr Frank Leslie Sullivan was called from our midst on February 15, 1947, after a few months of painful illness, and,

Whereas, Dr Sullivan was a much loved, skill-

ful surgeon, and

WHEREAS, Dr Sullivan had proved himself, through many years of devotion to organized medicine and through able contributions to the welfare of the public and his fellow practitioners, and

WHEREAS, his demonstrated ability as a thoughtful leader in the Council and House of Delegates of the Medical Society of the State of New York, and his endearing personality, has made his loss deeply

mourned by his many friends, therefore, be it

Resolved, That the Council and Board of Trustees of the Medical Society of the State of New York records with deep regret the death of Dr Sullivan and expresses its deep sympathy for Mrs Sullivan and the members of Dr Sullivan's family and directs that these resolutions be spread upon the minutes and that a copy be sent to Mrs Sulivan

ABSTRACTS OF MINUTES OF THE COUNCIL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

At its meeting on March 13 1947 the Council considered various matters, taking final action or directing further study and reports as indicated under the following headings.

Secretary's Report

Remission of State Assessments -The remission of State assessments was voted on account of service with the armed forces for eight members in 1947 five in 1946 two in 1945 one in 1944 1943 1942 and 1941 also on account of illness for Drs Ludwig Fischl Alfred G Forman, Augustus W Hengerer James H. Heyl, Abbott T Hutchinson, Carones W Lieb Salvator G Marayentano and Nathan Schuts The refunding of dues for one member was author ized.

Meetings.—On the evening of the last Council meeting, your Secretary represented the Society at a dinner given by the American Foundation of Tropical Medicine, Dr. Thomas T. Mackie of Winston-Salem North Carolina, president.

Winston-Salem Forth carolina, presidents.
On February 25 your Secretary attended the meeting of the secretaries of the County Societies Legislative Committee at the Hotel Ten Eyek, Albany I have also attended your committee meetings and answered correspondence

Deaths.—On February 16, it was my sad duty to attend the funeral of the late Dr F Leslie Sullivan at Bootia. Our Society was also represented by Drs Mellen Kenney and Hannon Mr Anderson, and Dr Philip Allen of the House of Delegates The Medical Society of the County of Schenectady and the local American Legion Post were well represented

Communications -A letter has been received from the Medical Society of the State of Pennsylvania, to the effect that Dr Elmer Hess of Ene, Pennsylvania, will represent his Society at our Buffalo meet-

Letter from American Social Hygiene Association, Inc., February 11 1947 thanking the Society for sponsoring their meeting on February 5 1947 and requesting sponsorship of their next annual meeting, to be held February 4 1048.

It was voted that the meeting be sponsored. Letter from Mr George H. Sibley chairman of the Committee on Medical Jurisprudence of the Assodation of the Bar of the City of New York, dated February 19 1947, requesting that we nominate a member to join their Committee

It was poicd that the President be delegated this

*ppointment

Letter dated March 6 1947 from Hackeling & Oberkirch certified public accountants, re estimated iee of \$200 for auditing books and records of Veterans Medical Service Plan of New York, Inc.

It was roted that the Council recommend to the Trustees that they consider this estimate and

that the fee be paid

Letter from Dr Joseph C O Gorman, chairman, Workmen's Compensation Board, Medical Society of the County of Eric regarding bill introduced in the State Legislature which would amend Section 13-6 (2) of the Workmen's Compensation Law to permit hospitals to employ roentgenologists on salary

The following reply was sent by Dr O Gorman

by Dr Bauer

Thank you for your letter of March 3
"We have investigated the matter and have found that
the bill which you mention has been introduced in the

State Legislature. The State Society will actively oppose the snactment of this legislation. I am likewise bringing the matter to the attention of the Council at its meeting proposition, however has been started at once as the Council meeting would be too late to do any thing effective.

It was roled to approve Dr Bauer's letter

Treasurer's Report Was Accepted

Report of the Executive Officer

Dr Hannon reported verbally as follows

The legislative session is drawing to a close and a record number of bills have been introduced this We have been anxious about two bills per taining to the licensing of chiropractors. The Sant-angelo-Noonan Bill has been rejected in the Senate the Soclye-Coville Bill has been rejected in the Assembly

' Several bills that we were interested in have been amended, and not along the lines we would like. The bill that we introduced for the Grievance Committee, which would amend the law concerning drug mittee, which would amend the law concerning drug addiction and advertising in the newspapers passed the Senate, but was killed in the Assembly Committee on Education. The corresponding Assembly bill was amended by Mr Milmos so as to allow newspaper advertising which is one of the things we wanted prevented. This amended bill is now in the Rules Committee.

The Tershin Bill that we approved concerning

partnerships was killed in committee

"The Clancy \ ray Bill has been amended and now provides that any person, firm, association, or corporation that has been practicing x ray for five years may continue to do so In other words, it will not block any of those that have been doing such work for five years

"Also the Medical Bureau Bill, which formerly stated that employers might have a medical bureau that was approved by the Workmen a Compensation Committee of the County Society has been amended so that license provision approval by the County

Society has been stricken out

The bills that were introduced by Senator Griffith and Mr Milmoe, the so-called Senate Int. 740 741 and 742, which pertain to partnership and group practice under insurance by nonprofit organizations, have been passed in the Senate and are on third reading in the Assembly It looks as if they will pass If we are to block these bills—and we have gone on record as being opposed to them—we will have to make our representations to the Governor"

It was roted that the report be accepted

Activities of Committees

Committee on Legislation.-Dr Aranow, Chair man, reported that most of the legislative matters man, reported that he were included in Dr. Hannon s report, but that he wished to say that the meeting held on February 25 of the County Legislative Chairmen was interesting and well attended. All bills were thoroughly dis-cussed, and acted upon He thanked Mrs. Grimm for an excellent record of the minutes and Mr Anderson

for his fine help and cooperation.

It was brought out in discussion both by Mr Anderson and Dr Hannen, that the importance of the Legislative Committee in county societies has not been sufficiently emphasized, and that the constituent societies should be educated along those

lines.

Malpractice Insurance and Defense Board -

Kenney, Chairman, stated

"There were referred by the House of Delegates to the Council, and from the Council to the Malpractice Insurance and Defense Board, two resolutions introduced by Bronx County, for our study and recommendations

"We have met on four occasions and have given these resolutions considerable study and herewith present our recommendations"

"WHEREAS, the Bronx County Medical Society is concerned with the final disposition of suits brought against its members for malpractice, therefore, be it

"Resolved, That the House of Delegates direct that the Medical Society of the State of New York through its Counsel submit a report to the Comitia Minora of each County Medical Society on the number of members insured in the Group Plan in said county, number of suits in said county (against insured, against noninsured), number of suits dropped, number of suits settled and amounts, and the number of judgments and amounts"

"If approved, this resolution would require setting up in the office of the legal counsel or indemnity representative an additional and entirely new accounting system whose only use would be to furnish the proposed reports In all liability insurance accounting, suits and claims reported and the cost of disposing of them are charged against the policy years involved and not against the calendar years in which they are filed or settled Thus, during any one calendar year, the suits and claims filed and those disposed of pertain to as many as five or six policy years and this system cannot be altered need for the information called for by this resolution were great enough, it might be worked out on a state-wide basis at considerable cost But if the information had to be divided between 61 counties, the task would be difficult and the expense nearly prohibitive

"The Board points out that a report in great detail covering the Society as a whole but in an entirely different form is being furnished the Board annually and has been furnished each year since 1924

"There are a number of the smaller counties in which there have been few, if any, suits over a number of years. This fact is meaningless, however, from an insurance standpoint because insurance is based on the law of averages which does not apply to the loss experience of any small group an individual, the loss experience of a small group when considered alone becomes a matter of chance or luck which is a gamble Thus, a small group might luck which is a gamble Thus, a small group might have no losses for a long period of time but on the other hand it might have one or several losses in quick succession which, insurance-wise, would put it in the red for many years Yet if the lack of suits in any one county was brought to the special attention of the comitia minora of that county, it might create a great deal of unjustified dissatisfaction

"Although the representatives of the Bronx County have stated that they do not want the names of the sued members given or identified in any way, it is obvious that detailed information as to suits filed and settled in many of the smaller counties would point unerringly to the doctors involved whether their names were given or not and might do

irreparable harm to them

"In the opinion of this Board the most important objection to this proposal is that it would give publicity to the number and cost of suits lost or Since the inception of the Group Plan settled

twenty-five years ago it has been the fixed policy of the Society to give out no information whatever concerning such suits to anyone except the members of the Committee on Malpractice Defense and Insurance and officers of the Society After careful consideration that policy was reaffirmed at the first meeting of this Board on October 24, 1946, in the following resolution

"WHEREAS, it is believed that it is not in the best interest of the Medical Society of the State of New York and the general welfare of its members to permit any publicity as to suits and claims against members which are lost or settled out of

court, and
"'WHEREAS, such publicity can serve no useful purpose but, on the contrary, will provoke harm and suffering to the various defendants and will provide ammunition for unfriendly individuals to

use against members of the Society,

"Now therefore be it resolved, That the relationship, with respect to such suits and claims, between the insurance company carrying the Group Plan and/or the Society and its members must at

all times be assumed as confidential?

"After consideration of these factors the Board was unanimously of the opinion that the dissemination of this information would be contrary to the best interests of the Society and recommends to the Council that the referred resolution be disapproved Board further recommends that if authorized members of any county society desire special information regarding the situation within their own society, applications for such information should be filed with this Board which, in so far as is consistent with the policy of the Society, will endeavor to supply the required data "

After discussion

It was voted that approval be given the Board's resolution which disapproves of the original resolution introduced in the 1946 House of Delegates

"Whereas, The Bronx County Medical Society considers inequitable the present arrangement for the payment for Malpractice Defense of members of the Medical Society of the State of

New York, therefore, be it "Resolved, That the House of Delegates of the Medical Society of the State of New York direct that a separate and distinct fund be established for the sole purpose of meeting counsel fees in the defense of all malpractice suits against members of the Medical Society of the State of New York."

"The Board has given careful consideration to this proposal and reached a unanimous conclusion regarding it as set forth in the approved minutes of the meeting of the Board held on January 7, 1947, as

follows

"The purpose of this resolution is to distribute the cost of all legal defense to all members in order to eliminate that cost from the operation of the Group Plan of malpractice insurance and defense and thus reduce the cost of insurance to insured members It is pointed out by Bronx County that at present insured members pay the same dues as uninsured members and that some part of their dues is allocated to the defense of uninsured members and that this is mequitable "

After thorough consideration of all the elements involved, the Board unanimously agreed to recommend to the Council that this resolution be disapproved

for the following reasons

(a) The annual cost of defending uninsured members is an exceedingly small part of the cost of the Society's legal service, and thus absorbs an insignificant part of the membership dues Therefore the inequality of the present arrangement, if there be any can hardly be of any real importance to any

member

(b) There are in the Society an Indeterminate but large number of members who are not in the practice of medicine in circumstances which make them liable to malpractice actions Such members have no need for malpractice insurance or legal defense yet they pay the same dues as members in private practice, and thus contribute to the maintenance of defense service for which they have no need If this resolu tion were approved it would penalize such members by increasing their dues to help pay the cost of defense of insured as well as uninsured members. This would certainly be inequitable and it is not believed that one inequality should be cured by creating another

(c) The Society would if this resolution were approved undertake to pay the cost of the defense of suits insured by a private insurance company and the legal counsel is of the opinion that the Society would not be permitted to use any part of its funds

for such a purpose

(d) It is believed that the State Insurance Dopartment would not approve such an arrangement and it is not believed that any reputable insurance company would undertake the Group Plan of the Society on that basis.

After discussion. It was roted that the Board s recommendation of

disapproval be approved Dr Kenney reported further

'At the meeting on February 18, 1947 the indemnity representative submitted to the Board the annual statement and tabulation of the cost of operating the Group Plan for the eleven years end-ing December 31 1946 which was studed in detail by the Board The indemnity representative pointed out that the upward trend of costs noted at the end of 1945 had continued and that due to the increase in the cost of disposing of suits, the reserves previously established for them had proved inade-The legal counsel presented a verbal report quate. The legal counse presumes in cost. He reas to the reasons for the increase in cost. He reasons for the increase of negligence and ported that the cost of all forms of negligence and liability cases had increased greatly due largely to the depreciated value of the dollar and that in addition contain absorpts in local procedures in New addition certain changes in legal procedures in New York making hospital records and defense testi mony available to plaintiffs before trial had added substantially to the difficulty of defending malpractice actions and to the cost of disposing of them.

"The Board noted that the cost of minimum limits of insurance (\$5 000/\$15 000) for the period had risen to \$32,56 but that some further economies in the expense factor had been worked out with the Yorkshire which in effect brought the computed rate Therefore in accord down to approximately \$32 ance with the long established agreement with the arrier of the Group Plan, the Board decided to recommend to the Council that it approve an in crease in the base rate from \$28 to \$3? Accordingly the following the following resolution was unanimously adopted

WHEREAS the Malpractice Insurance and Defense Board finds that the cost of the basic limits of insurance in the Group Plan of the Medical Society of the State of New York has increased to

\$32, and Wheneas under the long established agreement with the carrier of the Group Plan the Society is called upon to adjust its approved rates from time to time in accordance with the developed cost of insurance now therefore be it

'Resolved That the Board recommends that the Council approve an increase in the base rate from \$28 to \$82 for all new and renewal policies of insurance issued on and after May 1, 1947 and that the rates for all higher limits of insurance as well as for cosmetic plastic surgery and for members in the armed forces be adjusted accordingly ' After discussion.

It was roted that the recommendation be approved

Committee on Medical Publicity -Dr Winslow Chairman stated that the report distributed with the agenda is as follows

News releases were sent to newspapers in the counties of Richmond Jefferson St. Lawrence The subjects were Teach Tompkins, and Nassau ing Days and other educational events sponsored by the Committee on Public Health and Education

'Mr Anderson had a conference with Mrs. Mad den about cooperation with the Woman s Auxiliary 'Mr Anderson, Mr Walsh, and Mr Cook attended the Legislative Committee meeting in Al

bany on February 25

"Mr Cook and Mr Walsh toured the lower and upper tiers of the State to promote public resistance to the Seelye-Coville Bill to license chiropractors. County organizations and Woman a Auxiliaries received assistance in this work among groups of citizens. Such groups included Chambers of Commerce, civic, fraternal and service organizations as well as county registered nurses organizations. well as county formers in the control of Education. Effective use of persons in Boards of Education. Effective use of personal acquaintance with legislators was made As a result of these trips and the Legislative Committee meeting, large quantities of material on the Seelyo-Coville Bill have duantities of inaction on the object of the last two weeks. Two pamphlets "Can Chiropractic Curol and "Medicine Men and Men of Medicine" provided an informative basis for public opinion, and post cards and handbills marked "Urgent' gave the means for contacting their legislators.

'In addition, two News Letters dated February 24 and March 4 were mailed to the Bulletin list, ' Committee on Nursing Education.—Dr Frey re-

ported as follows

The 1945 House of Delegates, in adopting the report of the Council Committee on Nursing Educa tion, directed that an invitation be sent to repre-sentatives of the Hospital Association of New York and the New York State Nurses Association to meet with the Council Committee on Nursing Education to form a Coordinating Council to take up nursing problems.

"The first meeting of this group was held on Febmary 20 with representatives of the New York State Nurses Association the Hospital Association of New York, and the Council Committee on Nursing Edu cation. Certain actions were taken at that meeting.

It was cold that Dr Frey be Chairman of the meeting, that a Coordinating Council on Nursing problems be set up not controlled by any of the sponsoring groups, the delegates to report back to their respective organizations, that the minutes be kept by the Medical Society personnel and that the Medical Society Office (292 Madison Avenue, New York City) be the headquarters of the Council.

There were certain specific problems posed by the House of Dolegates, as presented in the Planning Committee s report, which were discussed

"In the discussion, it was recognized that those problems had already been endlessly discussed and

that this Council would accomplish no more than its predecessors unless there should be brought forth recommendations for action

"It was the consensus of the meeting

"(1) that the nursing care of the sick had several broad aspects-hospital care, care in the home, and public health nursing (in all its ramifications),

"(2) that three general categories of nursing personnel should be recognized and defined—the R N (and the student nurse), the practical nurse, and the ward aide, or nursing aide, or semitrained attendant, including the orderly,

"(3) that the practical nurse would find her greatest field of usefulness in caring for the chronically ill, the aged, the convalescents, and in general all those requiring practical nursing care at home or

in institutions

"(4) that the traditional concept of hospital nursing by R.N's and student nurses should remain essentially unchanged, but that there should be greater utilization of the services of nurse's aides to relieve the trained nurse of the nontechnical aspect of nursing care (trays, baths, bed pans, etc),

"(5) that public health and industrial nursing is

the exclusive domain of the R.N

"In discussing the training of subsidiary nursing personnel, it was felt that ward aides, orderlies, nurses' aides, etc (the third group) should have no formal training, being 'broken in' on the wards as they are hired, lest the conviction prevail that such

personnel have superior qualifications

"Approval was given to the formal training of practical nurses to the end that they enjoy a qualified professional status It was pointed out that there is an over-all shortage of practical nurses, and that there are at present far too few training schools for Objection was registered to the practical nurses training of practical nurses in the same hospitals as R.N's, but it was felt that there may be many institutions which could establish such schools, and possibly a few borderline schools which could profitably change over from training R.N 's to training practical nurses In this connection, Miss Casey mentioned that a joint committee of the six national nursing organizations has been conducting a survey differentiating the levels of achievement of the different groups, a copy of which report is to be re-leased shortly She will send one to each member of this council.

"There was the usual discussion of the 'overtraining' of nurses, but the Council voted not to recommend any lowering of standards in nursing education It was felt that the ultimate goal should be to have nurses' training schools truly educational institutions, in which the student paid tuition fees, so that the nursing service she rendered would be in the nature of gaining practical experience rather than, as is largely the case at present, working her way Following some discussion of through the course the exploitation of the student nurse by the hospital, the financial problem of such a program was recognized, both from the viewpoint of the hospital and the training school, and of the student pointed out that the education of a nurse generally costs more than the value of the services of the student nurse to the hospital, that the hospitals have no hold on their graduates who frequently go immediately into industrial or public health employment, and that perhaps some plan might be worked out whereby industry and the community at large would underwrite some portion of the nurse's educa-

"It was

" 'Resolved, That the possibility of making scholarships of the New York State Board of Regents available to students entering nursing training schools, registered professional and practical, having standardized educational programs, be explored'

"It was
"Further resolved, That public health organizagroups utilizing professional nursing services be requested to offer scholarships to encourage qualified candidates to undertake nursing as a career'

"It was pointed out that nursing should be made an attractive profession, a means of livelihood action was taken on the problem of hours and The matter of security for nurses received salaries

considerable attention, and it was "Resolved, That this Council use its influence to secure the extension of the benefits of the various Federal and State Social Security Laws to in-

clude Nurses '

"The Committee also voted to endorse the program of the American Hospital Association providing retirement benefits to employees of hospitals The matter of voluntary prepaid retirement plans and retirement annuities with the assistance of philanthropic foundations will receive study at some future meeting of the Nursing Council.

"The Nurse delegates stated that doctors are in a strategic position to interest young women in nursing, and it was suggested that a resolution be submitted to the House of Delegates of the State Medical Society, suggesting that physicians encourage

the daughters of their patients in this career

'It was suggested that this Coordinating Council recommend to the sponsoring bodies that similar units be set up on the local level, invitations to organize to stem from the County Medical Societies, but the committees so organized to be subordinate

only to the State Coordinating Council
"It was voted to meet again at 4 00 PM on
March 20, and to invite one or two representatives from the Practical Nurses Association"

It was voted that this report be approved

Planning Committee for Medical Policies —Dr Kenney, reported that the Planning Committee met March 12, at which time two matters were referred One was to make a study of the present Council Committees Recommendations which were presented to the Council were tabled until the next meeting. The other matter was relative to Dr Mitchell's report for the Committee on Public Health and Education at the October 10, 1946, meeting of the Council This was about arrangements between the State Department of Health and the State Society for payment of honorana to speakers on the postgraduate teaching program As this relationship has been going on for many years and the State has merely agreed to continue this work and add a little more to it, the Committee voted that it "approves of the arrangements which Dr Mitchell has made with the State Department of Health regarding its program on postgraduate education '

It was voted that this action be approved Committee on Public Health and Education —

Dr Mitchell reported as follows

Activities of the Chairman "On Wednesday, March 12, 1947, in New York City, attended a meet "On Wednesday, ing of the Planning Committee for Medical Policies On the same day in New York City held a meeting of the Council Committee on Public Health and Education and BCG Advisory Committee to the State Department of Health and the Council Com

mittee on Public Health and Education

The President of the Medical Society of the State of New 1 ork designated tentatively the follow ing physicians as members of the Advisory Committee on BCG to the Council Committee on Public Health and Education and the New York State Dopartment of Health

Milton I. Levine M.D. Chairman, New York Hospital, 525 East 68th Street, New 1 ork 21

Robert A. Ullman M.D 1171 Delavan Avenue Buffalo Edith M Lincoln M.D Bellevue Hospital 26th

Street and First Avenue New York 16 James R. Reuling, M.D., 217-07 40th Avenue

Bayaide It was roted that the above members as designed

by the President, be approved "The New York State Department of Health also nominated four physicians as members of the Ad visory Committee

'Dr Robert Plunkett, Assistant Commissioner in charge of Tuberculosis Control Program Dr Julius Kats who is in the same department as a temporary member Dr Konrad Birkhaug, in charge of BCG preparation and distribution and who has had more experience with it than any other man in this country, and Dr Gilbert Dall dorf, Director of the Division of Laboratories of the State Health Department.

Most of the time was spent in a technical dis-cussion concerning the BCG method of immunization against tuberculosis. At the end it was decided to ask Dr Levine, Chairman, and Dr Birkhaug, after any conferences they may donre, to prepare details of the BCG immunisation plan for New York

State

Postgraduate Education. Postgraduate instruction has been completed in Chemung and Oswego County Medical Societies. Instruction is now being tiven in Chenango, Clinton, Cortland, Fulton, Jefferson Nassau Otsego Richmond Rockland, St. Lawrence, Sullivan, Tloga, and Tompkins County medical societies. Arrangements have been completed for a postgraduate lecture to be presented before the Schenectady County Medical Society in May 1947 A request has been received from the Broome County Medical Society for a Cancer Teaching Day in April. The Clinton County and Cayuga County medical societies have indicated a desire for postgraduate lectures in the fall of 1947

At the request of the Convention Committee, a teaching day has been arranged on Tuceday May 6 1947 during the Annual Meeting of the Society

Committee on Public Relations and Economics. As Dr Werts, Chairman was absent, Mr Farrell Director of the Medical Care Insurance Bureau reported as follows

"Your Director has attended the meeting of the Liaison Committee and Veterans Medical Service Plan, and the meeting of the Chairman of the County Legislative Committees at Albany Also he has conferred with Dr Aaron regarding the annual report of the Medical Care Insurance Bureau

"On Tuesday, March II your Director addressed the Physicians Guild of Kings County on the cost of medical care as experienced by New York State Medical Care Plans. The information and data presented were compiled from the reports now being submitted by the plans, which enable a definite con

clusion to be reached regarding the cost of medical care based on experience and not theory. Much interest was manifested in view of the program recently presented to them by H.I.P. where the doctor is paid on a per capita basis. Dr Aaroh hottler secretary of the Guild stated that they were opposed to the H.I.P. Plan in principle and he desired to know whether or not the State Medical Society had aproved or disapproved the H.I.P Plan

After discussion

It was voted that the Council go on record again as opposing the Milmoe Bills Senate Int 740 741 and 742, and that Dr Hannon be instructed to oppose them to the Governor if they are passed by the Legislature, stressing the points that these do not provide what they appear to superficially, but that they open the door to the practice of medicine by corporations other than insurance plans. They also seem to legalize cortain kinds of fee splitting

Subcommittee on Public Medical Care,-Dr Wood, Chairman submitted an interim report on the cooperative efforts of the New York State Medical Society the New York State Association of Public Welfare Officials, and the New York State Department of Social Welfare in developing public medical care programs under the Social Welfare

Law (December 1, 1946)
Introductory Public medical care as administered under the New York State Social Welfare Law has progressed substantially since 1941 when the New York State Medical Society and the New York State Department of Social Welfare adopted seven cardinal principles as the basis for development of such programs.

It was soled that the Council approve this report and recommend that it be published in the

JOURNAL. Publication Committee.—Dr Kosmak, Chairman.

reported verbally as follows

The Publication Committee had its monthly meeting on March 6 and discussed a number of routine matters and editorial content. We are still hampered by lack of paper We are therefore unable to really present in the JOURNAL a satisfactory account of the activities of the Society However we did succeed in getting enough paper to bring out a fairly satisfactory Convention Issue, and trust you will be pleased with it,

I am also pleased to report that the contemplated paper cover for the *Directory* will not be used in stead Mr Anderson has found a binder who will provide a cloth binding at a reasonable figure, much below that of the first estimate I hope the Council and every member of the Society will continue to bear with the Publication Committee.

Committee on Lisison with Veterans Adminis-tration.—Dr Bauckus Chairman, reported verbally

as follows

"I have several things to report relating to Veterans Medical Care Plan. I would like to give you a few statistics which I think should be known From September 16 1946 to February 21 1947 about five months, we have had the following authorisations in four areas. (The authorization is made by the authorising physician of Veterans Administration and he puts down a sum of money that may be ex pended in a given time and that constitutes the figure here.) In the New York area, which takes in the entire metropolitan area and considerable above. I think, including Westchester County there were 37 000 authorizations roughly costing \$1,365 638,

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and that would average about \$37 per authorization. In the Albany area there were 14,297 costing \$234,-319, and that would average \$16 per authorization In Buffalo we had the largest number of authorizations of any district, which for a time included Syracuse and Rochester, and there were 38,646 authorizations costing \$814,981 or a per capita rate of \$31 plus In Syracuse, which has recently started from February 3 to February 22, we have had 2,516 authorizations at a cost of \$21 plus The total The total amounted to 112,476 authorizations costing \$2,469,-842, and amounting to an average of about \$22 per authorization, which to my mind is very reasonable

"Much of that, or, I would think, about one fourth of these authorizations will not be expended in that This, includes the first four months of operation, when many cases got in for the first time

"You might also be interested in the type of case, for instance, in the outpatient care for a week in Rochester They have had in this week medical, 109, surgical, 14, psychiatry, 68, eye, 10, ear, nose, and throat, 30, dermatology, 32, orthopedic, 86, tropical (diseases commonly incurred in the tropics), 11, urologic, 4, neurologic, 12 That is the

way it works out generally
"Next, I want to report that during the past few
weeks I had a visit from an osteopath, who came to see us about the use of the Veterans Medical Care Plan for taking care of the veterans by means of osteopathy I stated to him that if osteopaths were interested in giving medical and surgical care to the veteran, and the Veterans Administration wanted them to do so, they ought to form their own plan because we were not apt to be informed enough to take care of their plan, too I stated that matter would need to be considered by the Board of Directors, but personally I thought it was entirely up to them

"The third has to do with a very important matter A few days ago there came from Washington a pamphlet, 'Fee Schedule for Medical Services, Veterans Administration.' That is supposed to be the maximum fee schedule in the United States, and I have a letter from Dr Frederick E Lane, who has charge of the Outpatient Department of the Medical Care Plan, in which he encloses a letter received by Dr Von Salzen (Dr Von Salzen is the Medical Director in New York State)

'Attached herewith is a copy of a letter received

by Dr Von Salzen 'I am forwarding this to you, with a copy of the Veterans Administration Form 10-2535a, February, 1947, which is to be the maximum fee schedule for Veterans Administration throughout the

United States 'The fee schedule which we are now employing in New York is higher than this maximum fee schedule in many instances and it will be necessary for us to make some adequate adjustments

I am sending you this letter at this time so that we may be prepared to take it up at the next meeting of the Directors of the Veterans Medical Service Plan of New York, Inc '

We are going to "This came to me on March 3 have a meeting this afternoon on short notice, and we shall try to do what we can.

"This is the enclosure referred to

VETERANS ADMINISTRATION Washington 25, D C February 24, 1947

10DA

"Deputy Administrator
Veterans Administration Branch Office 2 299 Broadway, New York 7, New York

'Attention Branch Medical Director Dear Sir

"Acknowledgment is made of the receipt of your telegrams of February 7 and February 18, 1947, concerning the New York fee schedule We have been working for some time to set up a fee schedule the format of which is sufficiently extensive and complete to fulfill the needs of all State Medical Societies and State Medical Service Organizations participating in the homeown' plan for medical service to veterans. With the cooperation of the Central Office Professional Services and their Consultants we have promulgated such a schedule. their Consultants we have promulgated such a schedule. Veterans Administration has 38 contracts or agreements for home-town' care now in effect. Each format of the se schedules pertaining to these contracts and agreements differs from the others. We request your cooperation in establishing a single schedule format to be used by all medical societies and medical service organizations as a part of Veterans Administration's agreements and contract Also in collaboration with Central Office Professional Services and their Consultants a system of maximum fees has been established. The final figures were arrived at only after exhaustive round table discussion between repreonly after exhaustive round table discussion between representatives of all the various medical specialties. The maximum fee schedule for Veterans Administration in the format discussed above is designated as Veterans Administration Form 10-2535a, February 1947. Copies of this form are herewith enclosed.

("I would like to say at this point that I don't know who these representatives of all the various medical specialties were They did not represent New York State as far as I can determine We knew nothing about this, but their Central Office Professional Services and their consultants are apparently an advisory committee which Dr Hawley used ")

'Adverse comment and criticism have recently been leveled at Veterans Administration for accepting certain fee bids which are claimed to exceed, for the region or community, the fees usually charged persons other than Veterans Administration beneficiants for the same services. It has also been asserted that Veterans Administration accept ance of certain bids for state-wide use has raised fees for the same services above the level previously existing in certain communities of the State. We must so negotiate fee schedules that there can be no basis for charges such as these. There is not the slightest doubt that medical fees paid by Veterans Administration in the operation of the home-town plan are being and will increasingly become subject to the strictest scrutiny. Veterans Administration must be in a position to justify the fairness of every fee bid accepted if 'home-town' medical service to the veteran is to operate to the satisfaction of all parties involved—the veteran patient, the physician, the government, and Veterans Administration. It is urged therefore, that the fees listed in Form 10-2535a, be considered as maxima and that every effort be made to secure the cooperation of The Veterans Medical Service Plan of New York Inc., in conformation to these fee standards.

Veterans Administration Form 10-2535, January 1947, is the duplicate of Form 10-2535a February 1947 (discussed above in the third paragraph) except that the spaces for fees have been left blank. To this form we have transcribed in sextuplicate from the New York fee schedule submitted, those fee bids which do not exceed our maximum for a service, or no bid was made that space was left yeacnt It is requested that The Veterans Medical Service Plan of New York Inc., submit or resubmit bids for these items of the schedule.

When bids have been made for all items on the seven

of the schedule.

When bids have been made for all items on the seven copies of Form 10-2535a, five copies should be forwarded to this office through your Branch Office one copy being retained for file by the bidding organization and one by our office

Your omee

It is strongly recommended that bidding organizations, It is strongly recommended that bidding organizations, in making fee estimates study carefully all notes interpolated in the text of the new schedule Particular attention should be directed to the fact that in the new schedule fees for surgical procedures provide for only fourteen days postoperative care and that additional fees will be allowed (as shown in Items 0013-0022, inclusive) for further postoperative care dressings and visits after fourteen days

"Very truly yours, Paul R. Hawley Chief Medical Director" /8/

"The Veterans Medical Plan, Inc , has a contract with the Veterans Administration, which takes in

the fee schedules you have been working under and I assume that will have to be again changed by agreement if a change is made. However, from the letter I have from Dr Lane—and we propose to meet Dr Von Salzon this afternoon—it appears that they expect we will change to conform to the United States General Fee Schodule.

"I would like to say that in some cases the fees are the same, but in many cases they are reduced. For example the \$10 fee for examination by a specialist the first time is no longer \$10 but it is \$7 50 and the fee for the office call of the specialist after the first visit is \$2 instead of \$5. There is a considerable reduction in some of the surgical fees and special

operations.
"To get some opinion of the men in the field I con sulted a group from the profession in Eric County the other day, and they represented all of the specialties. They were very much opposed to our going along with any change. I have that in a letter, and in personal communication from the members of this Committee

"It was immediately brought up that we have in New York State a workmen's compensation mini mum fee schedule. This Society is in the process of attempting to raise some features in that schedule togive adequate remuneration. The Council approved and accepted the report of our Veterans Plan and the Liaison Committee that we would not agree to go below any of the workmen a compensation rates, and we have faithfully adhered to that. "I have pointed out before that this kind of care

for the veteran is exactly the same as the workmen s compensation for the workers in other fields. He has suffered disability or disease, or had it aggravated in service therefore, he should have care for it. We

feel likewise the veterans ought to have free choice they may go to any physician they like "I would like to say that it is too early to tell how this fee schedule is going to work in actual expense for the period of a year but it seems to me that it not excessive and this represents the authorizating physicians' figures. They may reduce this expense by authorizing for less work than they are doing at the present time. They have a great deal of difficulty that they are the present time. culty because they do not have the personnel to make an examination of the person. They take a little history accept his complaint, and dotermine whether or not the man is entitled to care—he usually appar ently is and he is sent out with this authorization.

I would also like to point out that because of the great pressure of the work we had to step into this quite early, really before we wanted to and we soon found that there were a great number of veterans looking for medical care, and many of them were not

accepting any other

We propose to meet with the Veterans Ad ministration this afternoon, and what will come of that meeting I do not know but we are confronted here with a very important matter one relating to the workmen a compensation fee schedule. Shall we go along with this or not if they decide that we will have to adhere to the new schedule? I would like to point out that each time a physician sends in a bill he states that the fees charged are the same as he charges his private patients, and that they are no more. We have found that the doctors adhere to that quite well. There are exceptions, but many send in a bill that is less than they could have had, and less than had been designated by the author-

ixing physician. Also many of them do not use all of the treatments. We think there is an argument to this plan that in some localities the fees may be too Well if it is the standard of the man to charge lower than that we expect, he will put it down but to make it a maximum schedule and have it as low as they propose would create a great deal of

I would like to point out that for years the Veterans Administration has taken care of these veterans by sending them to veterans hospitals and also by having physicians make these bids (I don t like the term bids' here), and for years these physi-cians have been treating cases under contract at a very low rate. That may happen again, and we should decide after thinking about it quite a bit, what we are going to do and what will happen if we refuse to go along

The report was discussed, but no action taken as it was felt that the Council would be in a better position to act after the Board of Directors had

their meeting

Woman's Auxiliary -Dr Reuling, Chairman of the Advisory Committee to the Woman a Auxiliary presented a detailed report of the recent activities

of the Woman s Auxiliary

Committee on Workmen's Compensation.—Dr Dattelbaum, Chairman, called on Dr Kaliski to report verbally Senator Fino and Assemblyman Archinau introduced legislation according to the mandate of the House of Delegates for the discon tinuance of the medical practice committee having jurisdiction in the four counties in Metropolitan New York. The bill giving the Chairman of the Workmen's Compensation Board sole discretion in appointing specially qualified physicians on a fee basis or a salary basis has passed both houses as it did last year. It was vetoed by the Governor last year and the necessary steps have again been taken to bring our point of view to the attention of the Governor reciting the dangers inherent in this bill which accrue from giving to a State appointed officer the right to make appointments without any professional qualifications or professional control

New Business.—The Council confirmed the appointment by the President of Dr William E. Aying Syracuse, as representative to the A.M.A. Conference on the Cooperation of the Physician in the School Health and Physical Education Program October 16 and 17 1947 Chicago and voted that his expenses in attendance at this conference as the representative of the State Society be recommended

for payment by the Trustees

As a result of the request from the State Department of Education the names of Dr Edward S. Rimer New York City, and Dr Clarence P. Thomas, Rochester were approved as submitted as nominations for selection by the Board of Regents for membership on the Medical Grievance Com-

Dr Edward C Titus, New York City and Dr Francis E. Fronczak, of Buffalo were approved for recommendation to the A.M.A. for Affiliate Fellow Both are retired members of the State ship

Memorial Resolutions.—Resolutions on the deaths of Dr William Hale and Dr F Leslie Sullivan were presented, and appear under Additional Report of the Council—Memorials' in this issue of the JOURNAL.

MEDICAL NEWS

Annual Meeting of Psychosomatic Society

THE fourth Annual Meeting of the American So-Liety for Research in Psychosomatic Problems will take place on May 3 and 4 at Haddon Hall, Atlantic City

A scientific session will be held Saturday morning,

May 3, and the Annual Dinner will take place that

A panel discussion will be conducted Sunday morning The Society will have Dr James L Halliday of Scotland as one of its guest speakers.

Schering Adds to Research Grants

AN ADDITIONAL number of grants for endo-crine and pharmacologic research studies have been awarded by Schering Corporation to research foundations, and medical and pharmacy colleges

The following have been awarded in the State of

New York
Dr Bernard A Watson, director of the division of medicine at the Clifton Springs Sanitarium and Clinic, Clifton Springs, will supervise studies of the daily excretion of 17-ketosteroid group and its relation to the clinical use of the male sex hormone

Clinical studies with oleander glucosides in cardiac

patients will be conducted at Cornell University Medical College, New York, under the supervision of Drs McKeen Cattell and Harry Gold, professor and associate professor, respectively, of pharmacology

Funds were allotted to continue studies on hyaluroudase at the Jewish Hospital of Brooklyn under the direction of Dr Charles Birnberg, and to Cornell University, Department of Zoology, Ithaca, New York, under the direction of Samuel L Leonard, associate profess for zoology

Merck Establishes \$100,000 Fellowship Fund to Further Scientific Research

ONSIDERABLE interest has been aroused in scientific research circles by the recent announcement from the headquarters of the National Research Council of the establishment by Merck & Co, Inc, of a fund of \$100,000, with the National Academy of Sciences, for the creation of fellowships in the natural sciences

These Merck Fellowships, which are designed to

inspire young scientists in their research activities, are open to United States citizens who have demonstrated unusual talent for experimental research and who already have acquired training, in either chemistry or biology, equivalent to that represented by the degree of Ph D. Annual grants under these Merck Fellowships will range from \$2,500 to \$5,000, depending upon individual circumstances

Staggering Costs Seen from Syphilis

HE cost of treating syphilis among veterans of THE cost of treating syphins among World War II in the next twenty-five years was estimated at \$328,000,000 in March by a Veterans Administration official

At a conference of the American Social Hygiene Association in New York City, Dr Bascom Johnson

Jr, assistant chief of the dermatology and syphilology section of the VA, said this "staggering" figure could be reduced only by taking preventive action against the disease He reported that the cost of treating syphilitic veterans of World War I had reached an estimated \$82,000,000 by 1940

Personalities

A new appointment to the State Public Health council was announced on March 2 by Governor Dewey

The Governor appointed Dr Louis Bauer, of Hempstead, to complete the unexpired term of the late Dr Simon Flexner of New York City Bauer, president of the State Society, is also a member of the board of trustees of the American Medical Association and president of the Nassau County Medical Society *

At the February meeting of the Board of Trustees of the American Medical Association, the following physicians of New York State were appointed to represent the Association on allied organizations National Committee on Radiation Protection of the Bureau of Standards, Dr H B Williams, New York, and Annual Meeting of the American Academy of Political and Social Science, Dr Charles Gordon Heyd, New York.

Dr William M Sexton, who was discharged from the Army on January 22 after two years' service as a Medical Corps captain, has opened an office for the practice of general medicine and surgery at his home in Utica

* Asterisk indicates that item is from al ocal newspaper

The National Society for the Prevention of Blindness announces the appointment of Dr Franklin M Foote to the position of executive director Foote joined the Society's staff as medical director He was formerly district health officer of the Kips Bay-Yorkville Health District of the New York City Health Department Prior to that, he was chief of the division of local health administration, Connecticut State Department of Health, and professor of preyentive medicine at Cornell University Medical College

Dr Foote is a member of the American Medical Association, a member of the American Public Health Association, a member of the Harvey Society of New York City and of the New York State and

Dr Leonard R. Rubin of Lawrence, now an inactive major in the reserve medical corps has returned to the East Coast from California, where he

had been serving as assistant chief of plastic surgery at the McCormick General hospital the US

the Lings County Hospital Brooklyn.*

County medical societies

Army West Coast plastic surgery center
At the close of the war Dr Rubin received the
Legion of Merit for advancing plastic surgery in the
Army He served in Africa and Italy for two years
as chief of the plastic surgery section of the 37th
General Hospital the modical unit sent overseas by

Dr John N Shumway, of Painted Post announced in February that be has submitted his resignation to Mayor Karl L. Gaiss, after serving forty-nine years as health officer of the Villager.

The resignation was sent on his eighty-fifth birth day, Dr Shumway said. At that time he was also observing his fifty first anniversary as a practicing physician in Painted Post

In October 1931, Dr Shumway was elected presi

dent of the Corning Academy of Medicine.

Dr Edwin H. Öber has been named to succeed Dr Shumway as village health officer Dr Ober the new ofhcial, is a past-president of the Steuben County Medical Society and has been practicing in Painted Post since June 28, 1929 when he became assistant to Dr L. A. Thomas *

Dr James J Short, formerly of New York City who for many years was associated with the New York Post-Graduate Medical School and Hospital is now located in Los Angeles. Dr Short is on the faculty of the College of Medical Evangelists as associate professor of medicine and is director of the basic science course in internal medicine offered by the Graduate School of Medicine.

Dr Benedict DeRespinis, of Staten Island who served as a equadron surgeon with the Eighth Air Force in England France, and Belgium, has opened

his office in Dongan Hills.

A voteran of three and one-half years Army service, Dr DeRespinis returned to the States in July 1945 and was stationed at Greensboro North Carolina, until placed on inactive duty last April

During the graduation exercises of the Long Island College of Medicine on February 27, the College paid tribute to one of its graduates, Dr. Edwin G. Zabriskie class of 1897 who was awarded the Alumni Achievement Medal. This award is given to a graduate of the College who has made an outstanding contribution to American medicine. Dr. Zabriskie, acting chief of services at the Neurological Institute of the Columbia-Presbytarian Medical Center in Manhattan was honored on the fiftieth anniversary of his graduation

County News

Albany County

Two x-ray clinics conducted by the Albany County Tuberculosis Association in the spring and fall of 1946 revealed more active cases of heart discase than tuberculosis among the 20 000 persons who submitted to the tests according to Dr R. J Erick son, associated director

Dr Erickson said the surveys disclosed 0.4 of one per cent of Albany County's population is infected with the tuberculosis germ, which he described as

highly infectious.

Broome County

Binghamton Physicians Art Club held an exhibition of paintings on February 24 in the auditorium of the Binghamton City Hospital. Ten members of this newly founded club exhibited paintings which created much interest in a large attendance. Dratter J Alexander is the chalman of the group

The Broome County Medical Society in February voted its approval of the Blue Shield, a nonprofit medical group insurance plan similar to the Blue Cross Plan under which numerous Triple Cities employees are already insured. The Blue Shield provides contractual indemnification for stated types of operations, surgical procedures, treatment for fractures and dislocations, anaesthesia, x-ray diagnoses for surgical cases, and maternity care. It is open to persons in good health under sixty-dive years of age in groups at place of employment only. In order to be introduced into the community, the Blue Shield had to receive the sanotion of local physicians, who brought a year's study of the plan to a close recently when they approved it.*

Bronx County

The regular meeting of the Bronx County Medical Society was held on March 19 Dr Frederick E. Lane, special assistant, Medical Care Plan discussed the Veterans Medical Care Plan. Under the Veteran Physicians Program, Dr A. C Galluccio discussed Procurement and Assignment Dr Charles Halberstam, The Specialty Boards and Dr Samuel Leo, Teciprocity

Asterisk indicates that item is from a local newspaper

Cattaraugus County

On March 13 Dr Clayton W Greene, professor of medicine, University of Buffalo, School of Medicine, in one of a series of postgraduate instruction, spoke before the Cattaraugus County Medical Society on the subject of "Diagnosis and Management of Coronary Arterial Disease"

Chemung County

Dr Frank A. Disney, medical adviser of the Rochester Cerebral Palsy Association, spoke at a meeting held in Elmira in February Plans were discussed by cerebral palsy victims' parents for possible formation of a unit of the association in Elmira All such associations are formed by parents of the victims who hold the only voting power

Dr Disney first described the physical aspects of cerebral palsy and then discussed what could be done for the victims by parents, local organizations,

institutions, and medicine

Chenango County

Dr Frederick N Marty, instructor in clinical medicine, Syracuse University, College of Medicine, spoke on "The Use of Blood and Blood Substitutes and Derivatives" before the Chenango County Medical Society on March 11 This lecture was one in the series of postgraduate instruction given for the Chenango County Medical Society and was presented as a joint endeavor between the Medical Society of the State of New York and the New York State Department of Health.

Cortland County

Postgraduate instruction for the Cortland County Medical Society was given on March 21 at the Cortland County Hospital Dr Irl H Blaisdell, assistant professor of clinical otolaryngology, Syracuse University, College of Medicine, spoke on "Bronchoscopy—General Subject," and Dr Walter F Bugden, assistant professor of clinical surgery (thoracic surgery), Syracuse University, College of Medicine, opened the discussion

Dutchess County

The March Meeting of the Dutchess County Medical Society was held in the Pavillion at Hudson River State Hospital on March 12

Dr Ralph Adams of the Lahey Clinic, Boston, presented a paper on "Diagnosis and Treatment of Empyema, Lung Abscess, and Certain Other Thoracic Surgical Cases" Dr Adams is in charge of thoracic surgery at the Clinic

Erre County

The director of the Division of Surgery at the Mayo Clinic, Rochester, Minnesota, Dr Waltman Walters, warned in February that gallstones are a surgical rather than a medical problem, and should be attended to by a surgeon as soon as detected, before complications result

Dr Walters delivered a paper on surgical diseases of the biliary tract, which includes the gallbladder,

bile ducts, and liver, before 150 persons in the Buffalo Museum of Science

The meeting was sponsored by the Section on Surgery of the Buffalo Academy of Medicine

Dr Walters outlined some of the major surgical considerations in the treatment of these complications, but reiterated that prevention by early treatment was of outstanding importance *

A ten-man committee of the Eric County Medical Society recently unanimously approved, in principle, the proposed consolidation of local health services in Eric County under a single County Board of Health

In a resolution adopted at a meeting in the Society office at Hotel Statler, the committee expressed the belief that the proposed consolidation would "raise the level of public health throughout

the county "

Present at the meeting were Dr Arthur F Glaeser, Society president and chairman of the committee, Dr Nelson G Russell, chairman of the advisory board of the Buffalo Health Department, Dr Roy L Scott, Dr John W Kohl, Dr Daniel E Stedem, Dr A S Dean, district state health officer, Dr William H. Handel, county medical director, Dr Edward B Bukowski, acting health commissioner, Dr Edmund A Mackey, and Dr Daniel C Fisher *

Two steps toward further development of the streptomycin and B C G treatments for tuberculosis were taken on February 7 by the Board of Directors of the Buffalo and Erie County Tuberculosis Association at a special luncheon in Hotel Statler The board took these actions

1 It authorized the appointment of a streptomycin-B C G committee to evaluate the two drugs in relation to treatment and prevention of tubercu-

10818

2 It allocated \$7,000 to the committee for use in the study and to supply treatment to indigent patients *

Fulton County

"The Diagnosis and Management of Coronary Arterial Disease," a talk by Dr Henry Field, Jr, associate professor of medicine, University of Buffalo, School of Medicine, was presented before the Fulton County Medical Society on March 20 as one of the series of postgraduate instruction.

Jefferson County

The monthly meeting of the Jefferson County Medical Society was held on March 15 Dr Walter Modell, instructor in pharmacology, Cornell University Medical College, spoke on "The Management of the Failing Heart"

Kings County

The Medical Society of the County of Kings and Academy of Medicine of Brooklyn held their stated meeting on March 18 Dr Harry Gold, associate professor of pharmacology, Cornell University Medical College and attending physician, Beth Israel

[Continued on page 900]



To Counteract Milk Anemia

The infant dietary, based largely upon milk, is rich in most nutritional requirements except the hemopoietic elements. As a consequence, "Milk Anemia often results ARMOUR LIVER IRON and RED BONE MARROW (with malt extract) effectively counteracts this tendency by supplying precisely the missing factors. It is rich in general nutritional and more particularly in blood building substances and therefore forms an excellent adjuvant to infant feeding.

This product is also an ideal nutritional adjuvant and hematimic tonic for older children and adults of all ages. It is there-

fore available in two forms a regular 8 ounce bottle and a special 2 ounce dropper bottle for infant feeding. The adult dose is 2 teaspoonfuls twice daily The dose for children under 15 years old is 1 teaspoonful twice daily The infant dose is 1 to 10 drops daily in milk or water

Liver From the Red Boxe Marrow

Have confid nce in the preparation you prescribe --- specify "ARMOUR"

THE AMOUN LABORATORIES

[Continued from page 898]

Hospital and Hospital for Joint Diseases, discussed 'The Digitalis Glycosides' 'The Normal Electrocardiogram" was the subject of the paper presented by Dr Louis H Nahum, associate professor of physiology, Yale Medical School

There will be a meeting of the Pediatric Section of the Kings County Medical Society on Monday, April 28, 1947 at 8 30 PM at the Kings County Medical Society Building, 1313 Bedford Avenue, Brooklyn, New York. Dr M Murray Peshkin, of Manhattan, will speak on "Allergy in Infancy and Childhood" Childhood '

The medical profession is cordially invited to

attend

Monroe County

Positive programs for alleviating conditions which spread venereal disease, rather than campaigns against the disease, were urged by Dr William A Brumfield on February 10 in two observances in Rochester of Social Hygiene Day

Dr Brumfield is director of syphilis control with the New York State Department of Health discussed "Profit and Loss in V D Control" at the

meeting

Other speakers at the noon meeting included Dr Albert D Kaiser, City health officer, who said the medical problems of venereal disease control have been pretty well solved, and the principal problems now are social and economic, and Dr Joseph P Garen, district state health officer, who urged a coordinated city and county program attacking venereal disease

During the war Dr Brumfield served as a colonel in the US Army Medical Corps, and was assistant chief of venereal disease control. He was consultant in venereal disease control to Supreme Headquarters of the AEF, and served in the same capacity with the occupation forces in Germany *

New York County

The New York Academy of Medicine "proposes to weld together the resources of the 65 major hospitals in New York City so as to make it the center of medical education for the physicians of the nation and of the world," its president said recently George Baehr, speaking at the Academy's centennial celebration, said it plans "a comprehensive program of continuing education which must follow the internship and residency training of all physicians" and which "is distinctly the concern of the Academy, not of the medical schools "*

Throughout the celebration of the Academy of Medicine Centennial, five institutions were held These were Institute on Labrary Methods and Problems-March 11 and 12, Institute on Social Medicine—March 19, 20, and 21, Institute on Public Health-April 1, 2, and 3 The Institute on Medicine Theorem 1, 2, and 3 The Institute on Medicine Theorem 2, 2, and 3 The Institute on Medicine Theorem 2, 2, and 3 The Institute on Medicine Theorem 2, 2, and 3 The Institute on Medicine Theorem 2, 2, and 3 The Institute on Medicine Theorem 3, and 3 The Institute On cal Education will be held on April 16, 17, and 18, and the last will be the Institute on Hospitals, which will be held on April 21, 22, and 23

The Comitia Minora of the Medical Society of the

County of New York approved the following statement submitted by the Special Committee on Hospitals and Dispensaries in reference to Hospital

Publicity policies

"A paramount principle of hospital public relations is the fact that a favorable public opinion of hospitals, either individually or collectively, is tantamount to favorable public opinion toward the whole field of medicine Conversely, an unfavorable public opinion toward either the medical profession or the voluntary hospital system inevitably reacts unfavorably upon the other and jeopardizes public acceptance of the whole con-

cept of voluntary medicine

"Hospital publicity may well be directed to-ward furthering appeals for funds and to influence public opinion to a favorable attitude toward a particular institution Such publicity should be dignified, authoritative, mature, and restrained, but above all, factual It should avoid the promotion of individuals and invidious comparison with other institutions It should emanate only from an authorized responsible officer and should be cleared when necessary through a physician familiar with the subject Naturally, a privileged information should be given to the press "

Niagara County

At the monthly meeting of the Medical Society of the County of Niagara in February, Dr N Sullivan, of Indianapolis, Indiana, spoke on antibiotics, stressing streptomycin The danger in using a dosage of streptomycin which is too small lies in the fact that the organisms develop a tolerance to the antibiotic This tolerance is permanent even though the organism is transferred to a new host. Some of the failures of streptomycin in tuberculosis result from the fact that lesions with poor blood supply are

not reached by the antibiotic

A Clinic Day of the Ningara Falls Academy of
Medicine was held at the Niagara Hotel, Niagara

Falls, New York, on Saturday, March 8

Onondaga County

Dr W E Achilles was elected president of the Central New York Roentgen Ray Society at the annual meeting of the society in January at the Hotel Syracuse

Other officers elected were vice-president, Dr De Lalla, of Utica, secretary-treasurer, Dr

Dwight Neidham, of Syracuse.

The scientific session was devoted to a discussion of advances in diagnosis and treatment of cancer of the chest by Dr Walter Bugden, thoracic surgeon associated with Syracuse University, College of Medicine

Next regular meeting of the society will be held in conjunction with the annual meeting of the State Medical Society in May *

Dr Herman O Mosenthal, professor of clinical medicine, New York Post-Graduate Medical School, Columbia University, spoke on "Insulin in the Treatment of Diabetes" on March 21 This was a one-hour therapeutic conference presented under the auspices of the Onondaga County Medical SoIN CERTAIN MYOPATHIES.

CHOOSE THE AID WITH THE RATIONAL BASIS— MYOPONE

Until little more than a decade ago physicians remained awestruck and bewildered before the problem of treating fibrositis and allied my opathic disorders. Since then however research has increasingly confirmed both the metabolic nature of their origin and the therapeutic value of Vitamin E especially when topically applied in these af fections 2244

Using MYOPONE, a Solvent extracted wheat germ onthment containing vitamin E phospholipids and other factors in two series of myopathic patients. Ant^{2,1} reports rapid and marked symptomatic inprovement, apparently by 'a relaxant effect upon muscle fibers relieving tension and tautness' and thus preventing rather than producing edema, as do the traditional counteriritants and rubefacients.

In one series of 20 cases¹ 'Fifty percent or 10 patients showed marked improvement or complete amelioration 40% or eight patients showed fair improvement. In the other series similar success was achieved ² Both studies report the frequent reversal of pathologic changes and consistent increases in general strength and vigor

For your next myopathic patient why not prescribe MYOPONE—a rational and effective therapeutic and? For further information about MYOPONE write to The Drug Prod

ucts Co Inc. Passaic, New Jersey

1 Evans, H. M J Mt Smai Hosp., 0:241 1940

- 2 Ant, M., N 1 State J of Med. 45 1861 1945
- 3 Ibid., Ind Med., 15:399 1946
- 4 Steinberg, C L., Am. J Med Sci., 201:347 1941
- 5 Ibid, N Y State J of Med 42-773 1942



(Continued from page 900)

ciety and the Syracuse University, College of Medicine, at the University

The Onondaga County Medical Society met on March 4. Papers presented before the meeting were "What's New in Rh" in two parts (a) "The Mother and the Rh Factor" was discussed by Dr Raymond J Pieri, and (b) "The Baby and the Rh Factor" (Exsanguination Transfusion) was presented by Dr Robert C Schwartz

Dr Charles H Mosely talked on a "Review of Stomach Surgery, University Hospital, 1946" which was followed by a discussion opened by Dr

Arthur B Raffl.

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The Syracuse Academy of Medicine met on March 18, and Dr Gordon D Hoople spoke on "The Fen-estration Operation" with the discussion opened by Dr Mortimer G Brown

"Advanced Ectopic Pregnancy" was the subject of the paper presented by Dr Karl M Wilson, professor of obstetrics, Rochester University, Medical School, at the meeting of the Central New York Association of Gynecologists and Obstetricians

Otsego County

Postgraduate instruction for the Otsego County Medical Society was given on March 12 with Dr Leslie A. Osborn, assistant professor of psychiatry, University of Buffalo, School of Medicine, discussing "The Recognition and Management of Psychiatric Problems in General Practice"

Queens County

Dr Edward C Veprovsky, of Flushing, spoke on "Highlights of Office Gynecology" at the meeting of the Queens Medical Society in February He is at-tending obstetrician and gynecologist of the Flush-ing, Queens General, and Triboro hospitals *

On February 21 Dr Alexander Wiener, serologist, office of the chief medical examiner of the City of New York, spoke before the Queens County Medical Society on "Recent Advances in the Field of Rh Blood Types and Erythroblastoses"

Rensselaer County

The State's extensive postwar campaign in tuberculosis control will be directed by Dr Robert E Plunkett, of Troy, who in February was elevated to the newly created post of assistant State health commissioner in charge of tuberculosis control *

Dr William E Browne, Boston surgeon, addressed the Medical Society of Rensselaer County in February on "The Reconstruction of the Crippled Hand"

Speaking at a meeting of the Society at the Troy Club, Dr Browne, who is chief of the Second Surgical Service of Carney Hospital, Boston, and professor of surgery at Tufts Medical College, explained the medical process involved in certain hand operations

It was announced at the meeting that Dr Konrad Birkhaug, outstanding authority on active immunization against tuberculosis, by means of innoculation with B C G (Bacillus Calmette-Guerin), was to address the March meeting of the Society

Dr Francis Fagan, president of the Society, pre-

sided at the meeting

St Lawrence County

Dr Walter Modell, instructor in pharmacology, Cornell University Medical College, addressed the St Lawrence County Medical Society on "The Management of the Failing Heart" on March 13

Tioga County

The Tioga County Medical Society attended a postgraduate lecture on March 20 The subject was "Newer Aspects in the Treatment of Arthritis", which was presented by Dr Edward F Hartung, assistant clinical professor of medicine, College of Physicians and Surgeons, Columbia University, and chief of the division of arthritis, New York Post-Graduate Medical School and Hospital

Wayne County

"Dysmenorrhea" was the topic of the postgraduate lecture given by Dr Wesley T Pommerenke, associate professor of obstetrics and gynecology, University of Rochester, School of Medicine and Dentistry, on April 8 before the Wayne County Medical Society

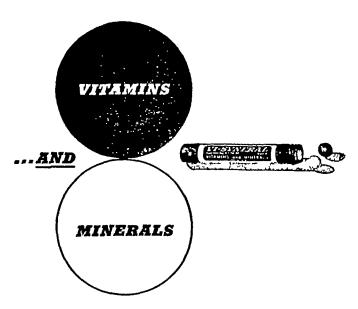
Westchester County

The regular meeting of the Westchester County Medical Society was held on March 18 in the New York Hospital, Westchester Division "The Early Treatment of Injuries" was presented by Dr Clay Ray, professor of orthopedic surgery, College of Physicians and Surgeons, Columbia University, and attending surgeon and director, fracture service, Presbyterian-New York Orthopedic Hospitals

FOR YOUR INFORMATION

The February 14, 1947, Secretary's News Letter from the American Medical Association states in

part
"Diathermy Equipment Frequency Allocation
The Federal Communications Commission has assigned the frequency 2450 megacycles for industrial, medical and scientific purposes for immediate nonevclusive use without a license. The 13, 27 and 40 megacycles are still under consideration Because the excess radiated energy not absorbed by the tissues in diathermy treatment interfered with services, such as police radio, television, and FM, these determinations of allocation of frequency were necessary The Council on Physical Medicine 18 cooperating with the FCC in working out the allocations"



BECAUSE VITAMINS ALONE ARE NOT ENOUGH

Supplementing the diet with both vitamins and minerals is clearly logical because of the now confirmed nutritional concepts originally advanced by Dr. Casimir Funk in 1936

- vitamins and minerals are nutritionally inter-related
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- minerals are nutritionally as important as vitamins

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 20 0 mg

 Pyridoxine (B₆)
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 Calcium Pantothenate
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Literature and Samples upon request

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HOSPITAL NEWS

Refresher Course in Medicine to Be Given at City Hospital

ITY Hospital announces that the Spring session of the Refresher Course in Medicine will be given from May 5 through June 6, 1947

The course is a comprehensive review in internal medicine and the allied specialties and is designed to meet the needs of the general practitioner and the medical veteran

Classes are held at the Welfare Dispensary, 80th Street and East End Avenue, on Monday, Wednesday, and Friday mornings, and Tuesday and Thursday afternoons

Emphasis is placed throughout on the diagnosis and treatment of the disorders commonly encountered in general practice. The newer diagnostic and therapeutic procedures are described and evaluated in the light of clinical experience Students are also permitted to make rounds on the medical wards of

City Hospital by special arrangement

There is no tuition fee Requests for application should be addressed to Dr Milton B Rosenblatt, Welfare Island Dispensary, 80th Street and East End Avenue, New York 21, N Y

Memorial Hospital for Cancer and Allied Diseases Extends Its Children's Diagnostic Services

N EXTENSION of the diagnostic service of the A Children's Tumor Registry of Memorial Hospital, New York City, was made on January 1, 1947, with the establishment of the Children's Diagnostic This service is offered to the pediatric patients of hospitals and private physicians for the diagnosis of neoplastic diseases and is available for ambulant or bed cases The investigations will be performed at cost or without charge if the patient is

unable to afford this Upon completion of the study the patient will be referred back to the physician or institution interested, with a report of the findings If therapeutic recommendations are indicated and requested they will also be made

Appointments for such examinations may be made by mail or telephone with The Secretary, Pediatric Service, Memorial Hospital, 444 East 68th St., New York 21, N Y

Newsy Notes

The \$5,000,000 building fund campaign of the New York Infirmary has passed the \$1,000,000 mark, Miss Evelyn Blewett, executive director of the fund, said February 27 at the Infirmary, 321 East Fifteenth Street, New York City *

The affiliation of Columbia University and the New York Post-Graduate Medical School and Hospital will be terminated by mutual agreement on June 30, 1948, officials of both institutions announced February 21 m a joint statement

By agreement since 1931, Columbia University's faculty of medicine at the College of Physicians and Surgeons has supervised the postgraduate teaching program at the Post-Graduate Medical School and

Hospital

Continuation of the plan along the original lines has become impossible because of administrative reasons, it was explained Post-Graduate Hospital, at 303 East Twentieth Street, is far removed from Columbia, and the necessary facilities, laboratories, and clinical services have not been available to carry on the original program *

Demands on the Brooklyn Eye and Ear Hospital have increased beyond its financial resources, the hospital announced March 12 in connection with its current drive for \$54,000 for immediate needs The hospital is the only institution in Brooklyn for the exclusive treatment of diseases of the eye, ear, nose, and throat If a patient cannot afford the moderate fee, he is treated free

* Asterisk indicates that item is from a local newspaper

A bronze plaque bearing the names of 831 persons employed at the Kings County Hospital, Brooklyn, who served in the war, was unveiled March 6 in the main lobby of the institution. The plaque indicated that nine of those named had lost their lives in the war, and 60 of those honored for war service were women '

Utica General Hospital has become the Oneida County Hospital of Utica by unanimous action of the Board of Supervisors, which effected the change February 12

Under the new arrangement, the County will operate the Hospital but the City will maintain the physical properties leased to the County at \$100 a year for two years ending December 31, 1948 *

Mount Sinai Hospital, New York City, opened on March 10 a newly renovated section for patients with psychologic disorders of a type that do not require treatment in a hospital for the mentally ill Expanded outpatient facilities for ambulatory cases of this type have been provided to serve those who do not need to be admitted as inpatients *

The eighth day of February marked the tenth anniversary drive for the ovygen fund of the St Francis Cardiac Guild, and the founding of the St Francis Sanatorium in Roslyn, Long Island It has grown from a small building housing twelve children to the present day with six spacious, modern buildings, given by the Martha Hall Foundation *

[Continued on page 906]



Closed systems for blood and plasma transfusions today so widely accepted were introduced by Baxter

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ATLANTA

[Continued form page 904]

The cornerstone of a \$200,000 building housing a swimming pool for the Kingsbridge Veterans Hospital, in the Bronx, was dedicated Monday, February 3, to the memory of four Army chaplains who were drowned after they gave their lifebelts to four other men when the transport Dorchester was sunk off Greenland by a German submarine, February 3,

The pool, which will include a hydrotherapy center, will be known as the Four Chaplains' Memorial It will be 40 by 180 feet, inclosed in an oval glass shell It is to be completed by summer, in time for

dedication ceremonies July 4

Complete equipment for a 20-bed polio ward at Mercy Hospital, Buffalo, will be provided by the Buffalo & Erie County Chapter for Infantile Paralysis, it was announced in February by John E Clifford, director of organization for the chapter The chapter also will provide the services of two physiotherapists

Besides beds for the ward, the chapter will provide bedside tables, mattresses, three hot-pack machines, an infrared lamp, and other equipment

equipping the polio ward, to be met with March of Dimes funds, will be about \$5,000, Mr Clifford

Consolidation of the Noble Foundation Home in Gouverneur with the VanDuzee Hospital and operation of the home by the Hospital association was approved by the directors of the Stephen B Van-Duzee Hospital Association in February

The change in administration of the home was proposed in a communication from the Edward John Noble Foundation, which also expressed the desire of the foundation to participate substantially in the construction of new hospital facilities in Gouverneur

The 160-bed Horace Harding Hospital, the first hospital to be built in Queens since the war, opened The six-story brick building, at Queens on April 1 and Woodhaven Boulevards, was open for inspection by physicians and by the public March 29 and 30 Two floors of the private hospital are devoted to

maternity cases, two floors to medical and surgical cases, and one floor to children's diseases A kitchen and a restaurant with a 150-person capacity are on the lower floor '

At the Helm

Dr J Hamilton Crawford, director of the department of medicine at Long Island College Hospital, has been elected president of a new medical board at the Hospital, it was announced March 5 elected were Dr S Potter Bartley, vice-president, Dr Lewis A Koch, secretary, and Dr Arthur Goetsch, treasurer

Dr James Bordley III has been named director of the Mary Imogene Bassett Hospital, Cooperstown, to succeed Dr George M Mackenzie Dr Bordley is now associate professor of medicine at the Johns Hopkins University School of Medicine

Dr McKenzie will retire September 1 *

Dr Allen O Whipple, former director of surgical service at Columbia-Presbyterian Medical Center, began his new duties as clinical director of the Memorial Hospital Center for Treatment of Cancer and Allied Diseases, New York City, on March 3

Dr Whipple recently returned from a four-month tour of cancer hospitals and laboratories in Europe He was particularly impressed by the British Cancer Work program in which, he said, vital community statistics are better organized and more accessible than anywhere in the United States

At the time of his appointment to Memorial Hospital last September, Dr Whipple received the Hospital's annual Katherine Berkan Judd award for his development of an operation method to remove tumors of the pancreas

Dr William T Wheeler, who left Oneida County Hospital as chief physician and surgeon October 1, 1944, to enter the armed services, returned to the staff on February 1 He was discharged from the Medical Corps of the Army as a major

Dr Wheeler was connected with the Hospital staff for five years prior to entering service *

Dr William E Garlick, of Wappingers Falls, has been elected president of the medical staff of Vassar Hospital in Poughkeepsie He succeeds Dr_Scott Lord Smith, who retired after heading the staff since 1932 Dr Smith, who recently was elected a trustee of the Hospital, continues service as an attending physician

Dr Emil A. Stoller, an attending surgeon, succeeded Dr Garlick as vice-president of the staff, and Dr Albert A Rosenberg, attending pediatrician, was elected secretary-treasurer of the staff, a post

which had been held by Dr Stoller

In the consulting staff a number of additions have been made Dr Milton J Raisbeck, of New York City, was appointed as a consulting cardiologist, and Dr Alfred C Beck, of Brooklyn, as consulting obstetrician

Other new consultants are Dr Frank B Berry, New York City, thoracic surgeon, Dr Wilfred D Wingebach, Brooklyn, neurosurgeon, and Dr Foster Kennedy, New York City, neurologist Dr Eleanor K Peck, of Poughkeepsie, was pro-

moted from clinical assistant to an assistant attend-

ing pediatrician

Dr Garlick, the new chief of staff, was graduated from Albany Medical College in 1904 He became clinical assistant on the Vassar Hospital staff in 1925, an assistant attending physician the same year, and was advanced as an attending physician in 1940 *

Dr Ray E Persons, of Cairo, was elected president of the Greene County Memorial Hospital staff,

at the annual meeting held by that organization Other officers elected were Dr Kenneth F Bott, Greenville, vice-president, Dr George L Branch,

of Catskill, secretary Other members of the hospital board are Dr Mahlon H Atkinson, of Catskill, Dr T Earl Mc-Quade, of Coxsachie, Dr Alton B Daley, of Athens,

[Continued on page 908]

and Dr Edwin Mulbury, of Windham



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POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

Cortland County "Heart Disease and Major Surgery" will be the topic of a talk by Dr Edwin P Maynard, Jr, professor of clinical medicine at Long Island College of Medicine, at the April eighteenth meeting of the Cortland County Medical

Dr Richard S Gubner, assistant medical director of the Equitable Life Assurance Society of the United States, will speak on "The Interpretation of Various Cardiac Signs and Symptoms" on May 16 These lectures will be given on Friday evenings at

30 at the Cortland County Hospital
Madison County The Madison County Medical Madison County The Madison County Medical Society's postgraduate instruction, given at the Hotel Oneida, in Oneida, on Thursday evenings at 8 30 o'clock, are April 17, "The Diagnostic Approach to Diseases of the Anus, Rectum, and Sigmoid," by Dr John C M Brust, associate professor of surgery, Syracuse University, College of Medicine, April 24, "Medical Problems of the Returned Veteran—Malaria, Hepatius, Amebiasis," by Dr Frank Meyers, assistant professor of pharmacology and therapeutics and associate in medicine University and therapeutics and associate in medicine, University of Buffalo, School of Medicine, and on May 1, "Hemorrhages of Pregnancy," by Dr Francis R Irving, professor of clinical obstetrics, Syracuse Uni-

versity, College of Medicine
Sullivan County "Chinical Manifestations of
Coronary Artery Disease" will be the subject of a
lecture to be given by Dr Edward C Reifenstein, professor emeritus of medicine at Syracuse University, College of Medicine, on April 16, at Workmen's Circle Sanatorium, Liberty, New York

Dr Frank Glenn, associate professor of clinical surgery at Cornell University Medical College, will speak on "Surgical Treatment of Biliary Tract Disease" at Monticello Hospital, Monticello, on April 23

On April 30 Dr Wardner D Ayer, professor of clinical medicine at Syracuse University, College of Medicine, and director of medicine at the University Hospital of the Good Shepherd, Syracuse, will give a talk entitled "A Critical Review of Therapeutics in Organic Neurology" This meeting will be held at the Lenape Hotel in Liberty, New York

The Sullivan County Medical Society will hold its semiannual meeting on May 14, at the home of Dr Harry Golembe, 111 Chaplin Avenue, Liberty Dr James E McCormack, assistant dean and instructor in medicine at New York University, College of Medicine, will speak on "Chemotherapy and the Antibiotics" the Antibiotics '

This series of postgraduate instruction will be given on Wednesday evenings at 8 00 o'clock

Warren County Dr Charles A R Connor, instructor in medicine, New York University, College of Medicine, will present a lecture to the Warren County Medical Society and the Glens Falls Academy of Medicine on April 24 at 8 30 Pm in the auditorium of the Crandall Library in Glens Falls His subject will be "Syphilitic and Arteriosclerotic Heart Disease "

Hospital News

[Continued from page 906]

Dr Jacob C Zillhardt, former head of the department of internal medicine, has been elected chief of staff of the Charles S Wilson Memorial Hospital at Johnson City *

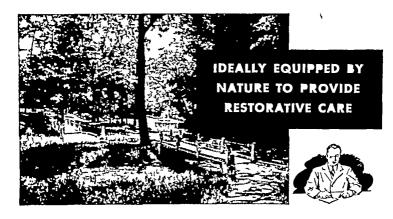
Dr Francis W Dodge has been elected chairman of the staff at Child's Hospital, Albany, to take the place of Dr Alva Travor who resigned recently after eighteen years in the post

Replacing Dr Charles K Winne, who served as secretary for twenty-nine years before his recent resignation, is Dr Edgar Kemp The two doctors

who have resigned their offices will remain on the hospital staff

Dr John G Hart was elected president of the Park Avenue Hospital, Rochester, medical staff to succeed Dr B F Kleker, retiring president, at the annual dinner and election of officers in February

Other officers elected were vice-president, Dr Claude M Francis, secretary, Dr Clarence A Shepard, chief of medicine, Dr John J Finigan, chief of surgery, Dr Guy B Van Alstyne, chief of obstetrics, Dr Arthur C Woggon, and chief of pathology, Dr C L Yuile *



Unsettled times like these bring the overburdened physician more than the normal number of patients suffering from chronic disorders of a cardiac, vascular or rheumatic nature

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you yourself recommend, your patient, relaxed in mind and body draws a full measure of improved health from the Spas naturally carbonated mineral waters

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NECROLOGY

Charles David Bles, M D, 68, of the Bronx, died on March 5 He received his medical degree in 1911 from Fordham University Medical School Dr Bles served as medical officer with the 102nd Engineers of the New York National Guard from 1915 until he retired with the rank of lieutenant colonel in 1939 He was on active service on the Mexican Border in 1916, and in Europe in 1918

Raymond Elliott, M.D., of Rochester, died on March 5 at the age of 56 Dr Elliott was a member of the American Academy of Ophthalmology and Otolaryngology, the State and County medical societies, and the American Medical Association He was senior otolaryngologist on the staff of St Mary's Hospital in Rochester He was graduated

from McGill University in 1915

William J. Flint, M. D., 78, of Watertown, died on March 1 He had been a practicing physician for fifty-seven years, having received his medical degree in 1890 from the New York Homeopathic Medical

Dr Flint served on the staffs of the House of the Good Samaritan and Mercy Hospital in Watertown He was a member of the American Medical Association, and the State and County medical societies

Morris Friedson, M D, 66, died on March 18 He received his medical degree in 1910 from the College of Physicians and Surgeons, Columbia Univer-

Dr Friedson was a member of the American Medical Association, the State and County medical societies, and the Academy of Medicine director of pediatrics at Gouverneur Hospital, New York City, and served on the pediatric staff at Beth David Hospital, New York City Dr Friedson was a resident of New York City

Eugene Andrew Hammond, M D, 60, of New Berlin, died on February 12 Dr Hammond was a Chenango County coroner, and health officer for New Berlin and Pittsford He was on the visiting staff of Faxton and St Elizabeth hospitals, Utica, and Chenango County Memorial Hospital, Nor-wich He was graduated from Syracuse University,

College of Medicine, in 1912 He was a member of the American Medical Association, Utica Academy of Medicine, and the State

and County medical societies

James E King, M D, 71, of Buffalo, died on
March 9 He was emeritus professor of gynecology

at the University of Buffalo, School of Medicine, and former president of the International College of Surgeons

In 1946 Dr King was a delegate to the convention of the International College of Surgeons in Lima, Peru, having been its vice-president in 1920, and

president in 1938 and 1939

He was a member of the American Medical Association, the State and County medical societies, American College of Surgeons, Academy of Medicine, American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, American Gynecological Society, and consulting gynecologist at the State Institute for the Study of Malignant Diseases, Lafayette General Hospital, in Buffalo, and chief consulting gynecologist to Meyer Memorial Hospi-

tal. Buffalo

Henry H Lyle, M D, of New York City, died on March 11 at the age of 72 Dr Lyle was professor of clinical surgery in the Cornell University Medical College He received his medical degree in 1900 from the College of Physicians and Surgeons, Columbia University, and was professor of clinical surgery there from 1913 to 1919, and assistant professor of surgery at the Cornell Medical College from 1919 to 1931 He also had been an attending surgeon at St Luke's Hospital, director of the cancer service at the New York Skin and Cancer Hospital, attending surgical specialist to United States Veterans Burcau, District No 2, and consulting surgeon to the Elizabeth A Horton Memorial Hospital at Middleton the State Reconstruction Home at Cornwall, and St_Luke's Hospital, Newburgh

Dr Lyle was a member of the American College of Surgeons, American Surgical Association, American Medical Association, Academy of Medicine, Society of Chinical Surgeons, and the State and County

medical societies

Alfonzo T Powell, M D, 85, of Coeymans, died on March 8 He was graduated from the Albany He was graduated from the Albany Medical College in 1889 Dr Powell practiced

medicine in Coe mans from 1890 to 1920

George H Schenck, M.D., 67, of Southampton, died on March 5 In 1904 he was graduated from the College of Physicians and Surgeons, Columbia Dr Schenck was a member of the American Medical Association, and the State and County medical societies, and had been a general practitioner in Southampton, Long Island, for more than forty years

NTA TO MEET IN SAN FRANCISCO

The Forty-third Annual Meeting of the National Tuberculosis Association will be held in San Francisco, June 17 to 20, 1947, according to the January issue of the NTA Bulletin Program arrangements are in the hands of the following committees

Medical Section-Dr John H Skavlem, chairman, Dr Emil Bogen, Dr Donald S King, Dr Herbert C Maier, Dr Eugene P Pendergrass, Dr Sidney J Shipman, and Dr Max Pinner, ex officio

Public Health Section—Glenn V Armstrong, chairman, Alfred E Kessler, Donald E Pratt, and Miss Beryl Roberts

A preliminary program of the meeting will appear in the April Bulletin

–Health News, February 3, 1947



Write on your letterbead for professional sample and reprint from the NEW YORK STATE JOURNAL OF MEDICINE Volume 44 No. 10 May 15 1944 on Clinical study of 165 cases in which Sodium Etholy! was used as a hypnotic and sedative

DEPARTMENT OF MEDICAL CARE INSURANCE

CONDUCTED BY GEORGE P FARRELL, DIRECTOR

Genesee Valley Medical Care, Inc , Rochester, New York

GENESEE Valley Medical Care, Inc., located in Rochester, New York, was organized in November, 1945, by the Monroe County Medical Society and the Medical Societies of Livingston, Ontario, Wayne, and Yates counties, with the cooperation of representatives from the Industrial Management Council and other public-spirited citizens

A temporary license was issued by the New York State Department of Insurance on April, 1946, and the Plan began enrollment of membership on July 1,

Officers and Directors

The officers of the Plan are Dr James K

Quigley, president, the Honorable John VanVoorhis, vice-president, Dr Maurice A Bernard, secretary, and William C Gosnell, treasurer

Besides these officers, the Board of Directors is composed of Drs Henry B Crawford, James L Davis, Robert E Doran, James M Flynn, James S Houck, Albert D Kaiser, J Craig Potter, William A Sawyer, Robert F Schanz, W J Merle Scott, Leo F Simpson, and the following laymen serving on the Board of Directors Charles T Crouch, Marion B Folsom, Herbert C Holt, Julius Loos, Raymond B Welch, and Charles S Wilcox

Sherman D Meech, managing director of the Rochester Hospital Service Plan, serves as technical

advisor to the Plan

Financial Position

In order to get the Plan started, 105 physicians contributed \$100 each to establish a fund of \$10,500 to finance the Plan while it was being started By December 31, 1946, sufficient income had been received to offset this advance of the physicians

The contract allows a maximum benefit of \$150 for each subscriber where two or more surgical procedures are performed in any three months' In the event that more than one surgical operation is performed at the same time, payment is made only for the operation for which the largest amount is allowed in the fee schedule lowed for diagnostic x-ray service when followed by surgical procedures, and \$10 is allowed for anesthesia in any one case when administered by a physician other than the operating surgeon There are waiting periods of one year for menopausal conditions, hernia, hemorrhoid, tonsil, and adenoid operations A ten months' waiting period is required for maternity care, which is available only to the holder of a family contract. When 75% or more of all employees in a firm are enrolled, providing there is a minimum of fifty subscribers, all pre-existing condi-

tions, waiting periods, for maternity, etc., are waived both for the employee and his dependent. There is no age limit for membership in the Genesce Valley Medical Care Plan, masmuch as this is contingent upon membership in the Rochester Hospital Service Dependent children are covered on the contract until the anniversary date of the contract after the child has reached his eighteenth birthday Arrangements are made with an employee who leaves a group either to transfer his surgical and obstetrical coverage to his new place of employment or pay his premium direct to the Plan's office at the group rates until the anniversary date of his contract Thereafter, the contract would be at group conversion rates which are slightly higher

Enrollment

Genesee Valley Medical Care Plan is offered only to subscribers of the Rochester Hospital Service Plan members who are enrolled in payroll deduction As yet, membership is not available to collection groups or to individuals As of January 31, 1947, membership in the Plan totaled 13,585 However, it is expected that the membership will approximate 50,000 persons by the end of the first complete year of operation

Territory Covered

The operating territory of the Plan includes five counties Monroe, Ontario, Wayne, Livingston, and Yates counties Seneca County is also in the territory covered by the Plan, but the Medical Society of this county has membership under consideration. sideration No attempts at enrollment in this county have been made until the Plan has been accepted and approved by the Medical Society

Participating Physicians

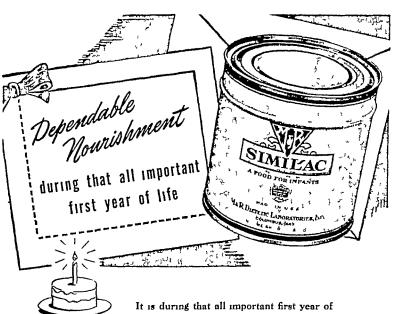
Practically all physicians living in the area covered are "participating" and at the present time over 86 per cent of the doctors, or 615 doctors, are members of the Plan There is no charge for a participating physician Full subscriber benefit fees are paid to any participating physician All elected officers and directors serve without remuneration, and it is a nonprofit plan

It is the practice of physicians to mail their patients' bills to the Plan's office, where the amount of credit is stamped The bill is then forwarded to the patient, showing the balance, if any, that is due, which is paid direct to the physician In all cases which is paid direct to the physician the physician sets his own fee against which the Plan pays specified amounts as listed in the schedule of benefits, which is a part of each member's con-

IDIOEQUAL

Husband "I passed Jones in the street yesterday, and he refused to recognize me—thinks I am not his equal "

Wife "Equal, indeed! "Of course you are He is nothing but a great, fat, concerted idiot "



It is during that all important first year of life that the very foundation of future health and ruggedness is laid. And the well nour-

ished baby is, in most cases more resistant to the common ills of infancy Similac fed infants are notably well nourished, for Similac provides fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements Similac dependably nourishes the bottle fed infant—from birth until weaning

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"IF YOU HAVEN'T SEEN THIS ELSEWHERE

New Industrial Accident Fee Schedule

THROUGH the prolonged and painstaking efforts of a special committee of the California Medical Association, the Industrial Accident Commission has recently adopted a new and complete fee schedule. It became effective November 1, and copies have been sent to all members of CMA. The schedule provides an increase of approximately 25 per cent over the old schedule (or of approximately 9 per cent over the existing temporary one, which consists of the old schedule plus a 15 per cent surcharge)

It is anticipated that some insurance companies may attempt to circumvent the new schedule by making private contracts with individual physicians. Your Association believes that the new schedule, especially in view of current inflation, is reasonable, and will permit all properly conducted insurance companies to continue to make a fair profit on their projects. Therefore, your Association urges each

member to "stand by his guns" and adhere to the schedule as printed In this manner, fair medical fees will be obtainable for competent work, and the tendency to maintain a high quality of work will be encouraged

Some county societies may well decide to request members who arrange private contracts for industrial work to submit copies of those contracts to their Committees on Professional Conduct for review This is a matter for decision by each individual county unit

The new schedule, like all fee schedules, is not believed to be a perfect document, it is and should be subject to periodic review and constructive re-

adjustment
Your suggestions to the Fee Schedule
Committee of your county or state association will
be respectfully received in this connection—Cali
forma Medicine, Vol. 65, No. 5, November, 1946

The Private Office as a Health Center

If the general practitioner is unwilling or unable to do a health maintenance examination, the patient will perforce go to a clinic which has announced such a service. There has been much publicity lately on the importance of general physical examinations in the detection of cancer and in the maintenance of health. When a New York tabloid featured the opening of the Strang Clinic in New York, a flood of letters and calls poured in, and already that clinic is now booked until November, 1947.

Many of these applicants were willing and vable to pay their private doctors for this kind of service. How many of their doctors were willing and able to render this service? The cry that the operation of such a clinic (whether designated a cancer prevention or a health maintenance agency) is a blow to individualized medicine, is constantly heard. It is fair to ask the complaining doctors if they are prepared to give their patients an equivalent service.

We frown on hospitals, agencies, and clinics which do general physical examinations at cut rates because we see such activities as steps away from free choice, as examples of the corporate practice of medicine, and as devices to cheapen the value of examinations. Our frowns will retain no patients, however, our willingness to provide thorough diagnostic facilities in the office will

At the moment, the best approach to health maintenance examinations is by way of "cancer preven-

tion" This is a dramatic, attention-arresting, and important basis on which to offer such a service. It goes without saying that the practitioner will really do a thorough study, including vaginal and rectal examinations and a flat chest plate.

Patients have learned that a good physical examination including the history (and the drawing of specimens for blood count, urine analysis, blood serology) will take at least forty-five minutes. They will not be satisfied with anything more cursory. The doctor who is not prepared to devote the time and attention which this requires should send the patient to a colleague who is. If he fails to do either, let him not be surprised if the patient goes to a publicized health maintenance or cancer prevention chinic and gets a work-up at a reduced fee

Follow-up is important, and doctors need no longer be deterred by fear that the patient will think he is trying to make an unnecessary fee. If, for example, a small mass is found, and biopsy does not seem indicated, a follow-up visit a few weeks later to see if the mass has grown, is sensible, and the

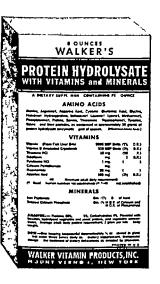
patient knows it is

The demand for group medicine, for more clinics, for new health centers and the like is growing rapidly A stand at this point, by offering complete diagnostic service, is the family doctor's chance to retain medical practice in its individualistic framework. It is, perhaps, his last chance —From the Journal of the Medical Society of New Jersey, Feb., 1947, page 89

X-RAY TECHNICIANS TO HOLD MEETING

The National Society of X-ray Technicians are holding their annual convention in Buffalo, New York, on June 1 to 6, 1947, at the Statler Hotel





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CORRESPONDENCE

Giant Cell Tumor of the Cervical Spine

To the Editor

I should like to comment on the article "Giant Cell Tumor of the Cervical Spine" by Dr Halford Hallock, in your Journal dated February 1, 1947

The patient described in that article was a patient in Morrisania City Hospital in the Bronx, New York, between September 28 and October 10, 1944 I had the opportunity of seeing the case in consultation in our Tumor Clinic. At that time, radiographs showed a complete dissolution of the bodies of the first four cervical vertebrae and a soft, part mass was visible in the prevertebral region. I think it a little less than scientific to present this

I think it a little less than scientific to present this case with a histologic diagnosis when no tissue was examined by a pathologist. When I saw the patient, he refused to allow a biopsy because a physician who had treated him previously had warned

him against the dangers of such a procedure. No mention of tissue examination is made in Dr Hallock's article

By Dr Hallock's own statement, he had found no record in the literature of any giant cell tumor that involved more than one vertebra. It is indeed "unique", therefore, to make such a diagnosis on an osteolytic lesion extending across several vertebrae. The case is extremely interesting, but until the histopathology can be demonstrated, it should not be recorded in the literature with a diagnosis implying known pathology.

(Signed) PAUL W COHEN, M D

February 14, 1947

Reply by Dr Hallock

To the Editor

I have no comment to make on Dr Cohen's letter If there was no histologic examination, the diagnosis could only be a clinical one and I think

this is obvious on careful reading of the article.
(Signed) HALFORD HALLOCK, M D
February 21, 1947

LAWMAKER'S DOCTOR

Everyone will agree that in the past few years the trend has been to socialize the activities of all people in the United States so that from "cradle to the grave" control of the individual will be the ultimate goal of government. The recent elections indicate that the people, as a whole, have lost interest in such legislation and are content to follow a path of free enterprise.

This new trend will last only as long as easy money, i.e., high wages and good crops, are in existence. At the first indication of a depression, or the more subtle recession, people will flock back to the standard bearers of the "Uncle Sam will take care of you" group

Unfortunately, people in need of coal, food, medical care, and so on, are more concerned, too often, with the procurement of necessities that they forget, in the long run, they have to pay for themselves. It is felt, then, that if the mood of the public changes as economic circumstances alter themselves.

the physician must keep up a solid interest in the activities of the law makers who represent his community, both nationally and locally

Every lawmaker in this country, with very few exceptions, has a doctor on whom he may call in case of emergency or for routine care. You may be that doctor and if you are, you have the best opportunity possible to give counsel where it will do the most good. Make use of your position as a friend, advisor, and constituent to give him hard and cold facts about the results of government control of medicine.

Any lawmaker who has the best interests of the people at heart, will agree that government would only be an expensive way to buy inferior medical care, if you will but tell him. A firm conviction in your mind is useless unless you can plant it where it will do some good —Your Medical Association, Bulletin of the South Dakota State Medical Associa-

tion, January, 1947

THE RIGHT ANSWER!

A mayor of a Midwestern town recently was visited by a delegation with the request that he reopen a red-light district closed during the war

reopen a red-light district closed during the war
"Gentlemen," he told them, "I'll reopen that
district if you permit your own daughters to staff
the houses Somebody's daughters would have to

be placed there I don't want the personnel recruitment on my conscience."

The delegation left in silence
—From "The Prostitution Racket Is Back" by
Albert Deutsch in the American Mercury,
September, 1946



WELL TOLERATED by the NEWBORN

Clinical experience establishes that CARTOSE* is especially well toler ated by newborn infants.

CARTOSE supplies carefully bal anced amounts of non fermentable dextrins with maltose and dextrose. These offer the advantages of spaced absorption because of the time required for hydrolysis of the higher sugars less likelihood of distress due to the presence of excessive amounts

of fermentable sugars in the intestinal tract at one time.

CARTOSE is liquid formula preparation is simple, rapid and ac curate. It is compatible with any for mula base fluid, evaporated or dried milk.

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Mixed Carbohydrates

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COLUMBUS INDIANA

ANNOUNCEMENTS

THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT BOARD OF MEDICAL EXAMINERS

To the Secretaries of the Medical Boards of the United States

Gentlemen

This is a notification that the Board of Regents at a meeting held December 20, 1946,

VOTED, that the determination of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to Theodore R Freedman, Rockaway Beach, New York, be accepted and sustained, that, in compliance with the recommendation of said Committee, said Theodore R Freedman be censured and reprimanded, that said Theodore R Freedman be ordered to appear for such censure and reprimand before the Board of Regents at a time and place to be determined by the Commissioner of Education, notice of which shall be given to said Theodore R Freedman by said Commissioner, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote

Dr Freedman is registered for the year 1947–1948 from 8508 Rockaway Beach Blvd, Rockaway Beach, New York, and 1337 Greenport Road, Far Rockaway, New York Dr Freedman appeared for reprimand before the Board of Regents on January 17, 1947

(Signed)

JACOB L LOCHNER, JR, MD, Secretary

NY State Board of Medical Examiners

January 22 1947

Gentlemen

On August 23, 1943, we notified you that the Board of Regents at their meeting held July 23, 1943, voted that the New York medical license of William M Lindenfeld, #38861, be annulled and canceled of record

Dr Lindenfeld has applied to the Regents for the restoration of his medical license, which was granted The order of reinstatement was served January 31,

1947

(Signed) JACOB L LOCHNER, Jr., M D, Secretary N Y State Board of Medical Examiners

February 5 1947

Gentlemen

This is to notify you that the Board of Regents at a meeting held December 20, 1946,

VOTED, That the determination of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to David Newman, New York, be accepted and sustained, that, in compliance with the recommendation of said committee, medical license No 9893, issued under date of June 25, 1909, to said David Newman, permitting him to practice medicine in the State of New York, be revoked, annulled, and canceled, and that his registration or registrations as a physician, wherever they may appear, be ordered

annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

Dr Newman was registered for the year 1945 to 1946 from 1494 University Avenue, New York, New York. The order of revocation was served on Dr Newman January 7, 1947 February 26, 1947

Gentlemen

This is to notify you that the Board of Regents at a meeting held December 20, 1946,

VOTED, That, pursuant to the provisions of subdivision 1 of section 1264 of the Education Law, physiotherapy license No 469, issued under date of September 14, 1942, to Morris B Kleinfield, also known as Murray B Kleinfield, Brooklyn, permitting him to practice physiotherapy in the State of New York, be revoked, annulled, and canceled, and that his registration or registrations as a physiotherapist, wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this yote

Mr Kleinfield was registered for the year 1945 to 1946 from 1320 Eastern Parkway, Brooklyn, New York The order of revocation was served on Mr Kleinfield on January 10, 1947

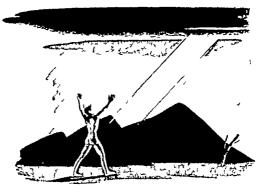
Gentlemen

This is to notify you that the Board of Regents at a meeting held December 20, 1946,

VOTED, That the determination of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to Joseph E Fudell, Brooklyn, be accepted and sustained, that in compliance with the recommendation of said committee, medical license No 27445, issued under date of September 22, 1932, to said Joseph E Fudell, permitting him to practice medicine in the State of New York be revoked, annulled, and canceled, and that his registration or registrations as a physician, wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

Dr Fudell was registered for the year 1947 to 1948 from 1473 Sterling Place, Brooklyn, New York. The order of revocation was served on Dr Fudell on January 8, 1947 February 26 1947

[Continued on page 924]



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BOOKS

Books for review should be sent to the Book Review Department at 1313 Beford Avenue, Brooklyn N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for review will be based on merit and interest to our readers

RECEIVED

Early Ambulation and Related Procedures in Surgical Management. By Daniel J Leithauser, M D Octavo of 232 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$4 50

Sex Education A Guide for Parents, Teachers and Youth Leaders By Cyril Bibby, M Sc Duodecimo of 311 pages New York, Emerson Books, 1946 Cloth, \$2 50

Medical Uses of Soap A Symposium Edited by Morris Fishbein, M D Second Printing with a new chapter on "The Surgical Uses of Soap" Octavo of 195 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$3 00

The Medical Clinics of North America. Boston Number September, 1946 Octavo Philadelphia, W B Saunders Company, 1946 Published Bimonthly (six numbers a year) Cloth, \$16 net, Paper, \$12 net

Harvey Cushing A Biography By John F Fulton, M D Octavo of 754 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$5 00

A Textbook of Chincal Neurology By J M Nielsen, M D Second Edition Quarto of 699 pages, illustrated New York, Paul B Hoeber, Inc, 1946 Cloth, \$7 50

Operative Gynecology By Richard W TeLinde, M D Quarto of 751 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$18

Hygiene A Textbook for College Students on Physical and Mental Health from Personal and Public Aspects By Florence L Meredith, M D Fourth Edition Octavo of 838 pages, illustrated Philadelphia, Blakiston Company, 1946 Cloth, 84 The Diagnosis and Treatment of Bronchial Asthma By Leslie N Gay, M D Octavo of 334 pages, illustrated Baltimore, Williams & Wilkins Company, 1946 Cloth, \$5 00

Introduction to Clinical Neurology By Gordon Holmes, M D Octavo of 183 pages, illustrated Baltimore, Williams & Wilkins Company, 1946 Cloth, \$4 00

Quantitative Clinical Chemistry By John P Peters, M D, and Donald D Van Slyke, Ph.D Second Edition "Interpretations" Volume I Octavo of 1,041 pages, illustrated Baltimore, Williams & Wilkins Company, 1946 Cloth, \$7.00

Principles in Roentgen Study of the Chest. By William Snow, M D Quarto of 414 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$10

Diseases of the Basal Ganglia and Subthalamic Nuclei By D Denny-Brown, M D Edited by Henry A Christian, M D Octavo of 120 pages, illustrated New York, Oxford University Press, 1946 Cloth, \$2.50 [Reprinted from Oxford Loose-Leaf Medicine]

Treponematosis By Ellis H Hudson, MD Edited by Henry A Christian, MD Octavo of 119 pages New York, Oxford University Press, 1946 Cloth, \$2 50 [Reprinted from Oxford Loose-Lenf Medicine]

Their Mothers' Sons The Psychiatrist Examines an American Problem By Edward A Strecker, M D Octavo of 220 pages Philadelphia, J B Lippincott, 1946 Cloth, \$2.75

Victory Over Pain A History of Anesthesia. By Victor Robinson, M D Octavo of 338 pages, illustrated New York, Henry Schuman, 1946 Cloth, \$3 50

REVIEWED

Lippmcott's Quick Reference Book for Medicine and Surgery A Clinical, Diagnostic, and Therapeutic Digest of General Medicine, Surgery, and the Specialties, Compiled Systematically from Modern Literature By George E Rehberger, M D Thirteenth edition Octavo of 1,461 pages, illustrated Philadelphia, J B Lippincott Co, 1946 Cloth \$15

This large and heavy volume is not authoritative. It represents a valiant effort to supply in one volume, all chincal, diagnostic, and therapeutic facts concerning internal medicine, surgery, and the many specialties. The tremendous amount of labor without discrimination. The only possible use the reviewer can see for a book such as this is where there is a need for a one-book medical library.

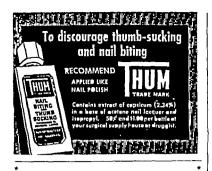
MEYER A RABINOWITZ

Medical Education and the Changing Order By Raymond B Allen, M D Octavo of 142 pages New York, Commonwealth Fund, 1946 Cloth \$1.50

This volume of less than 150 pages is a most satisfactory presentation of the problems that have faced medicine through the years. In its attempt to supply the answers, it gives expression to opinions, which, although ideal from the present-day point of view, must be realized in the future in order for medicine to meet fully its obligations to society.

It is the inadequacy of the medical service that has created a restive attitude among the public resulting in suggested legislation to remedy this deficiency "The rapidly mounting costs of medical care" have placed adequate service beyond the reach of the vast majority. The profession "did

[Continued on page 922]



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[Continued from page 920]

not show vigorous, imaginative leadership" to correct this fault. "Rather, it tended to hold back until public pressure was such that it had to go along"

That "there are more applicants for admission to medical schools than there are places in the first year class" is common knowledge But that "all those rejected are mediocre to poor aspirants" definitely is contrary to common knowledge

One agrees wholeheartedly with the concluding ntence "Medicine is coming of age as a social

science in the service of society "

To the teacher and administrator, this little volume is highly provocative, to the practitioner, it is stimulating, informative, and interesting

S R. BLATTEIS

The Modern Treatment of Diabetes Mellitus, Including Practical Procedures and Precautionary Measures By William S Collens, M.D., and Louis C Boas, M.D. Octavo of 514 pages, illus-trated Springfield, Illinois, Charles C Thomas, Cloth, \$8 50 1946

The Modern Treatment of Diabetes Mellitus, Including Practical Procedures and Precautionary Measures, by William S Collens and Louis C Boas, is a unique, practical, thorough, and complete "di-abetologic" therapeusis

Doctors Collens and Boas divide the diabetic into three classes the mild, the moderate, and the st requires no insulin. They subsevere, the first requires no insulin divide the severe type into those patients without ketosis, with ketonuria, with compensated acidosis, and those with uncompensated acidosis, precomatose, or in coma. Each type is carefully and individually dealt with in terms of recognition and

The authors show how to make use of ingenious enty-four-hour time clocks. These clarify the twenty-four-hour time clocks method of distributing the meals to conform to the time of the anticipated insulin effect. Some clocks differ with the various times for administering insulin. Others vary with type or combinations of

types of insulin

Having arrived at the dietetic formula with carbohydrate, protein, and fat in grams, one needs but to use the Diet Calculator incorporated in the front cover of the book, to determine the menu

The pharmacology and the pharmacodynamics of insulin are elucidated in answering the following

questions

What is the difference in action between 10 1 units and 30 units of insulin when given to the same

patient under the same conditions?

What is the difference in the blood sugar lowering effect of the same dose of insulin when given to different diabetics of varying degrees of severity with fasting blood sugars ranging from 150 to 400 mg per cent?

The most important reference books and current texts on the subject do not provide the answers

This one does

An excellent table, well illustrated and explained, for estimating insulin requirements, based upon the severity of the diabetic, is the answer to "What shall the *initial* dose of insulin be?"

The book is replete with diets, charts, photographs and kodachromes. It is free of theory and most practical for the diagnosis and therapy of diabetes

mellitus and its complications

The Diagnosis and Treatment of Pulmonary Tuberculosis By Moses J Stone, M D, and Paul Dufault, M D Large Duodecimo of 325 pages, Dufault, M D Large Duodecimo of 325 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$3 50

In reviewing this excellent little book one cannot help but be impressed with the multitude of similar books that have been written on identically the same subject One wonders, therefore, at the need of so much duplication, reiteration, and, shall we say, overproduction And yet, this particular book justifies its publication Seldom have we found in so small a volume so much information so concisely and so lucidly presented We heartily recommend it to all students and practitioners of medicine

FOSTER MURRAY

Electrocardiography In Practice By Captain Ashton Graybiel (MC), USNR, and Paul D White, By Captain M D, with the assistance of Louise Wheeler, A M, and Conger Williams, M D Second edition Oblong duodecimo of 458 pages, illustrated Philadelphia, W B Saunders Co, 1946 Cloth, 8700

The second edition of Graybiel and White's Electrocardiography in Practice retains all of the excellence of the first edition. Much new material has been added. There are adequate explanations of unipolar and esophageal leads and of the effects of exercise and low oxygen inhalation tests are four new tables which will make much cardiologic information readily available to the practitioner We still consider the format of the book awkward but the fact that it is retained in the second edition shows that it has doubtless served its purposes

All in all, this is an excellent guide to electrocardiographic interpretation and can be highly recom-

mended

MILTON PLOTZ

A B C of Medical Treatment. By E Chamberlain, M D Duodecimo of 208 Noble pages New York, Oxford University Press, 1946

This little British book on therapy is an excellent example of what the average medical book ought to be—concise, informative, and authoritative Drugs and procedures recommended have the earmark of being given as a result of personal use or thorough study by an excellent teacher

MEYER A. RABINOWITZ

Skin Diseases, Nutrition and Metabolism By Erich Urbach, M D with the collaboration of Ed-ward B LeWinn, M D Octavo of 634 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$10

The book is an attempt by its author, Erich Urbach, in collaboration with Edward B LeWinn, to demonstrate the association of dermatology with the nutritional, biochemic, and metabolic aspects of internal medicine. With the exception of the dermatoses known to be of dietetic origin, such as those caused by food allergy, vitamin deficiencies, etc, the author has not been able to support his contention. He admits that this relationship is far from proved He states, repeatedly, that all the evidence advanced on the value of diet in many dermatoses, is purely assumed or clinical, and not He explains the apparently good results specific on the theory that therapeutic diets affect the chem-

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> > Page 927

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[Continued from page 922]

istry of the body and skin and, in this way, change the metabolism of the skin, thus stimulating the underlying cutaneous pathologic process. He compares the results obtained with those induced by nonspecific therapy, such as foreign protein injections or fever therapy. "There is no specific form of dietary for most dermatoses", the author states (page 347), "in other words, there is no special diet for dermatitis, psoriasis, acne, or other cutaneous disorders." In spite of this, the writer repeatedly recommends specific diets as therapy in all the dermatoses mentioned.

The book contains a number of illustrations, all in black and white. There are some on urticaria vulgaris and papular urticaria, but labeled according to cause, as, hypersensitiveness to mutton, to beef, to strawberries, etc. Illustrations of similar dermatoses would be of value only when the rashes demonstrate certain particular characteristics associated with the various etiologies or with other factors. These illustrations, however, are those of

simple urticaria

The chapter on "Metabolism and Biochemistry of the Skin" and that on "The Influence of Diet on the Metabolism of the Skin" are the most interesting in the book

This volume covers over 630 pages and has a bib-

hography of more than 1,300 references

ABRAHAM WALZER

Urologic Roentgenology By Miley B Wesson, M D Second edition Octavo of 259 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$5 50

This well-printed, splendidly illustrated volume of 250 pages is well worth the study of any one interested in making diagnoses of kidney pathology

Dr Wesson's long experience and accomplishments, together with his gift for writing in clear English, make the book a delight to read. There are many practical suggestions on the care of instruments the technic of the urologist's part in the making of roentgenograms and a wealth of suggestions as to their interpretations. As a textbook for advanced students, as a constant companion for urologic residents, and as a useful work for a quick review of the subject, this book is highly recommended.

J STURDIVANT READ

Office Treatment of the Nose, Throat and Ear By Abraham R Hollender, M D Second edition Octavo of 552 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, 86 00

The author presents and condenses into a comparatively small volume a lifetime experience together with the experiences of others The author describes in detail the practical aspects and methods of office procedures The facts are carefully correlated and evaluated Where there are several methods of treatment, the author evaluates them as he does each subject at the conclusion of the chapter The subject matter is very well arranged, and in cludes a great many illustrations. At the end of each chapter the reader will find authoritative ref-The author presents his subject in such a manner as to stimulate the reader in considering the ear, nose, and throat, not as an entity, but as a component part of the entire body economy A careful review of this book is really a postgraduate course The reviewer read this book most carefully from cover to cover and sincerely recommends this volume to all otolaryngologists and especially to the younger men and residents

SAMUEL ZWERLING

Announcements

[Continued from page 918]

Gentlemen

This is to notify you that the Board of Regents at a meeting held December 20, 1946,

VOTED, That the determination of the medical Committee on Grievances in the matter of the application for the revocation of the physiotherapy license heretofore issued to Vincenzo A Greco, also known as Vincent A Greco, New York, be accepted and sustained, and that, in compliance with the recommendation of said committee, physiotherapy license No 140, issued under date of November 17, 1927, to said Vincenzo A Greco, permitting him to practice physiotherapy in the State of New York, and his registration or registrations as a physiotherapist, wherever they may appear, be suspended for a period of one year from the date of service of the order effecting such suspension, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

Mr Greco was registered for the year 1947 to 1948 from 178 East 104th Street, New York City The order of suspension was served on Mr Greco, January 6, 1947, and his suspension is therefore effective from January 6, 1947, to January 6, 1948

Gentlemen

This is to notify you that the Board of Regents at a meeting held December 20, 1946,

VOTED, That, pursuant to the provisions of subdivision 1 of section 1264 of the Education Law, medical license No 27596, issued under date of February 7, 1933, to Robert E Hodgson, under the name of Robert Edmund Hodgson, through indorsement of his Georgia medical license under the provisions of section 51 of the Education Law, constituting his authority to practice medicine in the State of New York, be revoked, annulled, and canceled, and that his registration or registrations as a physician, wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote

Dr Hodgson was registered for the year 1947 to 1948 from 2400 Seventh Avenue, New York, New York The order of revocation was served on Dr Hodgson on January 6, 1947

Yours truly,

(Signed) Jacob L Lochner, Jr M D, (Secretary)

N Y State Board of Medical Examiners February 26, 1947

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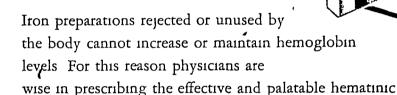
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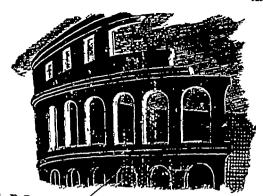


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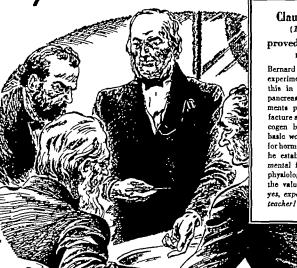


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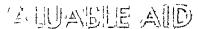
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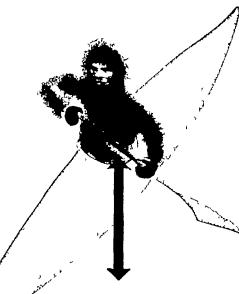
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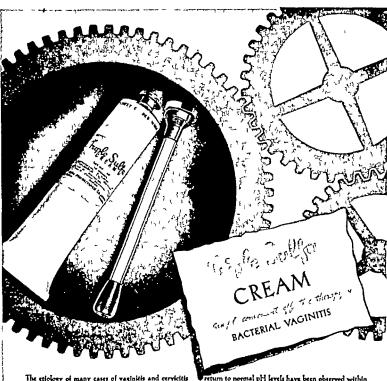
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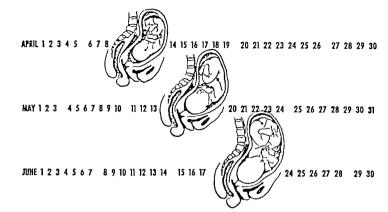
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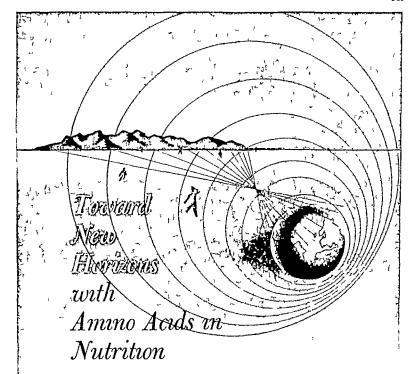


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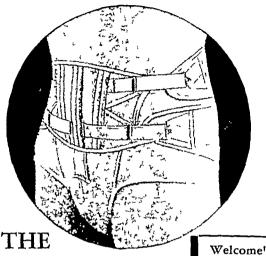


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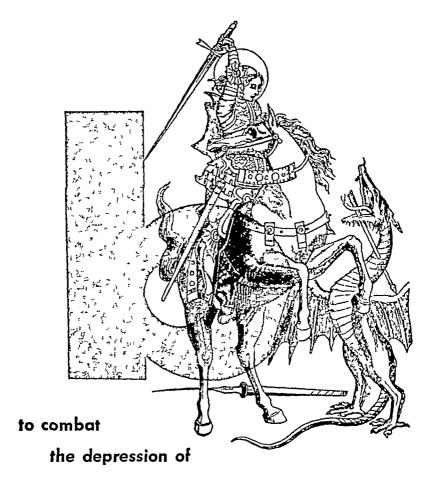
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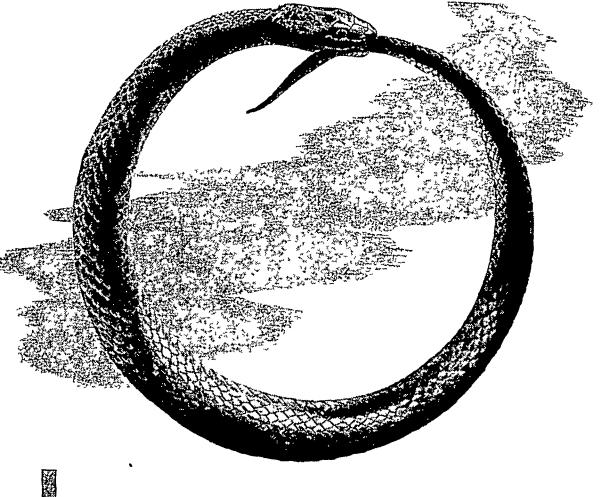
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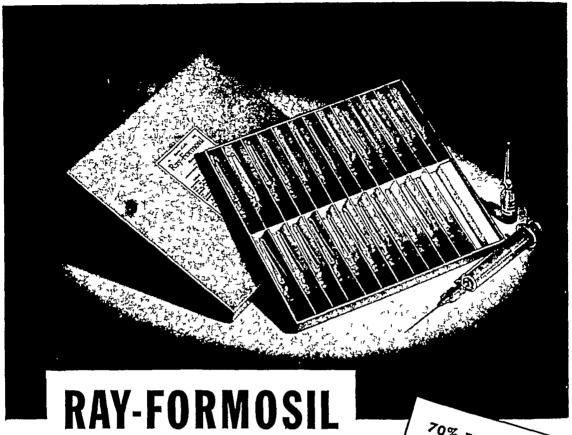
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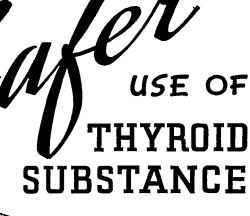
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Endocrinology XXXI, p. 867 1943.
 Am. J Physiol, CXXXV p. 474,
 Brit. Med. J 1 p. 245, 1943.
 J Nutrition, VII, p. 547 1934,
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1 Editorial J Am Dietet. A., 22 1063 (Dec.) 1946

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² Raydin, I S Some Problems of Protein Deficiency, Connecticut M J, 11 7 (Jan) 1947



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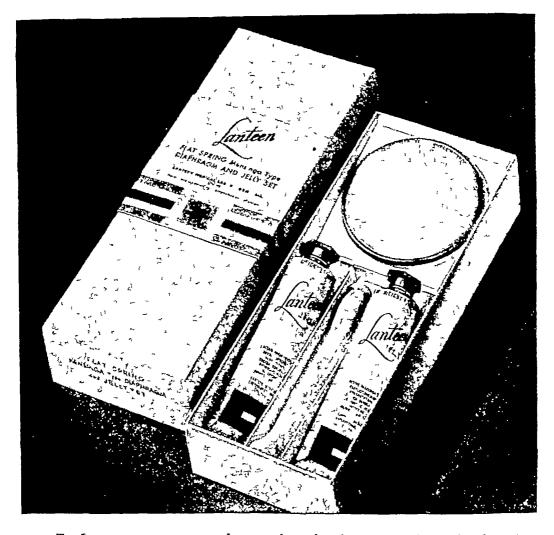
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1 .Sevringhaus, E. L., Am. J Obstet & Gyn., \$7:913, 1939

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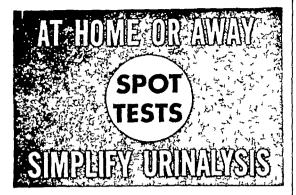
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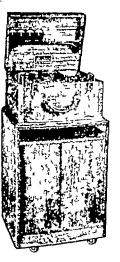
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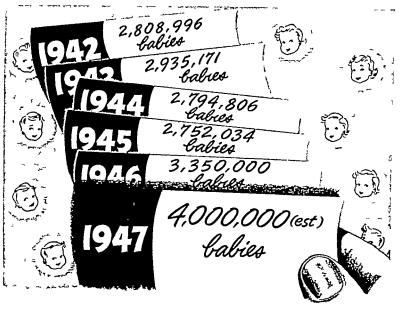
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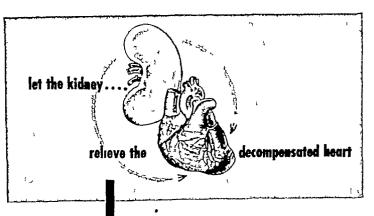


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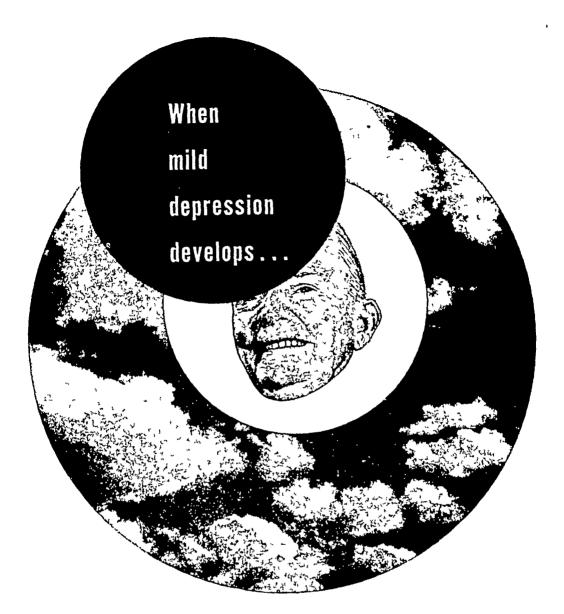
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VOLUME 47

DWIGHT ANDERSON LAURANCE D REDWAY, M D JAMES R. REULING, M.D

MAY 1 1947

NUMBER 9

Editorial

Medical Standards

In the State of New York medical standards of education, licensure, and practice have been created largely by the efforts of doctors of medicine and cooperative legislators to keep inviolate the medical practice act

The net result which has accrued to the advantage of people of the state has been one standard of medical training and practice available to all, rich and poor alike the best. It is doubtful whether most people understand the significance of this fact. It is taken so much as a matter of course that it is quite impossible to conceive of any other state of affairs When anyone calls a doctor in New York City, Catskill Rome, Bath, Skaneateles, Plattsburg, or Dover Furnace he is sure of medical attention by one who has met the standard minimum requirements as to education, training, and licensure.

Even the doctors of medicine themselves who in the recent past have striven so hard to raise those standards to their present high excellence seem to assume that they will remain static at that peak, that little effort is necessary to keep them there Yet the yearly legislative attacks on the medical

practice act by cultists and their supporters should be sufficient warning that this is not so

Support of the cultists by their followers among the public seems to tloctors of medicine hard to understand in view of the unscientific, fraudulent, and commercial nature of their cults. Why should people who have good medical attention available everywhere support cultists? Why have your aching backs twisted, for example, when you can really find out what is the matter with you? Well, the public believes what it wants to believe, and does not have the benefit of a medical training Many are convinced that they have been helped by the particular cultists whom they patronize, and this patronage with its customer-satisfaction reacts necessarily upon the cultist himself, convincing him (if he had any prior doubts) that he has "got something" He does not hide this light under a bushel, and the satisfied customers peddle his praises Why should citizens who will patronize the black markets and lose no sleep over that fact care whether the cultust practices legally? Why expect the citizen-customer to question the scientific basis of the cultists'

belief? Does he concern himself about the scientific principles by which his automobile runs? Of course not He will light-heartedly smash himself up and others with him in any jalopy that will go from here to there in a hurry, science or no science

Surprisingly-or is it?-it is not the benighted, the ignorant, the dolts, oafs, wastrels, and uninstructed primates who patro-Stupidity is the common herinize cultists tage of the begats of Adam Our aging population is producing many chronically ill persons of all walks of life has so successfully and scientifically controlled infant mortality, epidemics, and the diseases common to the younger age groups, be it noted among other things, by insistence upon proper qualifications for doctors through the medical practice act, that it has created a growing horde of potential middleaged sucker-customers for the cultists

In such a lush vineyard those gentry would

be less than human and much poorer if they did not labor diligently They would like to have the status of legality, to be "doctors" of their particular rackets, but not through the hard way of medicine which is open to anyone who will exercise the brain over a long period of years. No, it is simpler and easier to attack the medical practice act or to have a basic science law enacted. If the cultists keep at it long enough and persuade enough still-living, paying customers to badger the legislature each year who knows? What can they lose?

Medical standards of education, licensure, and practice will remain high and inviolate only as long as the profession, with the help of those interested in maintaining and elevating the public and private health of the nation, will work unceasingly to keep them there Complacency, indifference, aloofness, disregard of the plain facts of life, and neglect may well result in disaster

From Bed to Job

On Saturday, February 22, we attended a meeting sponsored by the local Fracture Committee of the American College of Surgeons At it we heard addresses by Dr Howard A Rusk and Dr George Deaver To us it was an epochal occasion first time we heard enunciation of the doctrine that the doctor's responsibility to his patient does not end with the patient's discharge from the hospital It does not end until the patient, no matter how severe his injury, is restored to self-respecting life as a contributive member of the community Dr Robert H Kennedy testified, from his Army experience, that he had seen the doctrine and the system work The patient, not his disease, is treated

To many doctors such a statement will sound hopelessly utopian But the doctor is backed by a service of which, we are ashamed to say, we had never heard—The State-Federal Vocational Rehabilitation Services, established under Public Law 113 of the 78th Congress (Write to the Federal Security Agency, Office of Vocational Rehabilitation, Washington, D C, for the pam-

phlet, "Vocational Rehabilitation for Civilians")

From now on it will be recognized that there is practically no such thing as a hopeless cripple Paraplegics are taught to turn themselves over in bed, to walk with braces and crutches, to get up from and sit down in a wheel chair, and to go up and down stairs We saw one do it, and after he had been helpless in a hospital for five years

We heard of a blind man, also minus an arm, completing his course at Princeton His only annoyance was the unnecessary attentions of people trying to be helpful

We heard of hours, previously spent in objectiveless physiotherapy, now converted to exercise in a room in which the cripple finds every gadget he is likely to encounter in his normal daily activities. Door knobs, door latches, automobile doors, ice box fasteners, windows to open, lights to put on—every activity and skill to be learned for a useful purpose. William James must be cheering in his grave.

You think you've heard something? Wait Medical service, counsel and guid-

ance, training, job finding. Not only are they provided for under Public Law No 113, but they pay "Before rehabilitation these handicapped men and women received wages and subsistence of \$12,000,000 a year from friends, and public and voluntary agencies. After rehabilitation they became job holders earning at the rate of \$73,855,700 a year—an income increase of 600 per cent. The Federal Government collected, in the form of income taxes all but roughly \$1,900,000 of its total contributions."

When industry, already remarkably cooperative—one large optical firm employs only blind darkroom workers 300 of them embarks fully upon this program, compensation cases will go back to some form of activity at once, instead of sitting around losing skills and drawing compensation until such time as they can return to their original jobs

Think of the gain to the patient and the saving to the insurance com-

panies And the doctors concerned are

The motto of the workers in the vineyard—and it is certainly the Lord's—is not "How much [function] have you lost?" but "How much have you got left?"

In one way we are ashamed of our ignorance, but in another we are glad, because we know that we, and everyone else in that Washington's Birthday audience, felt that we were hearing of the launching of a work of profound moral and economic significance

For more years than we like to think of, this is the first movement that has come to our attention calculated to help the helpless, to restore their self-respect, to ease the Nation of a great burden, and to teach man to stand on his own feet rather than to lie back upon the State

"Mine eyes have seen the glory of the coming of the Lord"

¹ Vocational Rehabilitation for Civilians, Federal Security Agency pp. 19 and 20

The Trend to Collectivism

The New York Times has just completed a survey by its correspondents of the major countries of the world. The net result shows a trend toward nationalization growing outside of the Western Hemisphere.

The prospects for the survival of the competitive free enterprise system outside the Western Hemisphere seem covered with uncertainty in view of the growth of nationalisation under various forms of socialism and communism

Canada and the United States seem relatively unaffected as yet. But those who studied the sinuous economic and political convolutions of the Administration from 1933 on could see in this movement the germ of national socialism here. Its frequent slighting references to "economic royalists," signifying any one who had two depreciated coppers not obtained from the public payroll to click together its obvious and at times not too delicate wooing of the labor vote, its sponsorship of compulsory health insurance,

its NRA and A.A.A, its barely concealed contempt for constitutionality and precedent caused many to pause, think, and curse.

The war accelerated of necessity what had been previously a slow deterioration of constitutional government in favor of the appalling alphabetic agencies backed up by necessanglic politics. Moley, Hugh Johnson, Hopkins, Tugwell, McNutt, and Wallace faded into the shadowy limbo of newly forgotten history. They had all contributed largely to the political situation, had shaped much of its course, at times brilliantly, always expensively.

Where prehistoric animals trod, they left footprints which hardened into stone. More recent administration primates, drifting over the yet soft muck of modern American history, have left not footprints but laws, legislative imprints in the texture of the national life. These imprints bedded in the statutes will not soon be obliterated they will continue to influence the American way of life—for a time. How long and to what extent remains to be seen.

¹ March 3 1947 p. 1.

Recently, political reaction has visited Great Britain, saddling an essentially conservative people with austerities of national socialism in the wake of a devastating war. It is understandable as an experiment How long will it last? Newdealism as a political philosophy throve in our republic for twelve years in the wake of the first World War and its subsequent depressions. Now it, too, bereft of vitality and clothed in the faded, tattered, moth-eaten habiliments of a dubious former respectability, has been embalmed in the statutes—for a time

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A resurgent republic, with all its vital turmoil of dissention, dissidence, eruptions of strikes, freedom of speech, and independent zest for action, seems to have emerged in this country from the shackles of national socialism masquerading behind the false-face of the administration. Not yet, it seems, must we in the Western Hemisphere resort to the lowest common denominator of economic and spiritual bankruptcy—collectivism, with its handmaiden

of slave labor necessary to force production to levels whereby living standards barely endurable can be maintained through the exercise of rigid austerity

Forced labor contingents comprise, in the main, three groups The first consists of war prisoners from the Axis nations and their satellites. The second is composed of civilian workers either deported from the occupied countries or retained from among the expelled nationalities in Eastern Europe after their families have been banished. The third consists of the political prisoners of the countries now under Communist domination.

We sincerely hope that our current leadership with the backing of the people will heed Dr Franklin's admonition, "You have a republic if you can keep it"

Doctors, as an influential portion of the citizenry, can exert themselves to see that we do keep it

The Millennium

"We are convinced that Health is not merely the absence of disease or infirmity, but a state of complete physical, mental, and social well-being, the enjoyment of which we declare to be a fundamental right of every human being without distinction of race, religion, political belief or economic or social condition

"We believe its attainment is essential for peace and security"

Where do you think that statement comes from? Jonathan Swift was a great satirist, but he never reached a peak such as that

We always thought we were something of an idealist ourself Certainly we believe in hitching our wagon to a star What is man's reach for if not to exceed his grasp? Hope springs eternal in the human breast

But sad experience has taught us We no longer aim at objects we know we can't hit We no longer desire the unattainable We know that hope deferred maketh the heart sick We know the essential wisdom of not biting off more than we can chew

And what kind of world would it be in which every human being were free from worry of every sort, in a state of complete physical, mental, and social well-being? Thomas Jefferson was something of an idealist himself, but he contented himself with saying that man was entitled to "the pursuit of happiness". And a stimulating, invigorating, heady lifelong pursuit it is. Usually unsuccessful, to be sure, but who cares?

The definition of health quoted at the head of this column comes from Dr Parran, President of the International Health Conference, in his closing address at New York, July 22, 1946

If any members can believe, or want to believe such nonsense they had better stop conferring about other peoples' health and concentrate on their own Perhaps they think that striving for such an ideal world would be in the nature of a Noble Experiment

Another one? Haven't we really had enough?

² New York Times, March 4, 1947 p 24

Dangers of Motorized Tools

Warning!

The increasing use of motor-driven tools for recreational or other purposes in home workshops will undoubtedly swell the number of home accidents of varying degrees of seventy in the near future

Ordinary shop practices are either unfamiliar to or neglected by the enthusiastic ama teur, who is inclined to rush in without proper precautions where previously singed, burned, or otherwise variously mutilated angels fear to tread

The number of home workrooms, cellar shops, craft cribs, or what-have-you, may be expected to increase rapidly with the return to production of small motor-driven equipment. In the eager hands of small boys—or those of older boys from 8 to 80—saws, hammers with frayed striking surfaces, high speed drills, grinders, unprotected belting, hot lead, or babbitt can be just as lethal as in commercial shops, and in our opinion vastly more so

Commercial shops are required to provide safeguards. It is profitable commercially to keep the accident rate down and, therefore, if for no other reason, an inducement to do so. Even so, industrial accidents increase at an appalling rate

What of accidents in these home shops?

Who knows how many there are? How many shops, how many home-shop accidents, for instance, in this State alone? These home workrooms are not listed anywhere to our knowledge, they are not specifically covered by insurance, or required to be, accidents there are not required to be reported Should they be?

Can or should something be done, if possible, to avoid preventable accidents in this new and rapidly growing field? If so, what?

Shop practice is taught in the schools, to be sure—Is it observed in the home? Someone¹ has remarked that daily Congress opens with a prayer and closes with a probe. It is one thing to have ideas, quite another to live up to them—It seems to us that a first step could be made by, let us say, the Farm and Home Bureau to ascertain the possible magnitude of the problem—We feel certain that the physicians of the country would cooperate in any such research—The Department of Commerce could doubtless provide information as to the volume of sales of such home-shop equipment. Also the insurance companies might be interested.

We solicit ideas and suggestions from all to whom this problem may prove of interest

1 Not Bill Nye.

An Anniversary

The Kings County Medical Society

On March 2, 1822, a group of physicians of the County of Kings met in the Village of Flatbush to organize what, in the course of a century and a quarter, has become one of the largest constituent groups of the State Medical Society

During this period of time the Society has grown and prospered, it has acquired its own handsome building and developed a noteworthy library in its associated Academy of Medicine, it has accomplished much on behalf of the people and the profession of Brooklyn

This One Hundred and Twenty fifth Anniversary was fittingly celebrated by a dinner at the Hotel St George, in Brooklyn, with a large attendance at which Dr Abraham Koplowitz acted as toastmaster, and among the speakers were Drs. Morris Fishbein, John J Masterson, and Earl H Mayne

The New York STATE JOURNAL OF MEDICINE desires to extend its felicitations to the Kings County Medical Society and its good wishes for the continued success of its many contributions to the cause of organized medicine in this State

Current Editorial Comment

Memorial Day Perhaps the best tribute to the American physicians who have lost their lives in the military services in all American wars and, therefore, will be especially remembered on this day, is the record low mortality among the wounded in World War II Official mortality figures for the Civil War among the Union forces was 14 per cent, for World War I, 8 3 per cent from battle wounds, for World War II, 4 4 per cent, the lowest in the history of any army in the world

That those physicians whom we particularly remember should not themselves have survived to share the glory of such accomplishment lays a heavy burden of obligation upon us to reduce mortality from battle

casualties to zero

True, all men are mortal, but that fact seems little enough reason to dedicate the years of our lives to the stupidity of war Is it necessary to be both mortal and stupid? Low battle casualty mortality rates mean merely skillful stupidity, better organized, better implemented, and more intelligent stupidity. For all war is stupid, the end of reason, and the recourse of fools

The American Hospital Under the above title the Committee on Medicine and the Changing Order, of the New York Academy of Medicine and the Commonwealth Fund, have made available another monograph in a commendable series of which this study of American hospital development by E H L Corwin, Ph D (1946) is the ninth

The book is authoritative, factual, and comprehensive, it covers the hospitals' domain, their financing, their distribution, and the utilization of their facilities, considers the hospital as an employer and as a training ground, the organization of their medical services, their construction and the characteristic features of present-day hospitals, among other things, together with much historic background material

The study is exceptionally timely "The ever-accelerating expansion of our hospital domain in the last fifty years, an expansion which has exceeded several-fold the increase

in population, was the result of the phenomenal development of medicine and surgery, the growth of wealth, the fast industrialization and urbanization, and their concomitants of bad housing and overcrowding

"Although we have created many types of hospitals, it is well to remember that the general hospital occupies the center of the stage in the number of patients treated and the importance it has as the training ground for physicians, nurses, and technical personnel, and for the advancement of medical science. Although general hospitals comprise about 40 per cent of all the beds, they admit over 90 per cent of all the patients. The large majority of these hospitals are operated under voluntary auspices."

The Kansas City Medical Journal¹ notes editorially that there is

marked contrast between the calm analysis of hospital problems by Corwin and the breast-beating, political emotion which marked the recent hearings upon compulsory sickness legislation in Washington

This is of significance in view of the National Health Act (S 545) of 1947, which would centralize all "health activities of the Federal Government except those of the armed forces and the Veterans Administration under this Agency" Also, the extensive program for hospital expansion, held up for so long and now beginning to get underway all over the Nation, calls for much careful analysis, in view of the fact that

Of the population of the entire country, 98 5 per cent lives within 30 miles of a recognized hospital It might, therefore, be a better plan at times to invest in improving roads than in building new hospitals ¹

In commenting on the Corwin study, the Lancet⁸ says editorially anent the \$75,000,000 a year to be spent for the next five years for construction of public and other nonprofit hospitals

American opinion remains set against

London, England, Jan 25, 1947, p 148

Jan.-Feb 1947 p 6
 Special Bulletin No 2, Feb 12, 1947, A M.A. Council on Medical Service

nationalization of the hospitals with the implication it carries of a hospital service free to all How is this possible? Voluntary provision has been supplemented, Dr. Corwin explains not only by hospitals maintained at the public expense, as in this country but also by greater development of private and semiprivate accommodation, and by payments by public bodies for indigent patients in nonprofit hospitals. The income from these paying patients is the mainstay of voluntary hospital finance in America, and the system has gone far to enable voluntary finances to weather periods of depression

The system arose because in Colonial days no American hospital had an endowment of any kind voluntary income was considerable but inadequate, and "an American has little if any sympathy with pauperism." Thus the hospital managers determined to establish paying wards, and in the last dozen years or so the phenomenal development of Blue Cross plans have enabled the middle classes to take advantage of the extensive provision of private and semiprivate accommodation

To a much greater extent in the future, American medical practice, both private and public, will undoubtedly center about the hospitals Estimates of postwar hospital needs by various reliable agencies contemplate expenditures between \$200,000,000, and \$300,000,000 yearly for a ten year period. This vast program is indicative of the magnitude of the contemplated provision for necessary construction and expansion. It requires careful planning and integration with medical education and the practice of the future.

While these figures will probably be revised downward as better medicine and surgery reduce the time necessary for inhospital care by improved technics derived from war experience, they still remain as an impressive index of the scale upon which it is necessary to plan an integrated system of medical care for the American people

The book is well worth careful study and thoughtful consideration

Problems Arising in the Treatment of Syphilis with Penicillin. Because of the protean nature of syphilis, determination of the value of any method of treatment is a problem, the solution of which requires many years. It concerns every department of medicine and is of primary interest to every doctor of medicine, from the general prac-

titioners in rural and isolated communities to those in metropolitan centers, no matter how broad or how narrow is the field of the specialty. No region of the human body and no corner of medical practice are so small that syphilis may be disregarded Since it has taken decades to appraise the value of the older remedies (the relative values of some are still controversial) for syphilis, we must retain a patient skepticism through the years concerning the relative value of the new methods of treatment with penicillin. Great progress is being made, but the good results reported today must stand the further test of time

The therapeutic pitfalls encountered during the treatment of 125 patients with various types of syphilis at the Massachusetts General Hospital are reported by William R. Hill. The treatment was with penicillin alone, except that in most patients with interstitial keratitis or neurosyphilis the treatment was supplemented with fever therapy. Penicillin in aqueous solution was given intramuscularly in does of 20,000 to 40,000 Oxford units every three hours, day and night. The total dose varied from 1,200,000 to 2,400,000 units, and the periods of time ranged from eight to fifteen days.

In cases of late syphilis with persistent positive reactions, which had previously received adequate treatment with arsenicals and bismuth, no permanent improvement followed the treatment with penicillin. Results in interstitial keratitis are unpredictable, some patients responded favorably to penicillin alone, while others failed to improve when penicillin was supplemented with fever treatment Other failures of penicillin alone in late syphilis include optic atrophy, deafness, lightning pains, gastric crises, ataxia, incontinence, dementia paralytica, and one case of extensive gumma of the face.

In cases of early syphilis the author found no evidence of resistance to treatment with peniallin when given in the doses recommended and used over a sufficient period of time. The three things essential to success in treating early syphilis (in adults) with penicillin are. (1) the total dose should be of 2,400,000 units or more, (2) it should be administered intramuscularly every three hours day and night, and (3) the period of treatment should be not less than eight days Among 75 patients the relapse rate within ax months was 7 per cent. In relapses in

¹ Hill William R.: New England J of Med. 235 910 (Dec. 26) 1946.

early syphilis, or reinfections, the retreatment should consist of double the previous total dose (or more) with the addition of arsenic or bismuth. The experience of other authors indicates that the lowest incidence of relapse and the best serologic response follows treatment with moderate doses of penicillin, together with moderate doses of mapharsen or bismuth

With penicillin, the incidence of severe reactions is insignificant, but the Herxheimer reaction occurred in 75 per cent of the patients treated for early syphilis There is a rise in temperature of 100 to 103 F within eight hours usually after the sec-The patient becomes sympond injection tom-free in another twelve hours, and therapy need not be interrupted patient who had apparently recovered from a postarsenical jaundice, was given (three months later) 2,400,000 units of penicillin over a period of eight days Jaundice soon reappeared and was followed by a progressively fatal course The postmortem diagnosis was subacute yellow atrophy of the The sensitivity reactions include urticaria as early as the first day, usually during the second week, vesiculobullous or papular eruption (within twenty-four hours) usually followed by desquamation, and transient The vesiculogastrointestinal reactions bullous reaction may require interruption of The maximal safe dose of penitreatment cillin is still undetermined, and the drug appears to be compatible with all other antisyphilitic treatment

One case in this series was masked by previous treatment of gonorrhea with penicilin during the incubation period of syphilis, delaying the diagnosis for six months. Any patient with gonorrhea treated with penicillin should be observed carefully for signs of syphilis during the subsequent six months. Physicians should not use penicilin indiscriminately in the treatment of herpes, mucocutaneous ulcerations, or other similar lesions, without taking the necessary precautions to exclude syphilis.

Every patient treated with penicillin should be instructed in the need for periodic check-ups which should be done carefully and critically, and over a period of time (years) equal to that observed after treatment by the older methods. When caseholding becomes difficult, the services of a social worker should be sought in localities where they are available and, where milder methods fail, the local public health department should be asked to take sterner action. Marriage may be sanctioned after two years

during which the patient has been free of clinical signs of syphilis, persistently serologically negative, and with a negative spinal fluid test at the end of this probationary period

Our justified enthusiasm for penicilin as a mighty weapon against syphilis must be tempered with knowledge of its limitations. In some types of syphilis it is efficient when given alone, in other types the results are far better when penicillin is supplemented with fever treatment or the use of arsenicals and bismuth. The final evaluation of the merits of penicillin in the therapy of syphilis will be hastened by the cooperation of informed patients, inquisitive clinicians, and skeptical doctors everywhere seeking for the evidence of failures.

Physicians in Congress In the S0th Congress there are eight physicians and two dentists, one more physician and one less dentist than in the 79th Congress, says Bulletin No 7,1 of the A.M.A. Council on Medical Service thirty state legislatures there are fifty-three physicians and sixteen dentists, while eighteen states report no physicians or dentists in their Eighteen states have but one legislatures physician, while nine have two physicians serving this year, and three have four, five, and six, respectively The governor of one state is a physician Twelve states have one or two dentist legislators

This report is stimulating and encouraging. We can remember a time when it was not considered "de rigeur" or "genteel" for professional medical hands to soil themselves with the soot of politics.

Now some things have changed for the better. Many absurd and slightly mauve tabus have been laid away in lavender. It is encouraging. Medicine these days is so intertwined with the statutes that the need for physician-legislators daily increases. Apparently that need is being met.

Is this a trend away from specialization in medicine? If so, it would seem to be a good thing in more ways than one. The profession needs more representation in legislative bodies when it is considered to what extent medicine touches the lives of all the people, and how difficult it is for those not previously trained in medicine to interpret the view of the profession. We hope the Council on Medical Service will continue to report on the growth in numbers of physician-legislators.

¹ Council on Medical Service, A.M.A., March 17, 1947

PILONIDAL (SACROCOCCYGEAL) CYST AND SINUS

AN EVALUATION OF SOME OF THE RECENTLY PROPOSED THERAPEUTIC MEASURES

ROBERT TURBLE, M D, New York City

THE purpose of this paper is to review cer tain facts about pilonidal disease which have become evident during the World War II and to indicate the trends in the choice of certain surgical procedures. The knowledge gained during the war from the treatment of pilonidal disease in an unprecedented large number of militarized personnel should help to crystallize our opinions and materially help in the management of this lesion in cryllans.

In my last paper1 the literature was reviewed and the essential aspects of pilonidal disease were discussed It was pointed out that there exists no unanimity of opinion as to the embryologic origin of this lesion. While all authorities agree that pilonidal sinus is congenital in origin and that it arises from the ectoderm, they disagree as to whether skin or neural tissue is the source of origin. There is also a decided lack of agreement concerning surgical therapy Numerous new procedures and modifications of old procedures have been described and good results are claimed by their authors. These results, how ever, are not always obtained by surgeons other than the originators It is well appreciated that surgeons who develop special technics doubtless obtain good results however unless a procedure offers consistently good results in the hands of most, if not all well trained surgeons it will fail of general adoption.

Because of its frequent occurrence in mili targed personnel during World War II, pilonidal disease became a major surgical problem to which serious attention and study was directed as attested by the profusion of publications that emanated from service hospitals. It became apparent that trauma plays an important role in the activation of this lesion * Bule dubbed the term "jeep disease, or pilonidal disease of mechanised warfare". On the basis of clinical observation I believe that hyperhidrous and lack of ideal personal hygiene imposed by training and/or battle conditions play an important factor in the initiation of infection in the pilonidal cvst 4 Of importance in this connection is the finding in the operative specimen removed at the initial operation of hemolytic and nonhemolytic staphylococci and streptococci, some of which are resident organisms of the skin. It is noteworthy that members of the colon bacillus group are notoriously absent in these surgical specimens

Recurrence

The tendency to recurrence following any operation characterizes this lesson It is non almost universally realized that recurrence following an operative procedure is seldom due to overlooked remaining pilonidal sinuses but is often the result of the incomplete obliteration of dead space which has become infected 1.5 Frequently, recurrence is due to the incomplete or inadequate elimination of infected tissue adjacent to the cyst or sinus A very significant consideration of recurrence is the finding of viable and virulent organisms in the tissues of the buttocks about 1 5 to 2 cm from the line of excusion of pilonidal cysts.6 In summary the problem of recurrence is one of infection and poor healing of wound rather than of true recurrence of the original epithelial transe

Operative Therapy

Abscess - Early intervention is practiced Through a generous incision the pus, hecrotic material, and, frequently, tufts of hair are evacuated and the cavity is irrigated with normal saline solution The roof of the abscess cavity is then removed, hemostasis is secured by gentle pressure, and the cavity is packed lightly with gause which had been previously soaked in a solution of peni cillin containing 10 000 Oxford units per cubic centimeter of water The packing is removed in three to four days and the wound is accorded the usual established treatment, namely, hot sits baths, repacking of wound with or without penicillin soaked gauze, and rigid hygiene 4 In spite of excision of a large amount of overlying skin. as is frequently necessary in the case of large abscesses, the wound is usually well healed in about three weeks and the entire convalescence is extremely amouth By comparison with the old method of crucial incision and dramage only. the wide unroofing of the abscess cavity is a far superior procedure Recurrences following three to six months after operation have been absent and subsequent excision of the cyst or sinus has thus far been unnecessary This procedure is also applicable to the treatment of abscesses in other unexposed parts of the body

Cyst or Sinus—In prewar civilian practice excision or block dissection with packing followed by meticulous postoperative care was the most popular procedure, but this entails a prolonged

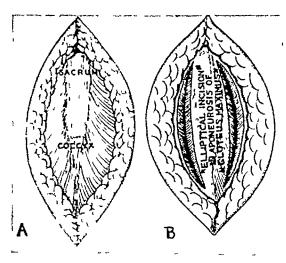


Fig 1 (A) Exposure of sacrococcygeal fascia and aponeurosis of the gluteus maximus after removal of pilonidal cyst and sinus (B) Incision on either side of aponeurosis of gluteus maximus (Incisions at each end of the ellipse may or may not be joined) *

period of healing, which made this operation undesirable in military war practice To restore soldiers to duty as early as possible, Shute, Smith, Levine, and Burch⁵ devised a gluteal muscle and fascial flap procedure which permits primary closure after the radical extirpation of very large uninfected (or previously infected but drained) cysts and involved adjacent tissues with concomitant obliteration of dead space The principles of this operation have been endorsed by Stone 7 The technic is described briefly as follows "A wide, double elliptical incision is carried perpendicularly downward to the fascia of the gluteus maximus The circumscribed tissue block is separated from the sacrococcygeal fascia and removed (Fig. 1A) A lateral incision through the gluteal fascia in the line (depth) of the original incision is now made on either side (Fig 1B) It is deepened into the fibers of the gluteus maximus and the fibromuscular flap thus created is turned medially and sutured to its fellow on the opposite side, in the midline (Fig 2A) This fills in the area dorsal to the sacrum, eliminates the dead space, and furnishes an abundant blood supply to the base of the The lateral flap slides medially over the edge of the sacrum and is sutured to the opposite lateral flap without tension (Fig 2B) The skin is now easily approximated "

It is important to secure perfect hemostasis and to approximate accurately the caudal or the in-

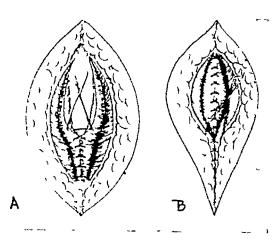


Fig 2 (A) Approximation of inner fibromuscular flaps in the midline (B) Approximation of outer fibromuscular flaps *

ferior end of the wound The former is accomplished by gentle pressure with the aid of gauze or by tying an occasional persistent bleeding (The newer hemostatic drugs, fibrinfoam, and sponges are now being given a trial in these wounds) In spite of all refinements of technic and gentleness of handling of the tissues, collections of serum in the wound occur which may become infected and cause disruption of the wounds and/or sinus formation To prevent the breaking down of these wounds I still most meticulously approximate the lower angle of the wound by the use of a nonabsorbable subcuticular stitch, but in addition I leave the remainder of the wound open for a period of about fortyeight hours with aid of a gauze wick packing is placed just between the skin edges following the introduction of skin sutures which are left untied After the removal of the packing the sutures are tied approximating the skin edges It has been surprising to observe the large amount of hemorrhagic serum in the dressings at this The application of the principle of delayed closure to the middle and upper portions of the wound has not materially increased the time of effective healing as reported in the original paper 5 As already alluded to, only patients with very large uninfected or previously drained cysts with or without multiple sinuses were subjected to this gluteal fascial or fibromuscular flap with delayed skin closure technic wounds of only 4 patients failed to remain closed because of a deep low-grade inflammatory process necessitating wide reopening and packing, these wounds were subsequently treated as primary open wounds and healed quickly and uneventfully

Small or medium-sized uninfected pilonidal cysts have been eradicated by block dissection or

^{*} These illustrations are reproduced through the courtesy of J B Lippincott Co, Philadelphia publishers of Annals of Surgery, and the authors F C Shute Jr, T E Smith M Levine, and J C Burch (See Ann Surg 118 706 (Oct.) 1943)

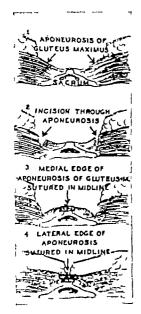


Fig 3. The steps of the technic in cross-section.*

enucleation excision of the cyst or sinus and closed primarily without tension by simpler technics such as that utilized by Gage. The application of sponges over the wound to help obliterate the dead space is a good additional aid to all technics of primary closure.

Berman has recently proposed a new operation which is based on sound principles and is easy of execution. I am now according this procedure a thorough trial

Treatment of Recurrent Cases

Many cases of "recurrent" polonidal disease can be treated effectively by irradiation **.1 I advocated roentgen therapy as a substitute for operation mannly on the basis that recurrence after operation is due primarily to incomplete extirpation of infected tissues at the original operation or to the postoperative occurrence of in feeted granulation tissue I consider radiation therapy a useful military expedient, this form of therapy has found a measure of acceptance by

the Navy " Radiation therapy may fail when sinuses are incompletely removed at the original operation Reoperation then becomes necessary and may be performed without hazard At the reoperation all scar tissue (most of which shows microscopic evidence of variable grades of inflammation) is excised to the sacrococcygeal fascia and the wound is closed either by the flap method just described, or it is left open and allowed to granulate from the bottom, or the raw surface is immediately skin grafted, employing intermediate or thick split-thickness skin grafts 4 Contrary to the general belief, the freshly ex posed area appears to be the best base upon which to place a skin graft Parenthetic ally it may be stated that excision with immediate skin grafting has been performed in primary cases 11 Scarborough was probably the first surgeon to have employed this procedure in 1938 However it should be pointed out that the grafted skin in the sacrococcygeal area cannot withstand the strain incident to full military physical duty status or corresponding stress and strain in civilian pursuits, the grafted skin is affected enaily (excoriation, fissures) by slight trauma 4

Anesthesia

Local infiltration anesthesia produces a higher incidence of complications than regional or general anesthesia and thus is responsible for a longer period of hospitalization. These observations are supported by Brockbank and Floyd¹³ who have recently reported six severe infections following local anesthesia and none following spinal anesthesia. These authors also observed that following spinal anesthesia the average period of hospitalization was twenty-one and one-tenth days, while that following local anosthesia was forty-six and eight-tenths days

Chemotherapy

The oral administration of sulfonamides such as sulfadiazine, prevents wound infection.¹³ In view of the finding of hemolytic and non hemolytic staphylococci and streptococci in the operative specimens removed at the primary operation, and the finding of viable and virulent organisms in the tissue juices of the buttocks for a distance of about 2 cm from the area of excision of pilonidal cysts and sinuses, I now administer penicillin and/or sulfonamides before and after operation, especially in the complicated cases.

It may be reported here in a preliminary way that peniculin therapy administered early for cellulitis in the sacrococygeal area which in the past usually terminated in frank suppuration will

^{**} The injection of selerosing solution with penicillin also has real merit (8ha@roff B G P and Doubllet H.: New York State J Med. 46, 801 (April 15) 1946)

prevent abscess formation in a certain number of cases 4 Large doses of the antibiotic-30,000 Oxford units every two hours for three days administered intrimuscularly—were required frequently, the sublingual route of administration employing 50,000 units of penicillin every two to three hours was utilized 4 In the absence of penicillin-resistant organisms, failures appear to be chiefly due to (1) the presence of a clinically unrecognizable deep suppuration at the time of institution of penicillin therapy, or (2) thromboses of the vessels preventing the penicillin from reaching the lesion

The local application of sulfonamides to open wounds is at best of questionable value, sulfonamides incorporated in the wounds are undesirable in primary closure technics 5

Summary

- The etiologic significance of trauma, hyperhidrosis, and lack of hygiene in the activation of pilonidal disease is stressed
- Of significance is the finding of hemolytic and nonhemolytic staphylococci and streptococci in the surgically removed specimens and of viable and virulent organisms in the adjacent These bacteriologic obtissues of the buttocks servations suggest the advisability of preoperative and postoperative employment of penicillin and/or sulfonamides
- Penicillin has been effective in preventing abscess formation in a certain number of cases of cellulitis of the pilonidal area

- Frank suppuration is best treated by unroofing the abscess cavity
- Perfection of a primary closure technic for the cure of pilonidal cyst and sinus is the ulti mate goal in the surgical treatment of this Small and medium-sized lesions can be effectively closed by simple primary closure technics For the large cysts the gluteal fascia flap operation combined with the herein proposed delayed closure of the wound is a very satisfactory procedure
- Excision of the pilonidal lesion with im mediate skin grafting has definite but limited usefulness

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Note Since this article has been accepted for publication there have appeared two papers on the flap operation for pilonidal disease one by D Holman (Surg , Gynec & Obst. 83 94 (July) 1946), and the other by Pope (Arch Sur 52 70 (June) 1946) Dr Holman's paper should be read by all those interested in the surgical treatment of pilonidal disease

BIGGEST PROBLEM AT A.M A SESSION IN 1848 WAS EPIDEMICS

When the American Medical Association held its first annual meeting in Baltimore, May 2, 1848, one of the principal points of discussion among the physicians was the progress of epidemics

In writing a history of the American Medical Association in connection with the centennial celebration in Atlantic City, June 9 to 13, Dr Morris Fishbein says that the doctors of that time were especially concerned with the frightful condition of emigrants coming from Europe

"The Committee on Medical Practice," Dr Fishbein writes, "called attention to the fact that thousands had perished on voyages to the United States and Canada From one ship, the Virginia, bound from Laverpool to Quebec, with 470 passengers, 158 were buried at sea

"During the year 1847, 100,000 souls left the British Isles for Canada More than 5,000 of these died en route and another 8,000 within a few weeks after their arrival

"The disease from which these people perished was typhus in its genuine form, and in some ships smallpox, dysentery, and measles swelled the amount of mortality There was much discussion of the ability to distinguish between typhus fever and typhoid fever "

The history of the AMA is appearing serially in the Journal of the American Medical Association and will be printed in book form for the Atlantic City meeting —American Medical Association News, January 30, 1947

ON THE USE OF A MEDICAMENT TO REDUCE THE APPETITE IN THE TREATMENT OF OBESITY AND OTHER CONDITIONS

WILLIAM L GOULD, M.D., Albany New York

NO ONE ever got fat because he ate too little On the contrary, many people are obese because they eat too much. Not that obesity is due only to overindulgence, for, as we know, it may also come from glandular dysfunction and other pathologic conditions

Not only in obesity, but for other causes as well it may be necessary to diminish food intake For example, in cholecystitis gastric ulcer, myocarditis hypertension, nephritis, diabetes etc it frequently becomes necessary to make sure that one does not overent specifically or generally The food intake must be controlled. With these various conditions, considerable difficulty may be encountered because the patient s appetite cannot be appeased so readily Because of this difficulty, the entire therapy may become disorganized.

In the case of obesity, it would be better to thwart the appetite in the first instance rather than to use metabolic stimulants to oxidize the excessive weight as a last resort. Prevention is no different in this case than it is in any other con dition Furthermore, the therapy required etiologically for the prevention would be much less harmful than the more drastic medicaments frequently employed to treat the end results

Flavettes* is prescribed to curb the appetite rather than as an obesity tablet. It may be used in any condition where a diminution of any of the food intake is required. It is not contraind: cated in any of the above-mentioned conditions In gastric ulcer benzocame has been prescribed for

its allaying ability

Thyrold, amphedamine benzodrene, and other metabolic stimulants are frequently used in obesity cases The continued and indiscreet use of these may prove very harmful. These are drugs with potent actions and considerable care and guidance in administration is required are often used, because there are no suitable comparatively harmless substitutes. Also they are used frequently to treat the end results rather than the causative factors.

With this in mind for the past several years I have been working on various medicaments that might curb the appetite. I tried many kinds of drugs I found that in curbing the appetite the flavoring vehicle of the medicament frequently sufficed rather than the drug itself This resulted in experimentations with various mixtures

It was not my intent to make obnoxious mix tures that would be distasteful and in this fashion diminish the appetite Instead, the flavoring extracts were mixed so that they would not be unpleasant, but would give the desired of fect of diminishing the appetite. The mixture that I found most suitable was a 5-grain non coated tablet or lozenge made of the following saccharin, extracts of heorice, powdered ganger, oils of anise, wintergreen, peppermint, corn ander and cloves

The instructions given were to place the tablet or lozenge on the tongue fifteen minutes before eating, so that it would be dissolved by the time the food was taken In the first 100 cases, the appetite was reduced moderately in 39 of the in dividuals while not much appreciable change was shown in the other 61

The difficulty was that there was not a sufficient lasting quality to the losenge. It was necessary to add something that would have a more prolonged effect throughout the meal Here again various medicaments were tried and the best results were secured with 1/20 grain bensocaine added to each 5-grain tablet. With this combina tion, the results doubled so that in 568 additional cases 80 per cent had their appetites considerably curbed The Flavettes thus became a combination of the flavoring extracts enhanced by the delaying action of benzocaine

In this series of cases, each patient had a complete physical examination, including blood pressure, hemoglobin Wassermann, and in 80 per cent of the cases, a basal metabolism rate and in 80 per cent of the cases, an electrocardiogram The patients were observed on the average of every ten days, at which time they were rechecked and re-examined Where the basal metabolic rate was less than -15, thyroid ex tract was given in addition to the lozonges Those whose metabolic rate was better than -15 were given lozenges without any thyroid the obesity cases, the average loss of weight was 11/2 pounds per week. Gradually increased

of flavoring extracts, until the most suitable one was found It is well known that even the choicest of foods when mixed unfavorably will not appeal to the appetite For example, a steak sea soned with salt, pepper, and onions is appealing, but with a dash of chocolate syrup it would not prove appetizing There would be nothing harm ful in this mixture. It just would not appeal to the taste, and the appetite would thus be curbed

I have designated these tablets as Flavettes," because of the various flavoring agents employed. They are marketed by Flavettee Capital Station Albany N Y

walking, except in cardiac cases, was the only required exercise. Aside from the Flavettes, specific therapy was given for the specific ailment involved, as myocarditis, cholecystitis, nephritis, diabetes, etc.

Flavettes were not only taken before each regular meal, but also whenever the patient had a desire to eat anything between meals. In this fashion, anywhere from three to six tablets were consumed daily. The housewife, frequently tempted during the cooking chores, found the tablet a considerable aid.

It readily may be seen how harmless this medicament is compared to the metabolic stimulants frequently used. In my series of cases, these drugs were never employed unless the metabolism test indicated their use, which was in 8 per cent of the cases.

As for untoward results, in 2 per cent of the cases patients complained of a disagreeable taste to the extent where they could not take the lozenge. There was never any nausea or vomiting, nor any signs of toxicity, even though the medicament was taken by individuals anywhere from several weeks to one and one-half years. Some of the individuals, even after their weight was reduced to the desired amount, took the lozenges at times just to keep their appetites under control. It was noted that after taking the lozenge two or three days, there was a slight decrease in appetite and that after seven to ten days there was an appreciable decrease.

From the composition of the lozenges, it may be noted how comparatively safe they are. The flavoring extracts in such minute amounts certainly can do no harm. The amount of benzocaine in an entire bottle of three-weeks' supply (63 tablets) is only a little over 3 grains. The USP dose of benzocaine is 5 to 8 grains. Thus, if one accidentally took the entire contents of the bottle, it should prove harmless. How different it would be if such an accident occurred with any of the metabolic stimulants frequently used! Flavettes may be used with metabolic stimulants as may be necessary when there is glandular dysfunction.

It was found that 1/20 grain of benzocame was sufficient to curb the appetite. At first more was used, but the amount was gradually decreased until the desired effect was obtained. It should be remembered that the benzocame is used here for its prolonging and enhancing value on the flavoring extract combination. That is why such a small amount is sufficient. In the small percentage of cases in which the lozenge was distasteful, these patients were permitted to swallow the tablets directly. In these cases, it was found that the appetite was similarly decreased, so that it cannot be claimed that the medicament

works well only on the first phase of digestion with the taste buds and salivary glands of the mouth

The amount of benzocaine used was not sufficient for a complete physiologic response, because a real anesthesia was not sought. The desired end result of curbing the appetite is all that was looked for and secured with these small percentages, not only of the benzocaine, but also the flavoring extracts. In this fashion, we have a medicament that may be fairly freely used in some rather important conditions. The value of curbing the appetite cannot be overemphasized, for unless this is done, unfavorable complications frequently arise.

This medicament is not an "obesity tablet" but one that is used to curb the appetite regardless of the clinical condition, whether it be cholecystitis, myocarditis, nephritis, gastric ulcer, glandular dysfunctions, obesity, etc

Case Histories

In the cases of obesity all were placed on a diet containing under 15 per cent fats and carbohydrates. Multiple vitamin capsules were prescribed in each case to make up for any defaciency. Except in cardiac cases graduated walking was prescribed, beginning with short walks and gradually increasing the distance.

In the obesity cases, the weight was maintained at its level for three or more months. In each of the instances, a weight range of five pounds was given at the desired level. For example, if the desired weight was 135, a weight range of 133 to 138 was given. When the weight was 133 or 134, the patient ate almost everything, using some discretion. When the weight approached 138, the diet was more restricted again and Flavettes were taken as necessary to counteract any increased appetite. In this fashion, the patient was able to maintain his or her own weight level.

In cases other than obesity, the particular conditions were specifically treated

Case 1 —Mrs L C, age 45, a housewife, with one child, had chief complaints of ravenous appetite, and increased weight for one year from 125 to 143 She had irregular menses, no flashes, but was nervous and tired readily Physical examination showed her to be of moderate obesity, weight 143, blood pressure 96/82, urine negative, basal metabolic rate $-12^{1/2}$ electrocardiogram showed a bradycardia with a pulse of 56, hemoglobin 70 per cent Treatment had been one Blaud's mass tablet before each meal, stilbesterol, 01 mg daily After taking Flavettes for two days, there was a slight decrease in the appetite that continued decreasing, so that in seven days After this, the there was considerable reduction patient was better able to control her diet was a loss of 1 to 3 pounds a week so that in nine weeks the patient weighed 125 pounds stage, the diet was under normal control and the

weight had been maintained at this level for three months. The patient had a feeling of well being The pressure now was 120/72, hemoglobin, 82 per cent, and pulse 64 Diagnosis glandular dysfunction, bradycardia, hypotension, anemia, obesity

Case 2 -Mrs. F B., age 42, a housewife with 2 children had chief complaints of uncontrolled appetite, dyspnea, palpitation cough, and wheezing After taking Flavettes for four days, there was a slight decrease in the appetite, in eight days there was a considerable decrease. Flavettes are taken now occasionally only as necessary to control any in crease in appetite This is a case of hypertension chronic endocarditis chronic myocarditis bronchial asthma. These conditions were treated specifically

Case 3 -Mrs H J M a waitress age 43, married with one child, had chief complaint of having gained 30 pounds in the past year Physical examination weight 177, blood pressure 134/76, hemoglobin 75 per cent, urine negative basal metabolic rate +7 Four days after taking Flavettes there was a moder ate diminution of appetite, nine days after con siderable decrease In three months weight was reduced to 147 1/2 Diagnosis obesity

Case 4 .- Mrs E. M a clerk age 35 married with no children began to reduce with Flavettes in May, 1946 Her weight had been 234 pounds and fell to 2081/2 pounds. She had violated her diet several times After taking Flavettes for three days there was a slight reduction in appetite and con siderable decrease after six days After four months blood pressure went from 162/102 to 130/74, hemoglobin 75 per cent to 84 basal metabolic rate -81/2 to -3 Diagnosis obesity

It was noted that the blood pressure curve frequently followed the weight curve

Case 5 -M N single, age 26 s maid, weighed 190, and reduced in ten weeks to 167 Blood pressure, originally 176/07 was reduced to 130/70 Basal metabolic rate was +41/1, urine, negative hemoglobin, 02 to 80 per cent After taking Flavottes for three days her appetite decreased, there was considerable decrease after nine days nosis obesity anemia.

Case 6 -Mrs S O age 57, a housewife with one child had difficulty dieting for her conditions. After taking Flavettes for four days, there was a slight reduction in appetite, and considerable decrease after eight days. This case was diagnosed as multiple osteoarthritis, chronic cholecystitis, hypertension

Case 7 -Mr J B, age 56, had difficulty in main taining his gastric ulcer diet. Within one week Flavettes curbed his appetite so that he could more rendily remain on his specific diet

Case 8 -Mrs. H. S, age 59 had a ravenous appetite that caused frequent violations of her diabetic diet After taking Flavettes for ten days, the diabetic diet was readily maintained

Summary

The need of a comparatively harmless medica ment to curb the appetite, either specifically or generally, is frequently desired in cases of cholecystitis, gastric ulcer, myocarditis, hypertension nephritis, diabetes etc. The prolonged and indiscreet use of metabolic stimulants may be harm ful and were given at times because there was no comparatively harmless substitute Flavettes containing 1/20 grain of bensocaine aromatized with suitable flavoring extracts, has been found successful in curbing the appetite in 80 per cent of 568 cases

THE ROSENSTOCK MEMORIAL FOUNDATION FELLOWSHIPS

The Rosenstock Memorial Foundation Inc. And rosensuck Memorial Foundation Inphalathropic foundation for the purpose of fostering
individual medical research without regard to race,
creed, color or ext, is offoring three fellowships of
\$2000 per annum renewable upon reapplication
and favorable reconsideration for an additional year.

The grant and half-day the surround of individual The grants are limited to the support of individual medical research to be conducted in hospitals with medical school affiliations in any of the five boroughs of New York City Fellowships may be granted either for full-time or part-time medical research

Fellowships will be limited to those who apply

within three years of the completion of internship or rendency (excluding time spent in military service) except that a recipient of the fellowship may reapply for one renewal of the grant. Applications must be endorsed by the director of the hospital where it is proposed that the research shall be conducted, and forwarded by the endorser to the Foun dation at 42-16 West Street, Long Island City 1 New York, by October 1 1947

Announcements of grants will be made in De-cember, 1947, and the funds will then be turned over to the hospitals involved.

OFFICE PROCEDURE IN APPLYING PENICILLIN THERAPY TO ACUTE SUPPURATIVE BARTHOLINITIS

Morris A Goldberger, MD, and Louis S Lapid, MD, New York City

(From the Gynecological Service of the Mount Sinai Hospital)

X E WISH to report a simple office procedure in the management of acute suppurative bartholinitis Realizing that incision and drainage is still the procedure of choice in local suppurative processes, we have, nevertheless, aspirated the Bartholin abscess and injected penicillin directly into the cavity with gratifying results

Three cases so treated all complained of an exquisitely tender local vulvar mass, extreme difficulty in walking and sitting, and generalized discomfort

They all encountered immediate relief upon aspiration and had no complaints within the hour One of the 3 patients had to be reaspirated twenty-four hours after the initial procedure because of the reaccumulation of pus in the cavity, this patient received 100,000 units of penicillin The 2 cases in which we encountered initial success received 200,000 units of penicillin in one in*iection*

Technic

The vulva is cleansed with soap and water local or topical anesthesia is necessary ber 18 gage needle is inserted into the cavity of the abscess on the mucosal surface of the vulva and the pus aspirated with a syringe Leaving the needle in situ, the syringe is removed and replaced by another one containing 200,000 units of penicillin dissolved in 10 cc of normal saline, and its contents slowly injected. A piece of gauze is held over the point of needle entry for a short while

Case Reports

Case 1 -M S is a 29-year-old woman, para 1, gravida 1, with a chief complaint of pain, swelling, and redness of the left labial wall, and difficulty in She had a local walking of eight days' duration mass in the left labia which never bothered her during two years Gynecologic examination revealed a tense, fluctuant, painful swelling of the left labia majora about the size of a lemon The abscess was aspirated and 8 cc of purulent fluid removed, 100,000 units of penicillin were injected. Twentyfour hours later the mass reformed but was less painful than on admission Sixteen cc of purulent fluid were aspirated and 200,000 units of penicillin in jected into the cavity. One day later there was no evidence of any local inflammatory process

Case 2 -D D is a 55-year-old woman, para 4, gravida 4, who complained of an abscess of the right vulva of nine days' duration She had taken hot sitz baths with no relief The patient encountered extreme difficulty in walking and complained bitterly of local pain Gynecologic examination revealed a swollen, tender, fluctuant mass the size of a plum in the right labia, with diffuse edema surrounding the mass with obstruction of the vagina Eight cc of seropurulent material were aspirated and 200,-000 units of penicillin injected directly into the Twenty-four hours later there was no evidence of local inflammatory process

Case 3 -M C 18 a 35-year-old woman who complained of pain of the left labia and difficulty in walking of three days' duration Gynecologic examination revealed a lemon-sized mass of the right labia This mass was red, with evidence of fluctuation present Three cc of pus were aspirated and 200,000 units of penicillin injected Thirty-six hours later there was no evidence of local inflammatory process

Summary

The procedure of aspirating a suppurative Bartholin abscess cavity with the injection of penicillin therein gives the patient immediate relief and specific therapy simultaneously

Patients are not subjected to a minor operative procedure of incision and drainage with its postoperative care and longer reparative proc-

ess

Within forty-eight hours there is no evidence of any inflammatory process in any of the patients so treated

ANNUAL MEETING, AMERICAN COLLEGE OF CHEST PHYSICIANS

The Thirteenth Annual Meeting of the American College of Chest Physicians is scheduled to be held at the Ambassador Hotel, Atlantic City, New Jersey, June 5 to 8

An interesting scientific program has been planned for this meeting. Prominent speakers from other countries will present papers

The oral and written examinations for Fellowship will be held on the first day of the meeting,

June 5 Applicants for Fellowship in the College who plan to take these examinations should communicate at once with the Executive Secretary, American College of Chest Physicians, 500 North Dearborn Street, Chicago 10, Illinois

The convocation for new Fellows and Lafe Members of the College will be held on Sunday June 8

bers of the College will be held on Sunday, June 8 At this time certificates will be awarded to Fellows and Life Members admitted since June, 1946

PATHOGENESIS OF SPINA BIFIDA AND RELATED CONGENITAL MALFORMATIONS*

ALEXANDER S WIENER, M D, Brooklyn, New York

(From the Blood Transfusion Division Jewish Hospital of Brooklyn, and the Serological Laboratory of the Office of the Chief Medical Examiner of New York City)

X/HILE certain anatomic anomalies such as polydactylism, brachydactylia, ectopia lentis, and albinism are transmitted heroditarily in accordance with the Mendelian laws, other anomalies, such as spina bifida, cleft palate harelip and congenital amputations, do not seem to follow the Mendelian laws. The suggestion that developmental anomalies of the latter variety are due to accidental amniotic adhesions or to fortuitious trauma from bands of amniotic tessue fails to account for the familial incidence in some of the cases. Since isosensitization of the mother to antigens present in the blood of the fetus can injure the fetus when maternal anti bodies pass into it through the placenta, it seemed worth while to investigate the possible relationship between isosepsitization and con genital malformations as has been suggested by Levine. This idea is supported by reports from the literature 1-8 that there is a higher than nor mal incidence of congenital malformations among erythroblastotic infants. In a previous article 6 reference has already been made to a connection between spina bifida and erythrobiastosis fetalis.

In the present article the evidence for such a relationship will be presented in detail, and a new theory of pathogenesis of such congenital abnormalities will be proposed

Materials and Methods

The cases which form the basis of this article (Table 1) are part of a larger series referred by numerous physicians for investigation for the possible presence of isosensitization. The cases selected include all those families in which one or more fetuses or infants exhibited some con genital anatomic abnormality, but otherwise they constitute a random series, except that in two cases (Cases 11 and 12) the patients were referred also because previous tests had shown them to be Rh negative In the most recently studied cases the bloods of both parents and all available living children were completely classified for the AB Landsteiner blood groups for the M N types, and for the Rh-Hr types. The maternal sera were also tested for the presence of anti Rh, anti-A, anti-B and other antibodies the sera being titrated by both the ag glutination and con lutination technics s-11. The data in a number of the older cases were incomplete according to our present standards and in some cases the anti A and anti B titers were determined only by the agglutination method on well-slides.

In the titrations of the alpha and beta antibodies fresh saline suspensions of the washed red cells from individuals of groups A₂ and B were used throughout. In the conglutanation tests fresh group A plasma was used as the source of conglutinin when titrating the alpha antibody, fresh group B plasma for titrating the beta antibody. For purposes of comparison it may be mentioned that under these conditions the average normal titer of the alpha and beta iso-antibodies is approximately 50 units by the tube agglutanation method and 10 units by the well-slide method. In normal individuals, the conglutination method yields titers no higher—usually lower—than the agglutination method

When determining the anti Rh content of a serum, fresh saline suspensions of group O bloods of types Rhi, Rh; and rh were used For the conglutination tests, pooled fresh human plasma was used as the source of the conglutinin While the blood group of the plasma was disregarded, the precaution was taken to use only plasma from Rh-positive individuals, because two instances have been encountered in which plasma from presumably normal Rh negative male donors contained weak univalent Rh antibodies which interfered with the Rh antibody tests.

Results

Cases 1 and 2 in Table 1 show the simultaneous presence in the same family of spina blifda and erythroblastosis fetalis. In both families, the mother is Rh negative and sensitized to the Rh factor. In Case 1 there is a double incompatibility because the mother is also strongly sensitized to the agglutinogen B. Cases 3.4 and 8 are families with spina blifda but without an associated history of crythroblastosis fetalis. In one family (Case 8) the mother is Rh negative and her serum contains Rh antibodies while in the other two families the mother is strongly sensitized to the agglutinogen B. These results

^{*} Alded by a grant from Mr Harry R. Socolof

TABLE 1 —List of Families with Spina Bifida and Other Developmental Anomalies

Case Num-					Antibody Titrations on Maternal Serum	
ber	Father	Mother		Pregnancies	Agglutination	Conglutination
1	BMNRh ₁ Rh ₂	A ₂ Nrh	1 2 3 4	Q ONRh; normal Miscarriage, third month Spins bifds Q A:NRh; C H A, transfu- sion recovered	Anti-Rho 8 units Anti-B, 500 units	Anti-Rho 6 units Anti B 250 units
2	ONRh2	OMNrh	1 2 3 4 5	o ONRh, Normal o ONrh, Normal o SB Spina bifida Miscarriage, second month Icterus gravis died on fifth day kernictorus o Normal, Rh negative	Antı-Rh, 1 unit	Anti Rh 2 units
3	BMRhirh	$OMNRh_1Rh_1$	1	Died aged 3 months, cause unknown	Anti-A, 400 units	Anti A 750 units
		·	2	o BMNRh ₁ Rh ₁ hydroceph- alus spina bifida	Anti-B, 1200 units	Antı-B 2200 units
4	A ₁ BMNRh ₁ Rh ₂	A ₁ MNRh ₁ Rh ₁	1 2 3	Normal Miscarriage, 21/2 months Q A ₁ BMRh ₁ Rh ₂ meningocele early hydrocephalus	Anti-B 180 units Anti-Hr none	Anti B 700 umts Anti-Hr none
5	BMNRh	A ₁ BMrh	1 2 3	Normal died later, staphy- lococcemia 9 Normal 9 BMRhi, E F, diaphrag- matic hernia	Anti-Rh, none	Anti Rh 2 units
6	BMNRh _i rh	A ₁ Mrh	1 2 8 4	o BMrh, normal o S B, cleft palate, harelip o OMrh, normal s BMNrh Group substances injected into umbilical cord vessels Icterus precox Recovered	Anti Rh, none Anti-B 150 units	Anti Rh none Anti B 250 units
7	A ₁ MNRh ₁ rh	OMNRh ₁ Rh ₂	1	Hydrocephalus died at birth	Anti-A (slide), 100 units Anti-B (slide) 8 units	
8	A ₁ MRh ₂	A ₂ MNrh	1 2	Spina bifida, neonatal death Stillbirth	Antı Rh, none	Blocking test, pos itive for anti Rho
9	A ₂ MRh ₁	OMNrh	1 2 3 4	of Normal postpartum transfusion to mother, no reaction Anencephalic monster S B at fifth month Miscarriage 3 months Miscarriage 3 months	Anti Rh none Anti-A 8 units Anti-B 90 units	Anti-Rh none Anti A 6 units Anti B 45 units
10	$A_1MRh_1Rh_1$	A ₁ MNrh	1	o' Eighth month S B, mon strosity placents previa	Antı Rh none	Anti-Rh 4 units

therefore, indicate that isosensitization can in some way cause spina bifida in the fetus

In Case 5 an erythroblastotic infant also had a diaphragmatic hernia, in this case the mother was Rh negative with Rh antibodies in her serum In Case 6 sensitization to the B factor appears to have caused a stillbirth with a cleft palate and harelip. In Case 17 the cause of the encephalomyelocele remains uncertain, because while the mother is Rh negative (type rh') no clear evidence of Rh sensitization could be obtained. Perhaps one of the newer, more sensitive methods of performing the conglutination test¹¹⁻¹² would have revealed the presence of Rh antibodies in this patient's serum. A similar situation exists in Case 11, where a stillborn fetus was found to have its kidneys missing.

Case 3 illustrates the well-known relationship between spina bifida and hydrocephalus Therefore, it is of interest that in Case 19, in which there was a hydrocephalic stillbirth, it was possible to demonstrate the presence of univalent alpha and beta antibodies in the maternal serum, proving that she had been isosensitized. Still another example of Rh sensitization is Case 10, but here the exact nature of the monstrosity is not known.

With these cases may be contrasted the families in which anencephalic monsters occurred (Cases 9 and 12), and the families in which congenital blindness was encountered (Cases 14 and 15) Here no evidence of isosensitization of the mother could be demonstrated In one of the families with congenital blindness the parents were first cousins, and in the second family the parents were second cousins, suggesting that the condition was genetically determined, probably by means of recessive genes In another family (Case 16) where two infants died of Oppenheim's disease, likewise no evidence of isosensitization could be adduced Nor could this mechanism be invoked in an instance of severe congenital

(Table 1 Continued)

11		AiMNeh	1	of 8B at term; absence of kidneys eyes and nose de- formed	Anti-Rh none	Anti-Rh none
1*		ОИЛьр	1 2 3 4	o' Normal o' Normal Anencephalie S B Normal	Anti Rh, none	Anti Rh none
13		A MRb	3 4 5	8 R Cord 5 X around neck 9 Lived hours; double harelip and malformation of heart 9 Lived 10 days; heart mal- formation 9 Normal	Anti B (Silde) 16 units	
14	AiNRh	BMRh,	1 ,	Died second day absence of ayes 8.B Absence of eyes	Anti-A (Silde) 2 units	
15	ONRbi	OMrh	1 2	o Mental retardation; blind ners © OMN—Normal	Anti Rh none	Anti-Rh none
16	A ₂ BMrh	A ₁ VRb ₁	1	Normal at birth Died at months, of Oppenheims disease Died of Oppenheims disease Died of Oppenheims disease	Anti B 12 units	Anti-B 1 units
17	OMRb rh	A ₁ BMrh rh	1 2	© BMrh normal o" Encephalomyeloccie, lived 6 hours	Anti Rh none Anti-O none	Anti Rh none Anti-O none
18	OM Rb, Rb;	A ₁ MRh rh	1 2	A.MRh Rh: normal A.MRh severe congenital heart disease	Anti-husband, Done	Anti-husband none
19	AtMRbi	OMRh ₁	1 2	Mao. S.B. hydrocephalus	Anti A 6 units Anti-B 12 units	Anti-A 25 units Anti B 180 units

Abbreviations used in table

Abbreviations used in table

B.B. = Stillbirth

B.B. = Stillbirth

Mao. — mererated

Exprincipations (stells

Exprincipations)

Expressive indicated all titrations were made in tubes as follows: A series of progressively doubled dilutions of the serum were prepared and one drop of each dilution transferred to the corresponding tubes in a sense of ampty tubes. To each tube of the latter was added a drop of a 2 per cent suspansion of the test cells. After one hour s incubation in the water bath at body temperature readings were taken (aggiudination tests). The tubes were then centifyed, the suspensation fluid completely removed and replaced by a drop of oralized plasma. The sediment was resumended by vigorous shaking and readings taken a second time after another hour's incubation in the water-bath (conglicitation) entered.

heart disease (Case 18) Thus, isosensitization produces only particular malformations, and not every abnormality occurring in the newborn should be ascribed to this mechanism."

Comment

Javert's reported that in his series of erythroblastotic infants and fetuses congenital malforma tions occurred about 40 times as frequently as in a comparable series of cases without erythroblastosis. The malformations he listed include harelip and cleft palate spina bifida, hydrocele, supernumerary fingers, corvical rib urethral stricture and an interventricular septal defect The observations described in this paper corroborate the correlation between particular malformations and erythroblastosis fetalis especially spina bifida and hydrocephalus, and demonstrate the importance of maternal isosensitisation in producing these conditions even when these anom alies occur in families without clinical evidence of erythroblastosis fetalis Penrose^{14,15} has reached the same conclusion by indirect statistical analysis of families with congenital malforma-

As for the mechanism by which isosensitization produces congenital malformations, the following hypothesis is suggested. As has been pointed out in previous papers 11 16 the antigen-antibody reaction in the body of the infant or fetus may give rise to two effects namely, intravascular hemolysis, and intravascular clumping of the fetus's erythrocytes (agglutination or conglutination) To explain the production of con genital malformations the latter action of the antibodies is invoked. If early in the development of the fetus intravascular clumping of the fetal red cells interferes with the circulation in terminal blood vessels to localized regions, it is not difficult to conceive how this may prevent closure or "healing" thus giving rise to such defects as harelip and cleft palate, spina bifida, disphragmatic hernia, and so forth. If necrosis of an anlage of a limb or an organ is produced by

this mechanism, it is easy to see how an infant with congenital amputations or with absence of the kidneys could result The process would have to take place early in pregnancy, at a time when the placenta is still relatively impermeable to the passage of antibodies It therefore becomes necessary to postulate the fortuitious occurrence of a defect in the placental barrier, for example, by infarction or premature separation, permitting the passage of antibodies from mother This additional requirement may serve to explain the sporadic incidence of these malformations, so that only occasionally is more than one case found in the same family

Summary

Cases are described which illustrate the association between particular congenital malformations and erythroblastosis fetalis Evidence is presented which indicates that these malformations result from maternal isosensitization, and also in families without clinical erythroblas-

It is suggested that the lesions are protosis duced by blockage of terminal blood vessels in the fetus early in development by clumps of erythrocytes, resulting in such malformations as spina bifida, cleft palate and harelip, diaphragmatic hernia, congenital absence of kidneys, and congenital amputations

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A.M A. TO LAUNCH ANOTHER COMPLETE SURVEY OF MEDICAL SCHOOLS

"On recommendation of the Council on Medical Education and Hospitals of the American Medical Association, the Board of Trustees has authorized a new complete survey of the medical schools," according to an editorial in the January 11 issue of the Journal of the American Medical Association

The American Medical Association has approved medical schools since 1907 and its list of approved schools is accepted by licensing boards, hospitals, and other agencies for determining the acceptability of

graduates

The editorial states that the "American Medical Association will undertake the entire financial responsibility for the survey However, a collaborative effort with the Association of American Medical Colleges and the individual colleges is planned, so that the project can achieve the end of improved medical education in this country

"Ten years have passed since the last previous complete survey was made, under the direction of H G Weiskotten, now chairman of the council. In the meantime there have been tremendous impacts on the entire structure of medical education, during the troubled war years and in the present era of reconversion to peacetime education. In the light of recent advances in medical knowledge and the nature of medical care a careful re-evaluation of the curriculum is needed Financially many schools are facing a crisis, since the increased income of the war years will be drastically reduced unless supplemented by funds from endowment, state, or other sources There is need for a thoroughgoing analysis of the educational resources of our medical schools as related to student enrollments

"The aim of the survey will be that which has motivated every activity of the council in the past to improve medical education and to render all assistance to medical schools to improve themselves, so that the quality of medical care in this country will continue to improve and the position of world leadership in medical education occupied by the schools of this country will be maintained and strengthened"

THE SYMPTOMATIC TREATMENT OF HAY FEVER WITH DIAMINOBENZOPYRIDYL HCL (N' PYRIDYL N' BENZYL N DIMETHYLETHYLENEDIAMINE HYDROCHLORIDE), (PYRIBENZAMINE)*

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VON PIRQUET' in 1908 emphasized the close relationship between anaphylaxis and allergy 7 insser et al. 2 state that there is a great similarity between allergy and anaphylaxis, and that in reality they are probably one and the same manifestation. Dale and Laidlow' in 1911 advanced the histamine theory of anaphylactic shock. Roche e Silva and Essex' removed the adrenals from guinea pigs and found an increase in the degree of emphysema after the injections of trypain. They concluded the main liberation of histamine takes place when antigen comes in contact with lun? tissue

Kellaway and Trethewie assert that the anaphylactic response of smooth muscle is a consequence of the release of histamine Katz and Cohene used heparmized blood collected from persons with allergies to pollen and dust and the specimens were placed in vitro with extracts of their respective allergens. A definite shift of histamine, previously bound to cells, to the plasma was observed The increase of histamine in the plasma ranged from 168 per cent to 900 per cent. Ramires Lawton and Dragstedt' found that injections of trypsin produced in creased amounts of histamine in the blood Rose concludes that allergic patients show great fluctuations of blood histamine in the course of many months or years compared to that occurr ing in normal persons McElin and Horton feel that the common denominator of the allergic diseases is an underlying problem of edema provoked by local release of histamine or a histaminelike substance The edema is recognized in the mucous membrane at certain seasons of the year, i.e., during the hay fever season. With our present knowledge it seems that the histamine released into the tissue spaces produces a capil lary dilatation and an increased permeability of the capillary walls, causing a localized edema.

A systematic search for clinically effective antihistaminic substances was begun only in 1937 Amino acids like arginine histidine and cysteine were shown to have certain antihistaminic and antianaphylactic activities:18-14 Histamine 13-14 histamine azoprotein 17 and histaminaso 14 also have been thoroughly studied for their antihistaminic and antianaphylactic properties. However, none of the above substances have any marked therapeutic effect in vivo and are inactive against histamine poisoning and anaphylactic shock.

Bovet and Staub¹⁸ in 1937 and Staub²⁸ in 1939 examined a great number of chemicals and found only two which had an unusually high antihistaminic activity. These substances, thy movethyldiethylamine and n'-phenyl n'-ethyl, n-diethylethylendinmine, were designated 929F and 1571F respectively.

Another substance known as 2339RP, or dintergan was found by Halpern²¹ in 1942. This drug was used by European workers for the treatment of various allergic disorders with promising results. More recently Loew et al. 22,21 described a series of benzhydryl ethers and amines. One of these, benzhydryl ether hydrochloride (benadryl) was discovered to be the most potent antihistaminic and also the least toxic.

Mayer Huttrer and Scholz¹⁴ investigated several amino pyridyl and amino picoline derivatives related to 1571F They found that one of these, n-dimethylethylenediamine was the most active antihistaminic, and the least toxic. Mayer¹⁴ compared the antihistaminic and antianaphylactic properties of these recently synthesized substances. He concluded that pyribenzamine was the most effective. It was highly active in vitro and in vivo against histamine poisoning as well as in vivo in anaphylacis.

Arbesman and his associates found that pyribensamine (1) has potent antianaphylactic activity in guines pigs, (2) has no demonstrable effect on precipitin titer (3) has no demonstrable effect in the complement titer of guines pigs, (4) decreased the size of histamine skin wheals in 18 of 28 subjects, (5) diminished the skin reactivity in 14 of 24 allergic patients, (6) reduced the reactivity of akin sites passively sensitized with serum containing cottonseed reagms. Toxicity experiments in animals revealed the most out

Purnished through the courtesy of the Ciba Pharmaceutical Company

standing toric symptoms were excitation, con-A marked local vulsions, or marked depression tissue necrosis followed the use of concentrated solutions hypodermically This drug has some features in common with local anesthetics Abresman and Koepf (in an article to be published) relate their treatment of 277 patients suffering from various manifestations of allergy Many of them received pyribenzamine for as long as mine months with no effect on blood components, blood pressure, blood chemistry, and At times as much as 1,000 mg were given without toxic symptoms Of 140 patients with hay fever, 119, or 85 per cent, had relief of In 30 patients with seasonal bronsymptoms chial asthma (grasses and ragweed) 14 (46 6 per cent) had relief of bronchial symptoms Twentyseven (58 7 per cent) of 46 patients with extrinsic (nonseasonal) allergic rhinitis were benefited by this drug Only 25 per cent of those with extrinsic (other than pollens) asthma were im-Six of 14 patients with perennial (intrinsic) allergic rhinitis obtained relief drug was effective in many cases of acute and chronic urticaria Two patients had a physical allergy to cold and would develop urticaria and angioneurotic edema Patch tests with ice cubes produced a wheal Fifty and 100 mg of pyribenzamine given one-half hour prior to the patch test would prevent formation of urticanal Lakewise, with continued use of the drug, these patients would be comfortable when exposed to cold Pyribenazmine was given with good results to additional patients who were sensitive to cat dander, dog dander, rabbit dander, and coffee

Intravenous administration of pyribenzamine presently is not recommended. In dogs it results in acute hypotension. The most common side-effects in patients were nausea, drowsiness, fatigue, an "all gone feeling," dizziness, faintness, and headache. On the other hand, a few patients complained of palpitation, nervousness, insomnia, and dryness of the mouth. Of 277 patients 95 (34 per cent) complained of side-effects, and in 15 (54 per cent) they were found severe enough to necessitate discontinuation of the drug.

It is interesting to note that Yonkman and coworkers²⁷ studied the effect of pyribenzamine for histamine skin wheals in albino rabbits and found that I mg per kilogram administered intravenously had a constant antihistaminic effect on the wheals, whereas when pyribenzamine was given orally, 250 to 400 mg per kilogram were needed to produce the same effect. This suggests that lack of absorption of adequate amounts might explain the uncertain effects noted in human beings

The mode of action of all these antihistamine drugs is still unknown. They do not combine with or destroy histamine, nor do they activate histaminase. The most recent hypothesis is that these antihistamine substances displace histamine from its point of action in the same way that sulfonamides are supposed to displace para aminobenzoic acid.

Personal Observations

This report demonstrates the use of pyribenza mine hydrochloride in a series of 86 cases of ha fever due to ragweed during the 1946 seasor We divided our series into three groups 1 Patients in this group received pyribenzamin plus an injection of a placebo (Coca solution) Group 2 Patients in this group received pyr. benzamine plus desensitization to ragweed Grou Patients in this group received only deser sitization to ragweed, and were carried along pri seasonally as outlined, the pyribenzamine adde at the onset and continued throughout the seasor The dosage used was 50 mg given orally two daily, after breakfast and before bedtime. It creasing the dose to three and four tablets a da in cases not obtaining relief did not in any wa bring results It was our experience that whe relief was obtained two tablets a day wer sufficient

TABLE 1—RESULTS OF TREATMENT OF PATIENTS IN TE

Group 1	Number of Cases	Relief	No Relief	Percent- age Re lieved
(P) ribenzamine) Group 2	21	9	12	43
(Pyribenzamine and rag- weed desensitization) Group 3	47	35	12	74
(Ragweed desensitiza- tion)	18	10	8	55
Total	86	54	32	57

Cases were chosen at random and placed into various groups regardless of classification (A, B, or C) Discussion of each case is not feasible, but it is of interest to make some general comments on the cases represented in the various groups

In Group 1, where pyribenzamine alone was given, while the results were not outstanding, the administration of pyribenzamine gave symptomatic relief in 9 out of 21 cases. It was possible to determine results after the first or second dose of pyribenzamine. These patients reported relief within one hour or no relief at all. The taking of the drug before retiring and after breakfast was palliative in the cases getting relief. The stoppage of the drug at any time initiated the return of symptoms.

In Group 2, pyribenzamine plus ragweed desensi-

tization the top dose of ragweed according to the classification of each case was reached by mid-August and then reduced (seasonal reduction) to be maintained throughout the season Pyribenzamine was added at the onset of the season and administered twice daily In this group our best results were noted 35 of 47 obtained relief. In these 35 cases sneczing was diminished in various degrees of severity and in many cases was absent. However, in 10 of these cases there was no improvement in nasal or eye symptoms. In 3 cases, while the sneezing was improved the drug had no effect on the coseasonal asthma.

In the last group 3 (desensitization therapy, rag weed only) the pollen count in 1946 was not as high as compared with that of 1945 The highest count began to register around Labor Day reaching the maximum on September 10 1946 From that day the pollen picture improved steadily In our series in spite of a relatively low pollen count in 1946 only 10 cases obtained relief

Of 68 patients treated with pyribensamine 25 or 86 per cent, complained of side-effects case pyribenzamine had to be discontinued because of aggravation of dizzness. Whether or not the patient's hypertension had influenced the condition remains unanswered. In another case the drug had to be discontinued because of sleepiness, i.e., the patient fell asleep at the wheel while driving an automobile. The taking of pyribenzamine in addition to the phenobarbital the patient was receiving from the neurologic clinic, increased the sleepmess. In another case the drug had to be stopped because of marked palpitation nervousness, and weakness siness occurred in 10 cases. This effect gradually diminuhed or entirely disappeared, even though the use of pyribenzamine was continued on the same dosage schedule

Other ade-effects complained of were headache in 5 patients dryness of the mouth in 2 dizziness in 4 tinnitus in 2 nervousness in 4 nauses in 2. These effects were noted singly or appeared together with two or three other side-effects in the same patient However, they either diminished in intensity or disappeared entirely while pyribenzamine was still being administered.

Complete blood counts were taken in all patients receiving pyribensamine alone All counts were normal except in two. One revealed a white blood cell count of 4,050 with a differential of polymorphonuclears, 45 per cent, and small lymphocytes, 55 per cent. In another, white blood cell count was 8 050 neutrophils 42 per cent, small lymphocytes, 56 per cent, monocytes, 1 per cent, cosmophils 1 per cent

Summary and Conclusions

In a series of 86 cases of ragweed hay fever 21 were treated with pyribenzamine alone, 47 with desensitization and pyribenzamine, and 18 with maweed desensitization alone.

- Symptomatic relief occurred in 9 or 21 cases (43 per cent) in Group 1, receiving pyri benzamine alone, 35 of 47 cases (74 per cent) in Group 2, receiving pyribenzamine and ragweed desensitization and in 10 of 18 cases (55 per cent) in Group 3 receiving ragweed desensitiza tion alone
- The majority of patients obtaining relief from pyribenzamine, either alone or in conjunc tion with ragweed desensitization, required only two tablets a day Continuous administration of the drug was necessary to prevent the remission of symptoms.
- Side reactions occurred in 25 of the 68 patients or 36 per cent. These effects disappeared gradually while the drug was still being administered
- 5 Pyribenzamine did not affect the blood count
- In conclusion, pyribenzamine together with ragweed desensitization gave the best symptomatic rehef (35 out of 47 cases, or 74 per cent) Pyribenzamine alone produced relief in 9 out of 21 cases (43 per cont) Ragweed desensitization alone relieved 10 out of 18 cases (55 per cent)

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THE NITROGEN MUSTARDS AND THEIR APPLICATION IN NEOPLASTIC DISEASES

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MUSTARD gas (bis-(β-chloroethyl) sulfide) was used extensively in World War I and chiefly because of its vesicant action a great many casualties resulted. Laboratory studies on animals, supplemented by clinical observations on men who had been contaminated with large amounts of mustard, proved that the agent also was capable of producing systemic intorication, characterized by the development of leukopenia, and by other evidence of injury to the bone marrow, as well as to the gastrointestinal tract

With the end of the war, the general toricity of mustard gas was largely forgotten in spite of the fact that chemists continued to make new derivatives of the compound. Occasional reports of the laboratory use of mustard in the treatment of experimental tumors, a procedure based on the local vesicant and necrotizing action of the chemical, were published, and in 1931 an isolated clinical study of the use of mustard gas in the local treatment of cancer was reported from Memorial Hospital by Adair and Bagg ¹

At the beginning of World War II, the warring powers developed an interest in a group of analogues of mustard gas, in which the sulfur (S-(C₂H₄Cl)₂) was replaced by nitrogen (R-N-(C₂H₂Cl)₂) These were given the categoric name of "introgen mustards" These compounds were potentially more versatile than mustard gas, in that a great variety of radicles (R in the above formula) could be attached to the nitrogen to alter the physical properties of the nitrogen mustard, without changing the structure of the bis-(\beta-chloroethyl) amine moiety A large number of nitrogen mustards were prepared, and it was shown that these compounds were very similar to mustard gas in their action The study of systemic effects of the mustard compounds, however, was intensified by the fact that the nitrogen mustards were more readily absorbed from the skin of experimental animals to produce fatal systemic intoxication. associated with lymphatic involution, leukopenia, aplasia of the bone marrow, and gastrointestinal injury

Considerable emphasis, therefore, was placed on the fundamental mechanism of the systemic actions of these compounds, and a summary review of these war studies by Gilman and Philips² has been published recently

The developing concept that the mustard compounds, acting systemically, were destructive to lymphatic and hematopoietic tissue possibly more fundamentally stated as a selective toxicity for rapidly growing cells—and that their toxicologic effects were in many respects similar to those produced by x-rays, suggested their use in the treatment of neoplastic disease Mustard gas was not considered for chinical use because it is volatile, quite insoluble, unstable in water, dangerous to handle, and difficult to ad-On the other hand, the nitrogen musminister tards form nonvolatile, stable, water-soluble hydrochlorides which can be handled with ease and safety, and these were selected for clinical Although many derivatives of the nitrogen mustards had been made, the tris-(\$\beta\$-chloroethyl) amine-hydrochloride and the methyl-bis-(8-chloroethyl) amine-hydrochloride were used therapeutically, since most of the essential laboratory data on these derivatives were at hand because of their importance as chemical warfare agents

In 1943 Gilman et al ³ at Yale University first reported, in a confidential military communication, the use of tris-(β-chloroethyl) amine in the treatment of 6 cases of terminal neoplastic disease. Subsequently, Jacobson et al ⁴ at the University of Chicago, Goodman et al ⁵ at the University of Utah, and Karnofsky et al ⁶ at Memorial Hospital, New York, assessed the therapeutic value of the methyl-bis- and tris-(β-chloroethyl) amines on a total of 160 patients. In a recent issue of the Journal of the American Medical Association, Rhoads, ⁴ chairman of the Committee on Growth of the National Research Council, has summarized the results obtained by these groups

It was stated in the summary that bis- and tris-(β-chloroethyl) amines had been used chiefly in the treatment of Hodgkin's disease, lymphosarcoma, and leukemia, but that occasional patients with other types of cancer, also, had been treated. The report emphasizes that these particular nitrogen mustards have not produced a cure for any of the types of cancer treated in this study. These compounds are injurious to many types of tissue, and appear to exert their greatest effects on rapidly growing tissue, either normal or neoplastic. Regressions of striking proportions in Hodgkin's disease, lympho-

sarcoma, and leukemia and gratifying palliative effects have been obtained in some cases, but these results are temporary, rarely enduring beyond several months. The use of these agents is attended by some degree of transient nausea and vomiting Caution and descrimination in their use is recommended because it has been shown that injury to the hematopoietic tissues consistently results, sometimes to a severe degree

The results of the clinical studies reported indicate that x-ray therapy has the advantage over the nitrogen mustards studied in that it can be applied locally. In the treatment of lymphosarcoma, Brill-Symmer's disease, lymphatic, and myclogenous leukemia the nitrogen mustards appear to offer no advantage over x ray treatment. In the treatment of Hodgkin's disease x rays are recommended in the early localized stages of the disease and in the local extensions of the disease beyond the lymph nodes When the disease is generalized and is attended by severe systemic into deation with fever anorexia and weakness the nitrogen mustards have sometimes induced very gratifying remissions which may last as long as three months and treatment may be repeated as long and as often as the hematologic status permits. Limited trials in melanosarcoma, metastatic mammary carcinoma, multiple myeloma, and sympathicoblastoma have not been encouraging Temporary symptomatic remissions have been produced in 4 pa tlents with anaplastic carcinoma of the lung. and satisfactory responses have been obtained in

polycythemia rubra vera. It is clear, therefore, that the nitrogen mustards thus far studied are not recommended as a substitute for standard methods of radiation therapy. Further clinical trials may show that these compounds will have a limited but definite role in the treatment of peoplestic disease

The nitrogen mustards are compounds of extraordinary theoretic interest, in that their chemical structure can be altered readily, they have a selective toxic action on certain cell types and they simulate in many respects the biologic effects of x rays The discovery of the toxicologic effects of this chemical group has given great impetus to the search for chemotherapeutic agents against cancer With the effective cooperation of chemists laboratory workers, and clinicians further advance in the study of nitrogen mustards is anticipated.

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Nors: The author wishes it known that this article was written and submitted for publication in June, 1946. The large number of previously submitted manuscripts on hand prevented earlier publication

HEADACHES RESULTING FROM TENSION RAPIDLY RELIEVED WITH SEDATIVE

Sodium amytal, a sodative, will relieve such symptoms as headache resulting from tension or anxiety within one to five minutes when injected into the veins, according to three New York doctors writing in the current issue of the Archives of Neurology and Psychiatry published by the American Medical Association.

The authors—Capt. Samuel Susselman and Capt. Fred Feldman, Medical Corps, Army of the United States, and S Eugene Barrera, M.D Albany, NA — state that when symptoms are persistent and no organic cause can be discovered, the patient should receive an injection of sodium amytal.

They claim the the code was a second to be seen as a second to be second to be seen as a second to be seen as a second to be seen a

They claim that this sedative is of diagnostic value because it is a quick method of separating symptoms of organic disease from tension symptoms.

In more than 80 patients treated over a period of nine months, the hospitalization period was shortened for many because of the use of this sedative,

"The patient in whom the test is clearly successful will have no residuum of distress but will express, often spontaneously great relief and complete free-dom from pain and a feeling of well-being, accord ing to the physicians. They state that "this rapid litting of discomfort is especially impressive to both patient and physician in cases of longstanding headaches, which have remained unrelieved for months, or even years.'
The authors point out that not only will this seds-

tive relieve symptoms due solely to tension but it also will bring relief to patients with organic disease whose symptoms have been intensified by tension and anxiety

PENTOTHAL NITROUS-OXIDE OXYGEN ANESTHESIA

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CHORTLY after pentothal sodium was introduced to clinical anesthesia it became apparent that its range of usefulness might be greatly widened by using it in combination with other anesthetic agents Spinal, regional, or inhalation anesthesia was given together with pentothal for a great variety of surgical procedures Organe and Broad¹ in 1938 reported a series of 236 cases in which pentothal was combined with 85 per cent nitrous oxide and 15 per cent ovygen Their results showed that these patients had a smoother anesthetic course with more rapid recovery than when pentothal alone was employed Tuohy² reported that the combination of pentothal with fifty-fifty nitrous oxide and oxygen resulted in a reduction in the amount of pentothal required

The value of oxygen given in conjunction with pentothal to prevent the hypoxia that may be associated with the respiratory depression caused by the latter drug is well established

It is the purpose of this report to present a series of 1,097 operations, some performed under pentothal alone and the others under pentothal nitrous-oxide oxygen anesthesia and to compare the results in the two groups. These operations were performed in a United States Army General Hospital in the European Theatre of Operations during the period from March, 1944, to June, 1945. All anesthesias were administered by the same group of anesthetists

Technic

The patients were premedicated one to onehalf hours preoperatively The dosage varied with the individual case but was usually 0 015 Gm of morphine sulfate and 0 0006 Gm of atropine sulfate A 25 per cent solution of pentothal was used in all cases. The patient was induced with pentothal and then the face mask was applied Nitrous ovide and ovygen in equal volumes were started, using a semiclosed system in a circle filter machine with the carbon dioxide absorber in the circuit Pentothal was given throughout the operation in amounts sufficient to maintain the patient satisfactorily anesthetized Toward the close of the operation only nitrous oxide and oxygen were employed

Results

An analysis of the cases (Table 1) reveals that the great majority of the operations involved the skin and subcutaneous tissues. Seventy-eight per cent (852 cases) were performed using nitrous

TABLE 1 -Types of Operations Performed

Type of Operation	Number of Cases
Débridement of wounds	57
Secondary closure of wounds Removal of foreign bodies	808
Removal of foreign bodies	107
Skin grafts Miscellaneous	52
Miscellaneous	75
Total	1 097

oxide and oxygen with pentothal, and 22 per cent (245 cases) under pentothal alone (Table 2)

TABLE 2-TIME REQUIRED FOR OPERATIVE PROCEDURES

	Pentothal and N ₂ O O ₂	Pentothal Alone
Operations requiring less than 30 minutes Operations requiring 30 to 60 minutes Operations requiring more than 60	478 cases 329	151 cases 80
minutes	45	14
Total	852	245

More than one half of the operations were completed in less than thirty minutes and only 6 per cent required more than one hour (Table 2). The amount of pentothal necessary for satisfactory anesthesia varied greatly and could not be predetermined for any given patient. In the operations requiring less than thirty minutes, dosages of from 0.1 to 1.0 Gm were required both with and without the use of nitrous oxide. However, the average dose for patients receiving nitrous oxide was 0.450 Gm, while those who were carried on pentothal alone required 0.596 Gm (Table 3).

TABLE 3 — DOBAGES OF PINTOTHAL WITH AND WITHOUT NITHOUS O'CLOF AND O'CYGEN

	Pentothal and N2O-O2	Pentothal Alone
Operations requiring less than 30 minutes Smallest dose Largest dose Average dose	0 100 Gm 1 000 Gm 0 450 Gm	0 100 Gm 1 000 Gm 0 596 Gm
Operations requiring 30 to 60 minutes Smallest dose Largest dose Average dose	0 200 Gm 1 600 Gm 0 615 Gm	0 300 Gm 1 700 Gm. 0 811 Gm
Operations requiring more than 60 minutes Smallest dose Largest dose Average dose	0 400 Gm 1 800 Gm 0 900 Gm	1 000 Gm 2 000 Gm 1 540 Gm

By adding nitrous onde and oxygen it was possible to reduce the amount of pentothal by 24.5 per cent. In those surgical procedures lasting thirty to sixty minutes similar results were obtained Again the individual variations were great ranging from 0.2 to 16 Gm. for the patients receiving nitrous oxide and from 0.3 to 1.7 Gm for those who did not average for the former group was 0 615 Gm. and for the latter 0 811 Gm This represents a reduction in pentothal of 24.2 per cent in those cases where the two agents were used

In the group requiring ancethesia for more than one hour a reduction of 41 6 per cent in pentothal was noted when nitrous oxide and overgen were

added

The operations in this group performed under pentothal alone required an average of 1.54 Gm, while in those cases where nitrous oxide and oxygen were added an average of 0 90 Gm was necessary

In addition to the reduction in the quantity of pentothal required, other beneficial results were observed by the addition of nitrous oxide and

oxygen

There were some patients in whom the skin reflexes could not be obtunded completely even when pentothal was pushed to the point of These pa moderate respiratory depression tients would move each time the surgeon incised the skin, occasionally to a degree which interfered with the operation. In no instance did this occur when nitrous oxide and oxygen were habba

While no accurate record was kept of the time it took for the patients to react from anesthesia it is my impression that they regained consciousness much sooner if nitrous oxide and oxygen were given with the pentothal This was ex tremely important under the existing conditions since trained personnel was not always available to return the patients from the operating room to the wards and in no case was an unconscious patient permitted to leave the operating room without a competent attendant

There was less respiratory depression when nitrous oxide and oxygen were employed since the desage of pentothal was generally less in these cases. In addition by having the patient breathe 50 per cent oxygen during the entire procedure the possibility of a slight but prolonged hyporda was greatly reduced

Summary and Conclusions

A comparison of pentothal alone and in conjunction with nitrous oxide and overen is pre-The use of the combination resulted in a reduction of the amount of pentothal required although there was great variation in desage for individual cases. In addition, a more rapid recovery period, less danger of hypoxia from respiratory depression, and more satisfactory operating conditions for the surgeon were obtained

By using the combination of the two agents it is possible to use intravenous anesthesia for many operative procedures which because of their nature or duration previously were considered unsuitable for this type of anesthesia

320 West 87th Street

Organe, Geoffrey and Broad R. J B Lancet (Lon don) 2: 1170 (Nov 19) 1938. Tuchy Edward B South M J 34 42 (Jan.) 1941

RESTRICTED USE OF SALT URGED FOR CONGESTIVE HEART FAILURE

Three Boston physicians advocate the restriction of salt in the diet with a liberal intake of fluid for patients with congestive heart failure, especially those with coronary and hypertensive heart disease, according to an article in the January 4 issue of the Journal of the American Medical Association.

The physicians who are from the Massachusetts General Hospital, are Edwin O Wheeler Graduate Assistant in Medicine William C Bridges Common wealth Fund Rosearch Fellow 1945–46 and Paul D

White.

They point out that 'with a few notable exceptions, casual limitation of salt and fluid has been the custom throughout the country and generally more stress has been placed on the restriction of fluid than on that of salt

When the heart is unable to fulfill its function

adequately as a pump and supply sufficient circu-lation to all of the tissues of the body, such symp-toms as shortness of breath swelling of the legs and abdomen may result.

To prevent this accumulation of fluid which produces swelling in the tissues the physicians treated 50 patients with congestion due to heart diseases of all types during the last year and a half

Of the 35 patients who followed the sait restricted diet faithfully 13 did not show improvement, while 22 were better, of the latter group 10 showed great benefit

Twenty of the 35 patients had hypertensive (caused by high blood pressure) and/or coronary heart disease. Eighteen of these showed improvement, in nine of whom it was pronounced

COEXISTENCE OF MALFORMATIONS OF THE GENITAL AND URINARY TRACTS IN WOMEN*

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(From the Departments of Obstetrics, Gynecology, and Surgery, Division of Urology, University of Rochester School of Medicine and Dentistry, and Strong Memorial Hospital)

HE coexistence of malformations of the geni-L tal and urmary tracts in women having no other apparent congenital defects is not uncom-While the authors make no pretense of priority concerning these observations, they, nevertheless, believe that certain clinical considerations relating to these phenomena deserve emphasis which has frequently escaped attention in otherwise ample accounts bearing on the care of patients having these anomalies Since excellent descriptions of the ontogenesis of the female genitourinary systems are available,1-4 these These systems are need not be reviewed here intimately associated in their development and in their final relationship These facts, along with the coexistence of diseases common to both systems, are often used as justification for combining female urology and gynecology as a single clinical specialty

It is known that certain structures in the development of the genitourinary systems have a transitory existence Other structures abandon their original design for function to pursue new ones, and in the course of such events it is small wonder that various malformations come into Many varieties of malformations may occur, depending upon the degree and position of agenesis and upon the stage of development at which the patterns become fixed This atavistic arrest, when once established, is not contingent upon adjacent structures which may or may not It is, however, almost axiomatic be affected that congenital defects, which often represent arrested development, do not occur singly

The müllerian ducts are formed by the canalization of cords of celomic epithelium resulting from the invagination of the surface of the uro-These ducts normally fuse with genital folds the formation of the uterine cavity, which becomes continuous with that of the vagina derived in part from the urogenital sinus Atypical fusion of the mullerian ducts is one of the commoner forms of congenital malformation encountered in the female genital tract Nonfusion of these ducts may occur at almost any place along the line with duplication of the uterus without a septum. or with a septum which may bisect the uterus and Furthermore, this nonfusion may be vagina

complete or incomplete at different levels of the gental tract. According to Gruenwald, experimental destruction of the caudal portion of the wolffian duct results not only in aplasia of the kidney on the treated side but also in aplasia of the müllerian duct equal in degree to the defect made in the wolffian duct. Abnormal development of the wolffian duct would, therefore, explain not only the agenesis of the mesonephros and metanephros, and other malformations of the kidney, but also defects in the müllerian tract as well 3-5

As is indicated in the appended case reports, duplication of the müllerian components below the point where fusion ordinarily occurs was the outstanding genital anomaly, while absence or displacement of a kidney and ureter characterized the urologic aberrations. Although the causative factors responsible for the abnormalities are not known, nevertheless, they can be interpreted by an understanding of the embryologic backgrounds of the genitourinary systems Since this type of genital abnormality, i.e., the improper fusion of the müllerian ducts, may not interfere with the menstrual, gestational, or parturitional functions, one can understand why the patient may be unaware of its existence and why it may escape notice of the attending physician save by careful examination. Discovery of the anomaly, in fact, may come by chance

Many experienced pelvic surgeons will attest to the innate risk of injury to the ureters that may attend a relatively simple hysterectomy This hazard is greatly increased if adjacent structures are malformed and displaced beneficent nature may condone the destruction of one ureter if its mate is undisturbed, only tragedy can follow the unwitting injury of a single ureter, unless correction is adequate and prompt Inflammatory and neoplastic diseases, common proclivities of the normal genital tract also beset the anomalous tract Inasmuch as the malformed genital tract is not uncommonly associated with anomaly of the kidney or ureter, extensive surgery of the genital tract should not be contemplated without knowledge of the anatomic and functional status of the genitourinary system Such surgery, moreover, should not be undertaken without special caution because of the added hazards involved when anomalies of the müllerian tract are recognized or suspected

^{*} Aided by a grant from the Dr Henry C Buswell Memorial.

According to records covering the interval between January 1, 1938 and April 1, 1946, 25 patients were admitted to the Gynecologic Serv ice at Strong Memorial Hospital and upon whom the diagnosis of various degrees of developmental anomalies of the uterus and/or vagina were ven The records of 14 of these cases make no reference to the urmary tracts as they might relate to congenital malformations. Five nations had varying degrees of agenesis of the genital tract but had normally formed and functioning kidneys as verified by instrumental and pyelographic studies Six patients had definite mal formations of the genital tract coexisting with major urologic anomalies. Case lustories of these 6 patients are briefly summarized as fol-

Case Histories

Case 1—E. M was a 47 year-old married nullipara, with a bicornate uterus which has been found on laparotomy twenty years earlier. A single vagina was present. The configuration of the uterus was that of bicornate variety. Intravenous pyelograms showed a functioning left kidney. There was no evidence of a kidney on the right side.

Case 2.—J F was a 25-year-old para I, with a uterus becomis unfcollis. Intravenous pyelograms showed a horseshoe kudney with blunting of the calyees. The patient has since passed a six month

fetus from the right side of the uterus.

Case S -E. L. aged 15 with utarus didelphus, double vagina, and with pyocolpos of blind left

vagina, had had an operation for the removal of the left horn of uterus, tube, ovary, and resection of left vagina. Intra enous pyelograms showed absence of the left kidney The patient was subsequently delivered of a full term child per vaginam

Case 4.—S. B was 5 years old A retrograde pyelogram showed right hydronephrosis with absence of the left kidney Adhesive bands and aber rant vessels caused kinking of the right ureter These were surgically removed. She had a uterus

bicornus septus

Case δ-8 H a 57 year-old nullipara, with uterus bicornis subseptus, had a panhysterectomy done because of adrenocarcinoma in the right horn rays showed a right kidney only No ureteral orifice was found on cystoscopy on the left side

Case 6—M T was a 21 year-old woman with congenital absence of vagina. On rectal examination no uterus nor ovaries were felt. Secondary sex characteristics were well developed Intravenous pyclograms showed no kidney shadow in the left side. The right kidney was normally outlined. On cystoscopic examination only the right ureteral orr-fice was found.

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MEDICAL RESERVE OFFICER NEEDED IN NEW YORK CITY

The Naval Air Reserve Training Command, with headquarters at Naval Air Station, Gleuview, Illinois has seventeen nationally located Naval air stations at which Naval Reserve Medical Officers may serve on active duty with full pay and allowances and with the privilege of returning to

civilian life at any time on request. There is now a vacancy at the Naval Air Station, New York, N Y

Additional details may be obtained from Chief of Naval Air Reserve Training Naval Air Station, Glenview Illinois.

THE RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL

In an effort to determine the causes of chronic alcoholism, the Rosseroh Council on Problems of Alcohol presented on January 15, to Cornell University Medical College the first of five annual \$30 000 checks to finance a five-year \$150,000 research project at the New York Hospital-Cornell Medical Center

The study was announced jointly by Dr Lyman C Duryea, medical director of the Research Council, and Dr Joseph C Hinsey dean of Cornell University Medical College.

"At this stage, and for some time to come the project will be focused on the study of the causes of alcoholism rather than on how to treat it, the announcement said, 'and for that reason the patient group under study will probably not be large

The research will be under the direction of Dr Oakar Diethelm, professor of pechiatry at Cornell and psychlatrist-in-chief of the New York Hospital.

Patients will be hospitalized in special quarters in the New York Hospital, and the research work will be done there and in Cornell by members of the staffs of the two affiliated institutions.

AMPHETAMINE SULFATE (BENZEDRINE) IN THE TREATMENT OF OBESITY

A Critical Estimate

HENRY B RICHARDSON, MD, New York City

(From the New York Hospital and the Department of Medicine, Cornell University Medical College, New York)

HE treatment of obesity by means of amphetamine sulfate (benzednine aroused much interest in the years following 1937 when Nathanson1 demonstrated its effect in reducing the weight of narcoleptic patients Amphetamine, as is well known, has characteristics which differentiate it from the other sympathomimetic drugs The special effects which make it useful in obesity are its stimulation of the cerebrum and its depressing effect on the appetite, as shown by Lesses and Myerson? Recently, Hawirko and Sprague, have published further observations under the title "Treatment of Obesity by Appetite-Depressing Drugs" They used the dextrorotatory isomer instead of the racemic drug. These authors base their work on the supposition that the former is the main appetite-depressing factor and that the levo-portion is the main excitatory factor view of the literature reveals little evidence to support this statement as will be noted below

Hawirko and Sprague report their treatment of obesity, in which they combined d-amphetamine with other measures a low-calory diet, vitamins, and sometimes thyroid extract, or diuretics Their patients were ambulant, and were "of the exogenous type commonly encountered in clinical practice" In an unselected series of 162 patients, 90 discontinued treatment within two months, although they had been doing well The remaining 72, or 44 per cent, who continued with the treatment lost weight in varying degrees. the loss ranging from 10 to 114 pounds average loss of weight expressed in pounds was greatest in the heaviest cases The percentages shown in the authors' table indicate, however, that all of the patients who weighed less than 200 pounds at the start lost 30 per cent or more of their excess weight, whereas among those who weighed over 200 pounds, 13 of the 30 failed to lose as great a percentage Thus, the results were less satisfactory in the more severe cases

From the point of view of treatment, the authors' approach is sound, since they recognize the fact that loss of weight can take place only with a negative caloric balance. They concentrate on the intake of food, which they attempt to influence by two methods by diet and by depression of the appetite by means of d-am-

phetamine In the table, their patients are ranged in the order of their weight, and the loss of weight is recorded in terms of the percentage of the excess over normal. This is a good example to follow, since it permits easy evaluation of the results.

Other information which would be of interest is lacking In spite of the title, the authors do not record the actual effect on the appetite of individual patients, or correlate the depression of the appetite with the loss of weight In this omission they follow the example of many other workers on the subject. The literature on obesity shows a striking lack of curiosity as to the pharmacologic effect of the drug which is being used authors give no data to show whether the loss of weight was the result of decreased appetite or of increased caloric expenditure. This might require a metabolism ward, using perhaps the measurement of the insensible perspiration as developed by Johnston and Newburgh & Even without such equipment, the statements of the patients as to their appetite would be of great Furthermore, the authors give no data with which to compare results with and without the drug, or to judge the difference between the dextrorotatory isomer and the racemic mixture

Their evidence as to the value of d-amphetamine rests, therefore, on the unexpressed assumption that their results compare favorably with previous observations in which the racemic Although the results are undrug was used doubtedly good, they fall into much the same pattern as previous observations Characteristic of all the series is the large number of patients who abandon treatment Such patients are rarely included in the reports, but might yield information of great value if followed up Characteristic also is the fact that very few of the heavier patients were able to reduce to anything This goal of approaching their normal weight treatment was reached by the authors in only one of the patients whose initial weight was over 200 pounds, she lost 65 per cent of her excess weight The results would have to be decisively superior to previous observations in order to prove anything about the effect of d-amphetamine, whereas actually they are in very much the same category as the preceding reports

The theoretic basis of the paper the statement that the appetite-depressing action of the drug is concentrated in the dextroisomer and that the excitatory action is concentrated in the levomomer, has little or no support in the literature. The authors cite Colton and his associates who made the same statement, but again without presenting their experimental data authors took the drug experimentally themselves, 40 mg and 110 mg respectively, for forty-eight and seventy two hours, with complete abstinence from water, food, and sleep although continuing their normal activities Efficiency and comfort were not disturbed for the first forty-eight hours, but a number of toxic manifestations developed in the second subject on the third day. Thus, the drug has a remarkably exhilarating effect despite the absence of food, water, and sleep In the majority of their cases, adequate appetite control and increased drive were observed Thus, the latter portion of the authors' paper contradicts the opening statement.

Their assertion is also contrary to animal experimentation. for instance, the work of Schulte, Reif et al , who demonstrated that the optimum central stimulation resided in the dextroisomer of amphetamine In humans also the dextromomer is more active in its cerebral excitatory effects than the levoisomer For example, Rosenberg' states that 'the chief advantage of the dextrorotatory isomer over the racemic form lies in its greater central activity without increase of untoward manifestations The drug is valuable in obesity because of its favorable effect on mood and excessive appetite and Prinzmetal and Alles' have shown that the dextroisomer is three to four times as active in its central stimulating effects as the levoisomer Much the same can be said of the unpleasant excitatory effects Davidoff¹⁸ states in his conclusions that untoward effects and emotional irritability occur more often with dextro-amphetamine than after the administration of the racemic drug. It is clear then that the dextroisomer is not free of undesirable excitatory effect It is misleading therefore, to state that the appetite-depressing action is free from excitatory effects, beneficial or otherwise Such a statement might lead the physician into a false sense of security

As to the pressor effects, all observers agree that these are equally strong in the dextro- and levoisomers. Concerning the depression of the appetite no statement can be made, because comparative data are lacking

The only known advantage, therefore, of the dextroisomer is that it produces a given excitatory effect with less pressor or sympathomimetic action than the other isomers. Suppose a cer

tain amount of excitation is produced, for example, just enough to prevent sleep, if this is accomplished by means of 10 mg of the dextroisomer, then approximately 16 mg of the racemic form would be required to produce the same of fect, and 40 mg of the levoisomer On the other hand, the pressor effects of the three momens are proportionate to the above doses the dextroisomer instead of the racemic form thus provides a factor of safety against pressor or sympathomimetre effects in the ratio of about 10 to 16 Differences of this magnitude are of little significance in clinical medicine. As indicated above, the use of the dextroisomer is no safeguard whatever against overexcitation, which under certain conditions can be the most dan gerous of all the torue manifestations

The question therefore, reverts to the state in which it existed prior to the use of the dextrosomer. The pharmacologic actions of amphetamine sulfate have been the subject of excellent reviews, among which are those of Myerson¹¹ and Gold.¹² Its beneficial effects in narcolepsy and in post encephalitic parkinsonism are well-established. The distress of patients with these diseases makes its use almost obligatory.

The situation is different in obesity, which is not a disease in the same sense as those men tioned Most obese patients are able to carry on with comparatively little physical disability or discomfort Although their life expectancy is shortened, they do not constitute a medical emergency nor do they undergo much suffering of a physical nature Many, if not most of them are subject to neurotic symptoms and a great deal of unhappiness, but it is questionable whether these symptoms can be removed by the mere reduction of weight. Most papers on obesity advocate the use of amphetamine sulfate only as an adjuvant, and not as the primary treatment. The indications therefore are not nearly as compelling as in narcolepsy or posten cephalitis.

Within these limitations the drug has been found useful by the majority of authors who have published observations on obesity. Some of the evidence is much more convineing than that presented by Hawirko and Sprague. Rosenthal and Solomon¹³ used the drug after a preliminary treatment of four weeks with diet alone. In the second four weeks with amphetamine, the weekly loss of weight was 0.81 against 0.11 in the pre-liminary period. They gave and withheld the drug in alternate periods and published curves to show that the drop in weight corresponded to the use of the amphetamine. One patient who received the drug lost weight without restriction of diet. Thus, the effect of the drug appeared

definite, although the loss of weight was not substantial. In reviewing the action of amphetamine, Gold¹² discusses the effect of the drug on the appetite, and in particular its effect in relieving the obese patient from states of tension and depression. He concludes that it is eminently suited to this purpose. The work of Bruch and Waters¹⁴ on obese children suggests, however, that the factor of suggestion is extremely hard to evaluate. They found great difficulty in deciding to what extent the reduction of weight was due to suggestion and to what extent it could be attributed to the pharmacologic effects of the drug

Since obesity is a relatively benign condition from the physical point of view, the toxic actions of amphetamine should be scrutinized may be classified as physical or psychic are relevant to the treatment of obesity, although they have been reported mainly in people who According to Myerson, 11 the most were not fat common disagreeable or dangerous reactions are a sense of fullness in the head, severe headache, giddiness, excitement, a dry-feeling in the mouth, and queer sensations in the abdomen Similar symptoms are reported by other observers, for example, Davidoff and Reifenstein 15 Severe effects on the circulation have been reported in rare instances Davies 16 cites 4 cases of collapse, including his own report He observed an anemia of 40 per cent hemoglobin associated with cardiovascular collapse in a normal individual who administered to himself a total of 190 mg of amphetamine sulfate in nineteen days Recovery was gradual but complete Apfelberg17 reported severe cardiovascular collapse with coma, convulsions, and spasticity with involvement of the pyramidal tract occurred in a man who took 140 mg in one dose, possibly with suicidal intent Davies16 regards a dose of 20 mg as excessive for normal subjects because of insomnia and other unpleasant after-In his review Gold¹² states that the effect differs in different persons, and that the dosage varies from time to time in the same Peters and Faulkner¹⁸ state that racemic amphetamine given as an inhalant appeared to precipitate angina pectoris in one of They warn against the use of the their 28 cases drug in this disease Davidoff and Reifenstein¹⁵ believe that the drug should not be used in most cases of cardiac and vascular disease

The central action of amphetamine, like the peripheral effects, leaves only a narrow margin of safety. In 10 normal individuals who received 10 to 30 mg daily, Davidoff and Reifenstein found that 7 had elevation of mood, 5 showed "a state of increased irritation," several a disappearance of previous fatigue, and 2 had

lassitude when the drug was discontinued The patients also had a variety of untoward effects, including insomnia, malaise and fatigue, dullness and forgetfulness, confusion and inability to concentrate, and aggressive behavior. Some of the normal subjects behaved in a manner which might be described as hypomanic. Increased over-all efficiency as a result of the drug is reported, but this seems to be due to increased energy rather than to any marked increase in mental efficiency. The effect of the drug is to increase the ease with which mental associations can be made, an effect which is good or bad according to the makeup of the individual.

Davidoff and Reifenstein¹⁶ describe their results with amphetamine in major mental ill-Among 10 depressed psychoneurotic patients not one showed improvement in all Three showed elevation of mood, 6 increased talkativeness, and 4 accelerated motor Only 2 patients showed improvement activity The underlying psychoin general efficiency neurotic tendency remained unchanged patient had a severe physical reaction, became overtalkative, and appeared delirious on the fifth day Elevation of mood was the least frequent occurrence In general they found the drug to be more stimulating to normal persons than to those with mental illness

In another group of psychoneurotic patients characterized by lack of energy, drowsiness, weakness, and easy fatigue, Solomon et al ²¹ observed only 2 out of a total of 22 patients who showed definite subjective improvement. According to Myerson, ¹¹ the effect cannot be predicted but can be readily determined by clinical trial. Goodman and Gilman²² state in their text that the effect of the drug in psychogenic disorders is controversial.

Patients with latent or overt psychotic trends may be thrown completely off balance by amphet-Young and Scoville23 observed amine sulfate a paranoid psychosis in 3 narcoleptic patients, 2 of these developed paranoid symptoms shortly after the administration of amphetamine Solomon et al 21 observed another such patient who developed paranoid ideas Two of their patients with involution melancholy became agitated and One of the schizophrenic had to be committed patients of Davidoff and Reifenstein 15 made a homicidal attack on his wife, and a manic-depressive patient attempted suicide Guttman20 cites another patient in the literature, probably a schizophrenic, who committed suicide by jumping out a window

The drug is, therefore, of questionable value in the neuroses and is contraindicated in cases where there is any suspicion of an underlying psychotic trend Such patients are far more numerous than is generally realized. These trends should be suspected in patients who are depressed, shy, secretive, suspicious peculiar in appearance or behavior, or excessively hypochon duscal

The psychologic effects of amphetamine are important in the treatment of obesity for two reasons first, because there is nothing to prevent the person with a psychotic personality from becoming obese, although this perhaps does not happen very often second, because the obese person very frequently suffers from neurotic symptoms.

The frequency of such symptoms in the obese person is evident in passing comments which have been made by various investigators among them Newburgh and Johnston.24 The preponderance of patients who fail to carry out a reducing reg men demands some degree of scientific ourlosity as to the reason for their behavior Hawirko and Sprague' express a well founded interest in the majority of their patients who failed to carry out the treatment, and propose further investigation of them. Lesses and Myerson's state that the cause of obesity may be a defect in the appetite mechanism, governed by physical status, social habits, and psychologic influences, increased eating, which does not represent true hunger takes place in order to offset and compensate for the disturbed mood They refer to the "anhedonia' common in obese patients. This may be paraphrased as the loss of the savor of life and is a common observation in many neuroses Rosenberg' comments that the rational use of amphetamine is to enable patients to adhere to a reducing diet Through its favorable effect on the mood as well as through its direct action on the appetite he finds that it overcomes both the depression and the craving for food which are so typical of obstinate cases of obesity Gold12 discusses the treatment of obesity by means of amphetamine under the heading of psychiatry and emphasizes its favorable effect on mood and well Instances of such observations could be multiplied, but they are usually made in passing Little systematic study has been made in obesity of psychotherapy or of the psychologic effect of drugs. The question has received attention, how ever from a few psychiatrasts 21-22. In a forth coming paper39 I have expressed the point of view that exogenous obesity is frequently a manifesta tion of a neurosis. A detailed psychiatric study to of one of my patients indicates that this disturbance may be very profound and may take its origin early in life.

The point of view that obesity is an integral part of a neurotic development, if generally accepted, will supply an ottologic basis for treatment which has been conspicuous by its absence. The sciences of metabolism and endocrinology have yielded little information of value for the treatment of obesity. In the course of an admir able review of the extensive literature on this subject, Rony¹¹ states that there is no uncontested evidence of any specific defect in the intermediary metabolism of fat that could be regarded as a major cause of obesity. The frequency with which clinicians have been driven to the use of amphetamine is an indication of the ineffectiveness of the glandular preparations which are now available.

In obesity, as in other conditions, the rationale of treatment depends on the etiology In so far as this is psychogenic the treatment should be directed against the underlying neurosis agement of the obesity should then be regarded as incidental to this aim. The physician cannot safely assume that reduction of weight is beneficial unless it is accompanied by an improvement in the neurosis To illustrate a patient under my care thought that she would solve all of her personal problems if she could get rid of her fat She then lost 53 pounds with medical therapy and a superficial discussion of her problems this loss of weight she was no more contented than before. Gradually thereafter she regained all but 20 of her initial 216 pounds. This occurred during a course of intensive psychotherapy by means of which she worked through many of her difficulties She ended her treatment heavier but happier than she had been at her lowest weight. Bruch implies that interference with the eating habits of obese children may be harmful in cases where the neurotic satisfactions of eating are the patient a only resource.

The use of amphetamine sulfate to influence the caloric balance is subject to the above considerations. In its psychologic effects it is aimed more directly against the neurosis, but here again it has no fundamental effect on the underlying neurotic pattern.

More knowledge is needed concerning the psychogenic factors in obesity. The influence of these factors on treatment should also be explored along the lines of the paper by Bruch and Waters. "Among them is the effect of medication as psychotherapy whether as a by product of its pharmacologic action or independent of this. Other aspects of the doctor-patient relationship as applied to the treatment of obesity should be explored.

Psychotherapy should be made the object of deliberate and careful observation. Under this term I would include the whole range of such treatment, from simple medical therapy to intensive psychiatric treatment. Until these citologic factors and their management are thoroughly understood, the rationale of therapy

with amphetamine sulfate will not be fully established

Summary

The claim that the effect of amphetamine sulfate on the appetite can be isolated from other effects of the drug appears to have little or no support in the literature On the contrary, the depression of the appetite is regularly associated with excitation of the cerebrum The dextroisomer provides a small margin of safety, but only against the pressor and sympathomimetic This margin is small in comeffects of the drug parison with the racemic drug, in the approximate ratio of 10 to 16 Severe toxic effects, cardiovascular or cerebral, have been reported in a variety of conditions, including normal individuals and patients with neuroses or other mental illnesses Some of these reactions have occurred without excessive doses The drug has been advocated in the treatment of obesity as an adjuvant to other methods, the chief of which is the low-calory diet It often has a favorable effect on the caloric balance, through decrease in the appetite, increase of physical activity, or both With or without the drug, a large proportion of patients in every series abandon the treatment, in some instances even when they are losing Various authors have drawn attention to the psychogenic factors, and the opinion has been stated that obesity is the physical expression of a neurotic development. From this point of view the use of amphetamine sulfate is rational because it is directed against the neurotic symptoms It has no permanent effect, however, on the underlying neurosis More knowledge is needed concerning this aspect of obesity in rela-

Only when this knowledge tion to treatment is forthcoming will the use of amphetamine sulfate be on a completely rational basis

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POSTGRADUATE INSTRUCTION TO BE GIVEN AT TIOGA COUNTY

1946

"The Treatment of Angina Pectoris and Coronary Occlusion" is the subject of the postgraduate lecture which will be given May 15 to members of the Troga County Medical Society at the Iron Kettle Inn, Waverly, at 800 pm Dr Edward C Reifenstein, professor emeritus of medicine, Syracuse University, College of Medicine, will be the This instruction is provided by the Medilecturer cal Society of the State of New York with the cooperation of the State Department of Health

BENZEDRINE SULFATE IN ELDERLY PEOPLE

WILLIAM CAVENESS, M D, New York City

(From the Division of Neuropsychiatry Montafiore Hospital)

THE administration of bensedrine sulfate* has been reported to be of value in the treatment of narceless, 1.2 Parkinsonism, * * obesity * * and mild depressive states * * The toxic effects of single doses and of long-continued administration have been the subject of numerous reports * * * Old age, with the attending changes in the cardiovascular system has been considered to be a contraindication to the use of this drug although there have been no reports in the literature regarding its use in such patients. For this reason a study of the effect of this drug on elderly patients was conducted at the Montefiore Hospital.

Twenty-six patients over 50 years of age, were selected from the neurologic wards without regard to their neurologic diagnoses. The average age of the patients in this group was 65 years. Eight patients were in the sixth decade, 16 patients in the seventh decade, and 2 in the eighth decade of these patients died within a few weeks of the onset of this study and were excluded from this report. The death of these patients was in no way related to the small amount of benzedrine sulfate which they were taking Two of them were suffering from amy otrophic lateral aclerosus and died of pulmonary embolism and bronchopneumonia respectively The third patient had a transverse myelitis with decubitus ulcers, and died of complications follow ing suprapubic cystotomy

Procedure—The drug was administered for four teen consecutive weeks in the following dosage gradient 5 mg, daily for one week, 10 mg, daily for one week, 20 mg, daily for one week 20 mg, daily for one week 25 mg daily for four weeks and 30 mg, daily for six weeks. Base and concomitant observations were made on blood pressure, pulse electrocardiogram, blood urea nitrogem, unne al bumin and specific gravity, red blood cells, hemoglobin, white blood cells, respiration, temperature, weight, appetite mood activity and adjustment to ward.

Results —The physiologic findings in the basic and final weeks are indicated in Table 1

Weight—In 15 patients the weight at the end of the experiment was within three pounds of their weight at the start of the experiment. In 2 patients there was a gain in weight of six and eight pounds, respectively. In 5 patients there was a lose of weight varying from four to eight pounds. One patient with syringomyells suffered a fracture of the thigh, became depressed, ate poorly, and lost thir teen pounds.

Benzedrine sulfate used in this study was furnished through the courtesy of Smith, Kilne & French Laboratories.

Blood Pressure—There was no evidence of any consistent change in the blood pressure throughout the course of the experiment. The systolic pressures at the end of the experiment were within 10 mm of the control pressure in all but 10 patients. It was lower by more than 10 mm in 4 patients and higher by more than 10 mm. in 6 patients.

The control systolic pressure was between 95 and 110 mm. in 4 patients In all 4 patients the systolic pressure at the end of the test was raised 10 mm. or more, with an average rise of 21 mm. The systolic pressure at the end of the experiment was between 118 and 132 mm. in the 4 cases

The systolic pressure was between 118 and 150 mm. in 14 patients at the start of the experiment. The final reading was within these same limits in 10 of the 14 patients. In 3 patients there was a fall to below 115 mm. In 2 patients there was a rise to over 150 mm. in 1 case from 140 to 160 mm and in a second case from 130 to 162 mm.

The control systolic pressure was greater than 150 mm. in 5 cases In 3 of these cases the systolic pressure was within 10 mm. of the control pressure in one it was 15 mm. lower, and in the other case it was 50 mm. higher

The diastolic pressure at the end of the experiment was within 10 mm. of the control pressure in all but 10 patients. It was decreased by 21 mm. and 11 mm. respectively in 2 cases and increased by 13 to 48 mm, in 8 cases. The pressure was raised to 80 mm. from an initial level of 40 mm. in one case to 78 mm. from 30 mm in a second case to 85 mm. from 65 mm. in a third case and to 78 mm. from 65 mm. in a third case. The increases in the other 0 patients were all within the range of normal except for 2 patients. In one case the change was from 90 mm. to 110 mm. and in the other it was from 85 mm to 100 mm.

Pulse.—There was no agnificant change in the pulse rate in any of the 23 cases

Electrocardiogram.—There was no significant change in the electrocardiographic readings in any of the 23 cases.

Blood Urea Nutrogen —Twenty two cases showed a change in blood area nutrogen. Of these 8 showed an merease, the highest increase being 6.5 mg. per cent, the lowest 0.2 mg. per cent, with an average increase of 3.4 mg. per cent. Fourteen showed a decrease, the highest decrease being 8.0 mg. per cent, the lowest 19 mg per cent, with an average decrease of 3.4 mg per cent

Urine Albumin.—In the 23 cases only 2 showed any albumin. In the control period both of these showed 1+ in the final week, 0

Urine Specific Gravity —In none of the 23 patients was there a change beyond normal limits.

TABLE I

						Red	
					Blood	Blood	
				Weight	Pressure,	Count,	Electrones
Age	Sex	Diagnosis	_	Pounds	mm./Hg		Electrocardiogram
67	\mathbf{F}	Syringomyelia	Control	109	120/65	4 55 5 75	Normal
			Final	107	100/65 165/60	3 72	Normal
65	\mathbf{F}	Diabetic neuropathy	Control	139 147	150/65	4 37	Left axis deviation Left axis deviation
	-	0 1	Final Control	110	95/40	3 32	Left axis deviation
67	\mathbf{F}	Syringomyelia	Final	97	118/80	4 05	Left axis deviation
66	F	Parkinson a disease	Control	121	125/70	3 85	Somatic tremor
00	Ŀ	I BIRIDSON & GIOCASE	Final	118	122/68	4 10	Somatic tremor
68	F	Subscute combined degeneration	Control	194	140/90	5 25	Left axis deviation
	-	Danacato to minimum angularitation	Final	192	142/95	5 17	Left axis deviation
67	ŀ	Sobilder's disease	Control	91	118/76	4 50	Low voltage
			Final	89	118/65	3 85	Low voltage
56	F	Transverse myelitis	Control	153	110/65	4 77	Left axis deviation
			Final	148	120/78	5 13	Left axis deviation
56	F	Muscular dystrophy	Control	132	178/85	4 39	Normal
			Final	133	226/100	4 55	Normal
60	F	Syringomyelia	Control	116	132/98	4 51	Left axis deviation
	-	3.6.14.1	Final	114 160	140/75	5 03 3 47	Left axis deviation
53	\mathbf{F}	Multiple sclerosis	Control	163	140/75 160/90	3 86	Left axis deviation Left axis deviation
	F	Marie and a marellation	Final Control	89	100/30	8 70	Normal
61	P.	Transverse myelitis	Final	91	132/78	3 77	Normal
58	F	Primary optic atrophy	Control	172	118/80	4 93	Normal
86	r	Frimary optic atrophy	Final	164	120/80	5 16	Normal
55	M	Multiple sclerosis	Control	177	155/95	4 28	Left axis deviation
00	147	muthin scierosis	Final	178	155/95	4 26	Left axis deviation
52	M	Tabes dorsalis	Control	133	125/80	4 44	Left axis deviation
0,5	212	Labor Co.ba.ib	Final	131	114/78	4 89	Left axis deviation
71	M	Spastic paraplegia	Control	130	215/90	5 03	Ventricular premature
		- Production of the second	Final	127	220/110	5 11	contractions
72	M	Amyotrophic lateral sclerosis	Control	147	170/90	4 60	Normal
			Final	185	162/90	4 48 3 72	Left axis deviation
60	M	Postoperative brain tumor	Control	120	130/85	3 72	Normal
			Final	116	116/76	5 70	Left axis deviation
56	M	Paget's disease	Control	199	145/100	3 72	Left axis deviation and
			Final	199	160/90	3 97	minus tachycardia
64	M	Progressive muscular atrophy	Control	138	120/70	5 30	Left axis deviation
	3.7	36 341 3	Final	136	112/75	5 20	Left axis deviation
84	M	Multiple sclerosis	Control	164	120/85	5 01	Left axis deviation and
64	M	Postoperative brain tumor	Final Control	170 151	120/85	5 09	low voltage
04	IAT	rostoperative brain tumor	Final	144	120/75	4 65 4 33	Normal Left axis deviation
60	M	Subscute combined degeneration	Control	142	120/65 130/80	4 82	Left axis deviation
UU	***	Paragra companen gallengtaffon	Final	138	152/80	4 93	Left axis deviation
62	M	Cerebellar degeneration	Control	180	105/75	3 90	Left axis deviation
	***	CO. CECIAL WORKINGS	Final	181	125/90	4 85	Left axis deviation
					-20/00	1 00	

Red Blood Cell Count -The total red blood cell count varied between 3 3 million and 50 million at the start of the experiment, and between 3 7 million and 57 million at the conclusion of the experiment (over 50 in only one patient) In 12 patients there was no significant difference between the initial and final counts In 2 patients there was a slight reduction (from 4 5 to 3 85 in one patient, and from 4 6 to 4 3 in the second patient) In 9 patients there was an increase in the total varying from 0.3 million to 20 million The greatest increase was in the patients with a low count at the start of the experiment Eight patients had less than 40 million at the start of the experiment, and in 7 of these 8, there was an increase varying from 03 million to 20 million by the end of the experiment, as shown in the following table

TABLE 2

Case Number	Initial Red Blood Count	Final Red Blood Count
1	3 5	8 8
2	3 7	9 7
3	3 7 3 3	4 3
4. K	3 8	4 0
6	3 7	ž 7
ž	8 7	3 9
8	39	48
<u> </u>		

(Cases numbered 2, 4, and 5 in Table 2 received ferrous sulfate, 0 4 Gm three times daily, during the experiment)

Among those showing an increase, 4 received ferrous sulfate and one, liver extract. These 5 showed an average increase of 190,000. Among those showing a decrease, one received both ferrous sulfate and liver extract, with a decrease of 80,000.

Hemoglobin —Changes in hemoglobin paralleled changes in red blood count with three insignificant exceptions (1) reduction by 80,000 in red blood count and gain of 1 5 Gm in hemoglobin, (2) reduction by 100,000 in red blood count and gain of 3 Gm in hemoglobin, (3) reduction by 230,000 in red blood count and no gain or loss in hemoglobin

White blood cell count None of the cases showed leukopenia In 4 of the cases there was a minor leukocytosis, and in 2 a moderate leukocytosis coincident with local infections

Respiration and Temperature —There was no significant change in respiration or temperature in any of the 23 cases

Mood—The patients in this study had been on the wards of the hospital for periods varying from several weeks to many months before the study was started They were well adjusted to the life in the hospital and did not present any significant deviation from the normal in regard to their mood During the course of treatment with bensedrine sulfate, there was no demonstrable change in their squastment to the hospital routine, or in their mood, with the exception of one patient who became depressed following a fracture of the thigh

Conclusion

In elderly subjects receiving benzedrine in dosages up to 30 mg daily, for a period of over three months, no significant changes were noted in the cardiovascular, urinary, hematopoietic, or respiratory systems, temperature, weight, or affec tive state. From this no deleterious drug-effect is indicated

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ROWLAND BURNSTAN APPOINTED EXECUTIVE DIRECTOR OF STATE CHARITIES AID ASSOCIATION

Rowland Burnstan economist, educator and ex ecutive, has been elected executive director of the State Charities Aid Association by the Board of Managers to succeed Homer Folks, who has retired.

Mr Burnstan who was born in Scranton, Pennsylvania, November 9 1901 is a graduate of Lafayette College, with degrees of B.S and A.M. He obtained a degree of Ph.D from Columbia University in 1929 and Sc.D from the University of Chicago in 1938.

From 1932 to 1937 he practiced as a consulting management engineer in Chicago and New York. During this period he was a professor of economics at Carleton College in 1937 and in 1941 resigned to assume the post of Director of the Aeronautical Division of the Minneapolis-Honeywell Company He has been President of the Lawrance Aeronautical Corporation since 1948.

He served as a member of the Advisory Committee of the Minnesota Institute of Governmental Research and on the Minnesota State Planning Board. He represented New York State at the National Tax Association in 1929

Mr Burnstan was a member of the League of Nations Committee to Study the Organization of Peace. Columbia University in 1929 awarded him a traveling fellowship for research in Western Europe.

He is the author of books on taxation and other Ho is the author of books on taxation and other economic subjects published in English and German, and articles on aeronautics. He is a Fellow of the Royal Economic Society the American Economic Association the Academy of Political Science A.A.A.S. Associate Fellow Institute of Aeronautical Sciences National Aeronautical Association, American Management Association, Associ sociate Fellow of the Royal Aeronautical Society (England)

He is a member of Phi Gamma Delta fraternity and the University Clubs of New York and Wash

ington, D C

ARREST TUMOR OF BONE MARROW

Two new English drugs, used in a New York hospital have proved effective in checking multiple myeloma, a malignant tumor of the bone marrow

No effective form of therapy was known for this highly fatal disease until these drugs—Stilbamidine and Pentamidme—demonstrated their tumor con-

trolling and pain relieving properties.

Writing in the January 18 issue of the Journal of the American Medical Association Isidore Snapper M.D., from the Second Medical Service of the Mount Sinai Hospital, New York, reviews the treatment of 15 patients

He states that 'all these patients were suffering excruciating pains when the treatment was begun,

Thirteen were immobilized in bed All 15 improved considerably as far as the pain itself was concerned. Eleven could walk at the time of discharge from the hospital.

Dr Snapper points out the the 'treatment merely checks the disease and does not cure it.

This disease, usually associated with anemia, causes neuralgic pains. Later painful swellings appear on the ribs and skull and spontaneous fractures may occur

Injections into the veins of Stillbamidine proved successful in the majority of patients. However, in two who were not helped by Stilbamidine, Pentamidine was effective.

CONFERENCES ON THERAPY

DEPARTMENTS OF PHARMACOLOGY AND MEDICINE, CORNELL UNIVERSITY MEDICAL COLLEGE AND THE NEW YORK HOSPITAL

THESE are stenographic reports of conferences by the members of the Departments of Pharmacology and of Medicine of Cornell University Medical College and New York Hospital, with collaboration of other departments and institutions. The questions and discussions involve participation by members of the staff of the college and hospital, students, and visitors. A selected group of these conferences is published in an annual volume, Cornell Conferences on Therapy, by the Macmillan Company. The next report will appear in the July 1 issue.

Treatment of Hepatic Insufficiency

DR PAUL A BUNN The conference on the treatment of hepatic insufficiency will be opened by Dr Damel H Labby of the Rockefeller Institute Work on this problem, now in progress at the Institute, has borne results in the form of important therapeutic measures as well as of advances in understanding of the complex physiology of the liver

DR DANIEL H LABBY Knowledge in the field of liver physiology has been won laboriously, because liver functions are not only multiple, but are often performed in cooperation with other organ systems also ill-understood rational therapy must be directed at the physiclogic mechanisms involved, progress in the therapy of liver disease has awaited advances in many fields Because of the progress in biochemistry, nutrition, and metabolism, and the large experience in clinical liver disease during World War II, great strides are being made in establishing the therapy of liver disease on a more secure basis than that of the past We have time today to consider the problems arising from two forms of hepatic insufficiency, acute infectious hepatitis and cirrhosis The first is an example of aberrant liver function resulting from a relatively rapid and diffuse insult to the liver a severe degree of hepatic insufficiency may develop quickly The second, cirrhosis, is an example of insidious, progressive insult to the liver, the clinical manifestations of which may not appear until late in the disease

Acute hepatitis has been considered to be a self-limited disease. In over 375 cases studied at the Rockefeller Institute Hospital there have been no deaths, although the general mortality of the disease is expressed as approximately 0 3 per cent. Therapy depends on early recognition, followed by bed rest and regulation of nutrition during the acute phase, and the careful supervision of activity in convalescence.

The value of bed rest in the acute phase may be examined first An outbreak of hepatitis occurred in the US Army in 1942, resulting from the accidental inoculation of over 100,000 soldiers with an icterogenic lot of yellow fever vaccine It was observed that often the disease developed soon after a period of exposure to inclement weather or prolonged physical strain cence was frequently retarded in those individuals hospitalized late in the course of their disease, and recrudescences appeared in those patients discharged after relatively short periods of hospitalization Vigorous exercise too soon after discharge from the hospital had a similar effect It was a matter of grave concern in the armed services to note the rising number of hepatitis casualties developing in active war Many of these cases required repeated hospitalizations because they were returned to duty too early in convalescence It was, therefore, a matter of some military importance to determine the minimal hospitalization period, as well as the criteria for a "cure" An analysis was made of the effects of hospitalization, rest, and activity on the clinical course of 200 Naval cases at the Rockefeller Institute Hospital Many of the patients had arrived promptly after onset of their disease, others had been delayed enroute because they had become ill while at sea, or had presented some diagnostic difficulty at first was possible, therefore, to examine the over-all effect of these varying circumstances on the duration of convalescence and the severity of the chincal course in the average case of hepatitis

The Naval personnel with acute infectious hepatitis, admitted to the Rockefeller Institute Hospital, were divided into three groups according to the interval between the appearance of the first symptoms and the time of hospitalization No cases of chronic liver disease or hepatitis with complications were included. The diet was identical in all, consisting, on the average, of 150 Gm of protein, 60 Gm of fat, and 400 Gm of carbohydrate. The first group comprised 108 patients who entered the hospital in from one to fourteen

days following the onset of symptoms. This group remained in the hospital for an average period of 371 days. The average number of days of illness prior to hospitalisation added to this makes the average total duration of illness 46.3 days The second group developed symptoms in from fifteen to twenty nine days before they arrived at the hospital There were 62 patients in this group and they remained in the hospital 30 8 days, about the same period as the first group The total duration of illness was 51 1 days In the last group there were 19 patients who entered 30 or more days after onset This group after the institution of bed rest required 31.8 days of hospitalization before being considered well enough for discharge. The total illness lasted, on the average in these cases for almost three months (80.8 days)

Since the only important difference among the various groups was the number of days antedating the period of restriction of physical activity, the data indicate that a regimen of hospitalization and restricted activity shortens the total period of illness, while the amount of hospitalization required remains about the same for

all cases

It should be noted that these three groups of patients represented men of approximately the same age who were considered to be in robust health before the onset of their illness. A few cases had had some hospitalization before arrival, some had been in bed on hospital ships, others had been in and out of bed at varying intervals. Most of the cases, however, had had some activity before arriving at the hospital. The effect of bed rest on the alleviation of symptoms was pronounced. On arrival the patients suffered from fatigue, nauses, anorems, and other features of an acute illness. After bed rest these symptoms promptly subsided.

In these cases with antiafactory recovery of liver function and general improvement in clini cal state graduated activity was permutted cul minating in a ten-day leave period. At the end of this time tests of liver function were again performed In 18.5 per cent, abnormal tests as well as such aigns as enlarged liver with ten derness in some, and fatigue were found An additional period of hospitalization varying from three days to ten weeks and averaging twenty days, was required in these cases. Approxi mately one third had violated rules governing activity or had taken alcohol while on leave. If there is evidence of renewed or extended hepati tis, therefore, another long period of supervision with frequent evaluations of liver function is indicated. Full activity may be permitted only after two weeks of freedom from fatigue after moderate activity. The exact number of cases that may go on to subacute or chronic states is unknown, and an attitude of conservatism is justified in regard to rest in those few cases with evidence of lingering hepatits.

Diet plays a critical role in the recovery from hepatitis. Indeed, recovery often begins in long standing cases only after the patient is encouraged to eat. In a disease in which anorexia is so prominent and weight loss the rule diets require careful planning Thus, a diet low in fat may be unappetizing and not palatable, and may prolong the anorexia Recent experimental evidence does not support the contention that diets containing moderate amounts of fat are in jurious to nonobstructive hepatic diseases This conception was based on observations such as those of Messinger and Hawkins, who reported delayed liver regeneration on high-fat diets following araphenamine injury However the work of Best, Channon, and Griffith and Wade suggests that the inclusion of adequate protein and carbohydrate are probably protective, and may prevent any harmful effects from additional fat. In this regard, a comparative study was made on the time required for recovery in a group of 70 patients with acute infectious hepatitis half of whom received a diet high in fat and high in protein the other half a diet low in fat and high in protein. Not only were no harmful of fects observed to follow the administration of a diet high in fat in patients in whom the intake of protein was kept correspondingly high, but this diet appeared to have definite advantages over the diet low in fat with respect to adequate calone intake, especially in the acute stages of the disease. With the former diet, weight loss was minimal in the acute stages of hepatitis and gain in weight maximal in convalescence. In addition tests of liver function indicated a return to normal levels earlier in this group than in the other group on the low fat, high-protein regimen A liberal attitude in planning a diet that is adequate calorically us well as acceptable to the patient, will also make available greater amounts of fat-soluble vitamins and minerals Fried fats should be restricted because they are highly oxidized The vitamin A content is lost in fry ing because of the formation of perovides in the isoprene chain, and the fats become difficult to digest, especially in cases in which there are minimal amounts of bile present in the duodenum for emulafication. Fresh cream, butter, and eggs are sometimes said to contain the most easily digested forms of fat Meat fats are also highly digestible and, in addition, contain more methionine and the essential fatty acids.

It is now generally agreed that generous protein feedings are desirable in hepatitis. In 1938 Mann and Bollman of the Mayo Clinic stated that high-protein feedings diminished regeneration of the liver in a partially hepatectomized dog However, Goldschmidt, and later Whipple and Miller, demonstrated the effectiveness of high-protein feedings after chloroform anesthesia. By now there has been abundant confirmation of these findings, and it is believed by some that the high content of methionine, acting as a choline precursor, is at the basis of these relationships

The value of high-carbohydrate intake is recognized by all investigators. A damaged liver stores glycogen with difficulty, and hypoglycemia may develop in advanced disease states. This is overcome by the high-carbohydrate feedings.

An optimum diet should provide from 350 to 450 Gm of carbohydrate, from 100 to 125 Gm of protein, and from 80 to 90 Gm of fat min supplementation should be used in severe cases as well as in those in which anorexia is a If there is demonstrable vitamin K deficiency, the prothrombin level should be brought to normal with vitamin K administered parenterally In the anorexic patient diminishing plasma protein values may be elevated, if necessary, by adjuvant intravenous amino acids, or protein hydrolysate therapy better utilized if accompanied by intravenous carbohydrate Whole blood, plasma, and human albumin, however, are of greater value in enhancing depleted blood proteins nous fat preparations are still too hazardous for general clinical use

The effectiveness of methionine and choline in hastening regeneration of the damaged animal liver has been indicated. An experiment was planned to investigate the value of these adjuvants and liver extract by clinical trial. Isotonic saline was used in a control group of patients with infectious hepatitis. All patients in this study were maintained on diets containing, on the average, 150 Gm of protein, 60 Gm of fat, and 400 Gm of carbohydrate.

Sixteen patients with hepatitis comprised the group treated with methionine Each patient received 50 Gm of a racemic mixture of the amino acid in 200 cc of isotonic solution of sodium chloride intravenously on admission, and daily thereafter for ten days The material was well tolerated and induced no adverse effects In this small group it appeared from objective clinical signs, including the average net change in weight (a gain of 29 Kg), and the results of frequent tests of liver function, that the course of the disease was not perceptibly influenced by this form of treatment The average duration of illness in this group was 53 5 days Since the patients who received methionine were also receiving diets moderately high in protein, the results do not permit a statement regarding the possible

effectiveness of supplementary methionine in the presence of inadequate protein intake

In view of our incomplete knowledge of liver processes, we could not assume that methionine was nutritionally equivalent to choline in hepatic It was deemed necessary, thereinsufficiency fore, to give choline a separate trial in the treat-Twenty-five patients with acute ment study hepatitis comprised the group which received choline Each patient received 50 Gm of choline hydrochloride in divided doses on admission and daily thereafter for ten days material was well tolerated However, no effect was noted on the clinical course of the disease which could be attributed to the choline An average duration of illness of 50 7 days for the group of patients treated with choline was not significantly different from that of 53 5 for those receiving methionine, or 51 5 days for a control group receiving only saline solution age weight gain during convalescence for the patients receiving the choline was approximately the same as in the control group (3 1 Kg) In addition, a group of 34 patients with infectious hepatitis was treated with a specially prepared aqueous extract of Cohn's fraction G of liver, given in daily intravenous doses of 100 cc, diluted to 500 cc with saline solution, for the ten days following admission Preliminary tests for sensitivity and toxicity were carried out in each case before the full dose of 100 cc was given The material was well tolerated and no adverse effects were noted in any patient The difference between an average period of 489 days for the patients receiving liver extract and 51 5 days for the control group receiving only saline solution was not considered significant, nor was there a significant difference in average gain in weight (3 5 Kg) for this group over the control group or the groups treated with choline and methionine

In none of the foregoing groups is the number of patients large. As with the study on the effect of rest on the duration of hepatitis, the groups were made up of men of nearly the same age, presenting approximately the same degree of severity of the disease and all in nearly the same stage of hepatitis when therapy was begun. In addition, they had enjoyed excellent health prior to infection and were free of complications of any sort other than hepatitis. In each group, therefore, smaller numbers than would have been the case had there been greater variability in age, sex, and in the previous state of health, were required to yield significant data

Three prohibitions should be observed during acute hepatitis (1) the use of alcoholic beverages, since alcohol may aggravate liver damage already present, (2) the use of barbiturates and morphine, since detoxification which occurs in

the liver may be impaired and may result in prolonging the action of these drugs, (3) elective surgery, since during this period it may be attended by unusual risks.

A word may be said about the use of prophylactic gamma globulin in infectious hepatits, reports of which, especially by Neefe and Stokes, have been of recent interest in the literature. This material, which appeared to have promise in the treatment of homologous serum jaundice has little to offer in the therapy of naturally acquired infectious hepatitis.

In contrast to hepatitis, in which events move with great speed cirrhosis proceeds slowly and with more subtlety. By the time a patient with cirrhosis develops complaints, the process in his liver is usually well established anatomically though apparently less so physiologically. Patients with cirrhosis have been the victims, in the past, of illogical therapy.

Over twenty five years ago it was appreciated that a high-carbohydrate diet would protect the liver against chloroform phosphorus, and carbon tetrachloride injury. The important role of nutritional factors in liver disease was further indicated by the discovery in 1924 that a depancreatized dog would die with a fatty liver even if insulin were administered but that groundup pancreatic tissue added to the diet would prevent death. Nine years later, in 1933 Rao working in southern India, discovered cirrhoses in a nonalcoholic group of natives living on a diet of rice, who also displayed other nutritional Gilbert and Gillman reported a high incidence of cirrhosis in South African na tives in whom other dietary deficiency diseases were common and who subsisted on meager amounts of corn (maire), occasionally supplemented by fermented cows milk. Rats fed the same diet also developed cirrhosis. There is, however some disagreement among pathologists concerning the similarity of this cirrhosis to hu man cirrhoass. By 1939, when Goldschmidt and Whipple demonstrated the protective action of protein, the focus on the role of nutrition sharpened Sebrell produced currhosis in rats with diets low in casein and choline and then demonstrated that this was a reversible phenomenon when casein and choline were added to the diet. Extensive regeneration and hyperplasia of the liver accompanied this reversal

It is this type of data that suggests the value of the high protein diet. The value of supplemental choline awaits more extensive clinical trial. A study recently reported by A. J. Beams, of Western Reserve University presents pertinent data. Twenty two cases of cirrhous with assites received a high-proton diet alone, and a

similar number, a high-protein diet plus supplemental choine and cystine. At the end of one year 12 of the cases treated with choine and cystine had improved to the extent of losing ascites, the remaining 10 had died. Of the untreated group, only 6 were still alive. It is of interest that all of the improved cases had en larged livers which may indicate that they were early cases. No comment is made as to the exact dietary intake in the untreated cases.

The rationale of a low fat diet in cirrhosis may also be argued from these facts since choline and methonine are lipotropic. However, there is little convincing evidence that the diets contain ing moderate amounts of fat are harmful in cir rhosis. Indeed, an analysis of several so-called low fat diets indicates that much of the protein included is lipid bound which, when metabolized affords a source of fat not usually calculated in the In planning diets, therefore, dieticians should consider hipoproteins as potential sources of fat. The advantages of fat in enhancing palatability and affording better supplies of fatsoluble vitamins and certain essential unsatu rated fatty acids has been mentioned. During the episodes of acute hepatic decompensation that punctuate the clinical course of cirrhosis. when high degrees of biliary obstruction are present, digestive upsets may be avoided by a temporary reduction in fat intake

Emphasis on the nutritional factor in cirrhosis has been placed by Patek and his coworkers, who observed the frequent clinical coincidence of beriberi and pellagra-like syndromes in alcoholics and the occurrence of alcoholism in cirrhotic patients. They suggested there might be a correlation between alcoholism and cirrhosis on the basis of coexisting nutritional deficiencies They treated a group of cirrhotic patients with a highly nutritious, high protein diet supplemented with large amounts of vitamin B complex and Brewer's yeast. Twenty two per cent of an untreated control group were alive at the end of two years, 45 per cent of the treated group were alive at the end of this time Experimentally it is difficult to obtain water tight evidence that vitamins of the B group protect the liver from in jury or that the metabolism of this group of vita mins is faulty during hepatic insufficiency

In the case of vitamun A, however evidence is more pointed Not only is 95 per cent of vitamun A stored in the liver, but this organ is the only important site of the conversion of carotene and the carotenoid pigments into vitamin A. The vitamun A content of the cirrhotic liver may be as low as 10 per cent of normal and at least 50 per cent of currhotic patients have defective dark adaptation and night blundness (nyetalonia).

There is, therefore, reason to provide an adequate intake of vitamin A source foods, and to insure that plenty of carotenes are available for conversion to vitamin A within the capacity of the liver to do so

An occasional patient with osteomalacia and osteoporosis suggests the need for vitamin D Bile salts and additional calcium might be utilized to insure adequate intestinal absorption. With high-protein diets, however, the calcium intake is materially enhanced. A depression in vitamin K activity is common in longstanding cirrhosis and is indicated by low prothrombin values. Too often one encounters prothrombin levels that are fixed at moderately low levels and are rigidly unresponsive to vitamin K. Clinical experience suggests that fairly good residual liver function must remain to permit an effective response.

The use of blood and blood products has received much attention in nutritional problems Worthy of attention are the during the war studies of Thorn on salt-poor human albumin solutions as intravenous adjuvants in patients having low-serum albumin levels Five cirrhotic patients were treated by him for from one to ten days with 50 Gm of albumin administered intravenously daily, while being maintained on adequate diets low in salt patients treated for from one to three days developed a diuresis and mobilized their edema with a resulting weight loss In the absence of edema. diuresis was not observed with short periods of treatment, despite the presence of ascites spicuous elevation of the serum albumin was produced proportional to the amount of albumin administered Little of this albumin appeared in the urine, and 50 to 80 per cent was retained as measured by nitrogen balance studies suggests this as a promising form of therapy in (1) the severe currhotic patient who on dietary treatment alone can be maintained in positive nitrogen balance, but who cannot elevate his serum albumin, and (2) in longstanding acute hepatitis when anorexia gravely compromises dietary intake, discouraging positive nitrogen balance and normal blood albumin levels

We have had occasion to use this form of therapy in 6 cases of cirrhosis with ascites — In all but 2 far-advanced cases there was an impressive diuresis followed by disappearance of the ascites. One patient, after one course of therapy, has been free of ascites for three months. Another has been kept free of ascites with occasional retreatment, and, without additional treatment, has recently enjoyed two months without ascites. A third case required weekly abdominal paracentesis prior to albumin therapy but has since begun to void freely and spontaneously, and has had no further edema or ascites for one

A fourth case, now under treatment, remonth quired paracentesis every two weeks for a penod of five months prior to therapy A dose of 100 Gm of albumin given daily for four days has produced an immediate diuresis with absorption of the ascites and edema The fifth and sixth cases are far advanced but have shown some diminution in ascites and edema with an accompanying diuresis Although their improvement has been less dramatic than that of the first four. they have shown a visible increase in body tissue and decreased tendency for tissue wasting More data are necessary before the final evaluation of this form of therapy

The value of a crude water-soluble extract of Cohn's liver fraction G, from which pyrogens have been extracted, is under scrutiny now at the Rockefeller Institute Hospital and New York University Medical Service of Bellevue Hospital Ten to 20 cc of this extract, diluted to 50 cc with normal saline, may be given safely two to three times per week, if preliminary tests of tolerance and sensitivity are worked out first Statistics are now being compiled on two-year expenence with a group of patients who have been allowed to eat a diet much of their own choice, but in addition have received 20 cc of liver extract intravenously two to three times weekly

While an impression is gained that results are encouraging, final conclusions await the completion of our analysis. However, three sets of data are available for a rough comparison of treatment regimens in cirrhosis of the liver. The work of Patek and his group has shown that in an untreated control group of 386 cases taken from hospital records, only 22 per cent survived the first two years after the onset of some form of hepatic decompensation such as ascites, edema, interus, or hematemesis. In a treated group of 54 similar patients, closely observed while on a highly nutritious diet with large supplements of vitamin B and Brewer's yeast, 45 per cent survived the two-year period.

The New York University group, employing a crude intravenous liver extract, reports that at the end of two years, in a group of 33 cases of cirrhosis with ascites, treated by diet and moderate vitamin B supplementation, but not Brewer's yeast, 25 per cent survived In 27 similar cases receiving the same dietary management plus orude intravenous liver extract 65 per cent survived the two-year period The group studied at the Rockefeller Hospital has been a bit more In it there were 33 cases of cirrhosis, fortunate representing all forms of hepatic decompensation, treated with liver extract and observed over a two-year period Of this group, 28 patients, or 85 per cent, have survived to the present time It should be indicated, however, that these patients represent a more fortunate economic group. and are probably more cooperative. They have shown remarkable loyalty to biweekly therapy and with few exceptions have discontinued drinking alcohol One cannot overemphasize the agnificance of these differences, since the more difficult and less cooperative patients studied by Patek and the New York University group probably include severely addicted and chronically malnourished alcoholics In addition, it should not be forgotten that our patients were able to exercise wide selection in their diet, so that in most cases it included a high-calone and well balanced diet with adequate complements of animal and dairy proteins and natural sources of vitamins A more detailed analysis of our data is being undertaken at the present time

The patient with cirrhosis has many requirements. Most of these may be met by a highprotein, high-carbohydrate moderate-fat diet, supplemented with vitamins A. K. and perhaps D, the value of choline remains controversial and awaits greater experience. On the basis of the available evidence it is reasonable to assume that cirrhoses is a multiple deficiency state of which we recognize only a few specific deficien cies which we can relieve. It is reasonable therefore, to consider a diverse type of adjuvant therapy for such a complex syndrome involving so many as yet unrecognized metabolic defects. It is possible, in this manner, that with crude liver extract we may supply necessary factors not vet implicated

DR S S LICHTLAN The question of bed rest is one which I think needs no further emphasis here. One should insist on bed rest even in the mildest cases of infectious jaundice. In the past these have been considered too often as unimportant illnesses.

A negative nitrogen balance exists in liver disease. However, we must place these patient is a different category from those immobilisation appears to cause the negative nitrogen balance although this factor may also operate in liver disease. Large amounts of protein are also needed for regeneration. This would not change the plan of treatment since the requirements of the ailing liver include huge amounts of protein Often, because of poor food intake prior to the onset of his illness, the patient has already depleted his protein stores.

Every case of simple hepatitis or old fashioned catarrhal jaundice is a candidate for liver as rophy. I think it is most important to have the patient under observation, not only to feed him well, but also to observe every change from day to day. When the patient is under constant su pervision the physician is more likely to detect

that point at which the disease process may ad vance into a serious stage of chronic liver disease and act accordingly

As far as the factors of nutrition and diet are concerned. I find that the tendency now is for the younger physicians to think more about the new and forget the old Some of the concepts which we have held for years had their origin in sound laboratory work. One of the older, sound procedures, is that of the high-carbohydrate diet supplemented with intravenous glucose infusions Pathologists are now finding only rarely the type of liver encountered more commonly three and four decades ago when nationts did not receive the high-carbohydrate diet Therapy is apparently modifying the nathologic picture Patients are now taking methionine and choline religiously but unless the whole of the dietary intake is also zealously supervised treatment is incomplete Whether or not choline proves to be of permanent value in the treatment of liver disease. I am impressed with its of fect on the appetite Choline may bring about improved appetite directly or indirectly may correct vitamin B deficiency, or influence gastric motility through an acetylcholine mecha-Regardless of the mechanism the pa tient receiving choline is better able to cooperate with the enforced feeding program because anorexia is less marked. Thus, given for its lipotropic activity choline may prove to be of therapeutic value in a different manner

Recently, a paper by Barker, Capps, and Allen appeared in the Journal of the American Medical Association describing a new syndrome in which patients with hepatitis suffered a relapse when they were permitted to leave their beds and en gage in activities prematurely This publication rendered a great service not so much in the development of the theme of a so-called new clinical syndrome, but more in vividly emphasizing the need for continued bed rest in hepatitis despite the fact that the clinical impression is one of arrest of the disease. It is wise to continue bed rest for four to six weeks after liver function tests return to normal or become stabilized The natient is at first permitted bathroom privileges and sitting at the bedside. The first venture out doors is attempted four to six weeks later provided liver function tests remain stabilized

I would like to comment on the currently im proved results in patients with ascites. The first set of data presented indicated that control cases treated with intravenous saline infusions fared as well as the experimental group receiving choline and methionine. The deduction seems obvious yet another interpretation is admissible. In addition to intravenous saline the control group was receiving the optimum basic regimen.

high-protein, high-carbohydrate diet, etc therapeutic value of choline and methionine per se in the experimental group may be lost in a statistical survey of this type of material more satisfactory evaluation of these agents might be made in a group of patients with cirrhosis of long standing with innumerable paracenteses and marked protein depletion studies to date are of limited value in ascertaining the specific value of choline, methionine, or liver extracts, in obtaining the improved clinical re-The value of bed rest, vitamin K therapy, and ample diet must also be reckoned with There is a definite advantage in any method which reduces the number of paracenteses required, in the reduction of protein loss as well as of the risk of peritoneal infection

I would like to inquire about the cases receiving the salt-poor albumin. How much albumin was given to bring about the impressive results? Was the quantity of albumin insignificant compared to the remarkable diuresis established, or was the albumin given in such quantities as to change the plasma protein pattern and protein reserves in the tissues?

DR BUNN Dr Labby, would you care to comment?

DR LABBY As I have indicated, we have treated only 6 cases The procedure is as fol-In the morning patients were given 25 Gm of albumin dissolved in 100 cc which is given rather rapidly They can be given an additional 25 Gm in the afternoon so that the total intake for the day would be 50 Gm of albumin We discovered later that as much as 200 Gm of albumin could be given in one day with perfect In one case, the initial plasma albumin was about 19 Gm per cent Following two days of 200 Gm of albumin daily, the plasma albumin rose to approximately 28 Gm per cent Is that correct, Dr Shank?

Dr. Robert E Shank It finally reached 4 Gm

DR LABBY After how much total therapy?

DR SHANK After 500 Gm of albumin

DR SIDNEY GREENBERG One of the remarkable things following the use of albumin, in some cases, is the immediate tendency toward reversal of the albumin-globulin ratio, as though the patient were better able to utilize globulin. In such cases the globulin level may drop while the total protein remains the same. Do you find that is true?

Dr. Labby Yes, with supplements of albumin, because the total plasma albumin can be so materially enhanced, the total protein may even rise despite falling globulin values. There is also an increase in plasma volume so that at least

part of the effect on the globulin is due to dilu-

DR GREENBERG I would like to ask two questions How much salt is in your diet? In these patients with cirrhosis of the liver, was it thought that the ascites developed because of increased portal pressure?

DR CHARLES L HOAGLAND * We know that in some cases of cirrhosis there is portal hypertension and that can account for the fluid. However, the experiments performed on the surgical service of Presbyterian Hospital indicated that the portal pressures as measured from the splenic vein did not always correlate. Consequently, the tendency to ascites may have more to it than that

DR LABBY About the salt, Dr Greenberg, at the present time we have patients on what we call a low-salt diet. The food is cooked with salt but the patient gets none on the tray. As a substitute, a salting agent which does not contain sodium chloride is used.

DR GREENBERG Would you comment on the use of the mercurial diuretics in patients with edema due to cirrhosis?

DR LABBY I can give my own impression It may work temporarily but it does not strike at the basis of the mechanism of edema formation, the hypoproteinemia It is certainly the uncommon case of hepatic decompensation which is appreciably benefited by mercurial diuretics

DR HOAGLAND Often they are completely ineffective

DR LABBY Most cases appear to be relatively refractory to mecurial diuretics

DR WALTER MODELL I have just reread the conference on mercurial diuretics in the first published volume of these conferences, in which there is considerable discussion which fails to arrive at an explanation for the difference between the action of the mercurial diuretics in cardiac and cirrhotic ascites. Perhaps you can give us the answer. Why is it that usually there is a dramatic result in cardiac failure and so frequently none at all in the case of the ascites and edema of cirrhosis?

DR LABBY If the mercurial diuretics act in part by increasing salt excretion, one would expect a greater effect in cardiac failure with ascites than in cirrhosis with its associated hypoproteinemia.

DR HOAGLAND Some of us feel that there may be a hormonal influence which contributes to the picture of cirrhotic ascites. It is becoming increasingly evident that there are large amounts of estrogenic substances which appear in the urine

^{*} Dr Hoagland died August 2, 1946

Certainly, the estrogenic substances can modify water balance, as we know in the premenstrual, and similar states, where the estrogenic output may reach great heights. In the male, the 17-ketosteroids which indicate the course of androgenic metabolism are greatly diminished in the urne. We know, moreover, that in most cases with ascites, there is a phenomenal increase in antidiuretic substances in the urne. I think all these things have to be taken into account for the final explanation of the phenomenon of ascites. Certainly these factors are of less importance in the ascites of nephrosis and of cardiac failure.

Vistron Dr Lichtman mentioned the importance of the early detection of unfavorable signs in liver disease. I would like to know what the signs are and what can be done when they are detected.

Dr. Licetman Patients who are under active treatment whether jaundiced or not, and who show signs of liver damage, must have a battery of liver function tests performed at least at weekly intervals, to observe the various aspects of the course of the disease. These indicate whether the patient is improving or not, even though the degree of visible jaundice appears unchanged The tests include the albumin-globulin ratio A ree in albumin and/or total protein is a very favorable sign. A normal albuminemia which dropped, say 50 per cent, in spite of therapy, would be an ominous sign The cholesterol ester fraction is also significant. A decline in the total cholesterol and the ester fraction simultaneously indicates progressive liver damage. The galac tose tolerance test often helps to differentiate liver damage from biliary obstruction. When routine facilities are not available for the estimation of amino acids in the blood, the urea nonprotein nitrogen ratio is most helpful in advanced hepatic failure A rise in the blood nonprotein nitrogen and a fall in the blood urea are found under these circumstances. Additional routine tests performed are the icterus index, the bromsulfalein test, the cephalin-cholesterol flocculation, and thymol turbidity reactions. Guided by the results of these tests, the attending physician is in a better position to determine the severity of the illness and treat the patient more intelligently

DR. THOMAS P ALMY The use of parenteral amino acids has been suggested when the oral intake is not adequate in acute hepatitis. I wonder if we need fear the failure of deamination of these substances in the liver?

Dr. Hoagland I can site some experimental work. We have studied not only the ammonia nitrogen but the total nitrogen. The exerction of homologous keto acid appearing after various

amino acids provides important information These can now be measured with considerable case "We have not encountered much difficulty on the part of the decompensated liver to deaminate amino acids. This is evident from the extraordinary amounts of keto-acid and keto derivatives excreted, which show that the deaminating mechanism is intact although the metabolism of amino acids is incomplete. Only in very advanced states of hepatic insufficiency is there failure to deaminate. In none of our cases of hepatitis, and over 100 were studied with that in mind, was there any evidence of impaired deamination in so far as it was reflected in ammonia excretion and in the excretion of homologous acids of keto hydrates.

DR. LABBY I think it might be mentioned in that respect too, Dr Hoagland, that a patient may die from liver insufficiency with a normal blood urea nitrogen.

DR. HOAGLAND That happens very frequently

Dr. Bunn I would like to ask one question You suggested all patients with acute hepatitis should refrain from alcohol Is that restriction permanent?

DR. LABBY We happen to be working with a group of men who are in the Navy, and we appreciate, therefore, that we have two strikes against us. The usual procedure in warning the patient about alcohol is certainly not to drink at all during the ten-day leave period that follows convalencence. The patient on final discharge from the hospital is warned that at least a sixmonths' period should elapse before hard liquor They always ask, "How about an occasional beer?" Since one beer usually leads to another, complete restriction is probably advisable. How completely they will accept that is an individual matter The restriction, however. extends at least six months in a case which has gone on to measurable recovery

Dr. Alary As I recall Dr Hoagland sug gested that some of these cases of hepatitis go on to actual cirrhosis. What proportion of patents with cirrhosis have it because of a preceding hepatits?

DR. HOAGLAND In our series, at least, that is undecided at the moment, because they have not been observed for a long enough period. Some of these cases have been discharged with all the criteria of recovery, but some of them may develop cirrhosis eventually

Dr. LICHTMAN We have some information on that in Dr Patek's monograph on the records of over 400 cases in the files of several large hopitals in New York City Six per cent of the patients with portal cirrhosis gave a history of previous attacks of jaundice. On this basis it was

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presumed that the cirrhosis was a posthepatitic complication

DR HOAGLAND If hepatitis were an important cause of cirrhosis we should expect to see more cirrhosis than we do among the numerous cases of hepatitis

Dr Labby The figures for the incidence of hepatitis vary, in the literature, from 3 to as much as 22 per cent. We are only now recognizing cases of acute infectious hepatitis without jaundice, they may have liver enlargement with tenderness, and the entire syndrome, but may never become icteric. A patient with cirrhosis, therefore, may have had hepatitis and the diagnosis never suspected because of the absence of icterius.

Summary

DR HARRY GOLD The conference this afternoon dealt with the treatment of hepatic insufficiency, commonly caused by infectious hepatitis and hepatic cirrhosis

Infectious hepatitis is a common disease afflicting about six million people in the United States. It is rarely fatal. Recovery is the rule after a protracted period of disability. The suggestion has been made that some of these cases may be the precursors of hepatic cirrhosis, although it seems to be clear that most cases of hepatic cirrhosis represent an independent disease which runs an insidious course and usually comes under treatment in the advanced stage in which the disability is largely the result of hepatic insufficiency.

The specific thereapeutic needs in any particular case, for the most part, are inferred from metabolic studies, the nature of the disturbances in blood chemistry, and from the results of a variety of liver function tests, which may show such disorders as an abnormal nitrogen balance, low blood proteins with disturbance in the normal blood protein pattern, diminished prothrombin. and diminished storage and utilization of various vitamins The same tests provide useful guides to the course of recovery While it does not necessarrly follow that abnormalities such as low blood proteins or low blood prothrombin, or the like, can be corrected by the administration of the corresponding agents, experience has shown that the feeding, or the parenteral administration of those materials which are abnormal in hepatic insufficiency, has a beneficial influence on the course of the disease

Opinion appears to be unanimous that bed rest is of paramount importance in the recovery from infectious hepatitis. The disease shows a very limited tendency to subside while the patient is up and about, it lasts on the average about a month if the patient is put to bed shortly after the onset, and if the patient is up and about for a

period of, let us say, a month after the onset, he may still require a period of about a month of bed rest to insure recovery

The literature contains reports of special benefits derived from various specialized diets In the conference today, we have heard from those with a large experience in the treatment of these cases, to the effect that no special diet does any better than one that is well-balanced and high in calories This one was suggested as optimal 400 Gm of carbohydrate, 125 Gm of protein, and from 80 to 90 Gm of fat not only adds to the calories but makes the food more palatable This helps to solve the problem of an adequate caloric intake since these patients suffer with anorexia and their nutritional state is apt to deteriorate unless an intake of sufficient If there is appreciable calories can be insured lowering of the blood prothrombin level, vitamin K by parenteral administration is added the blood proteins are significantly lowered, parenteral preparations are tried, such as protein hydrolysate, whole blood, human plasma, or Specific measures directed in part albumin toward reversing the process in the liver itself, such as choline, methionine, and the Cohn fraction G of liver have been tried, but there is as yet no satisfactory proof that they alter the course of the disease

In the management of hepatic cirrhosis, essentially the same principles are utilized similar to the one prescribed for infectious hepatitis may be used Since the disease is one of long duration, depletion of vitamin stores may become a matter of considerable importance, especially vitamin A which is stored largely in the Vitamin D and K may be absorbed poorly Large doses of all of these are often desirable There is some indication that the Cohn fraction The edema G of liver may prove to be useful and ascites due to hepatic cirrhosis are somewhat. resistant to treatment The mercurial diuretics are of some value The salt-poor albumin introduced by Thorn has proved useful in some cases for the control of the disturbance in water metabolism of the cirrhotic patient

In hepatic insufficiency, fried fats should be withheld, and alcohol, because of its damaging action upon the liver, is contraindicated. In the use of such medications as morphine and the barbiturates, attention needs to be paid to the matter of doses and intervals between them, since these agents depend largely on liver function for their elimination.

Patients with hepatic insufficiency are poor surgical risks, a factor which requires special attention in relation to elective surgery

As matters stand in the treatment of infectious hepatitis and hepatic currhosis, measures are di-

rected chiefly toward the maintenance of general nutrition. Although observations in animals provide interesting possibilities there are as yet no specific agents which are known to roverse the abnormal process in the human liver However, it may well be that the maintenance of a satisfac-

tory metabolic balance may protect the liver and help to restore its structure and function. The fact remains that with such measures as have been outlined in the conference today patients with infectious hepatitis recover more quickly and patients with hepatic cirrhosis live longer.

MORE PROTEIN FOR PREMATURE INFANTS

The care of the premature infant constitutes in pediatric practice a particular problem by itself, with fatthful attention to detail as the usual price of success. Three cardinal principles with their ramifications have long been recognized. These are maintenance of a suitable external environment with special reference to temperature and oxygen content protection against infection and suitable rourishment.

The necessity for the first two is in every case in mediate the third cannot be long delayed, and its problems are receiving renoved attention with recognition of the possibility that human milk is not necessarily the ideal food for the premature in fant, regardless of the value it may have for the full term infant.

Three Swedish investigators Jorpes, Magnusson and Wretlind, recognizing that the infant born several weeks before term has different nutritional requirements from the full term newborn infant, have devised a supplementary food consisting of all the essential amino acids. The mixture used, made by the enzymatic hydrolysis of casein with pancreatic ferments, was added to human milk and in every case was followed by considerably greater gains in weight than those that were obtained with human milk alone or when supplemented by unhy drolysed casein.

Although these reports are among the first on the direct use of the amino acids to improve weight gain of premature infants other writers have recognized the unusual needs of these patients for extra protein calcium and phosphorus. Thus Gordon and Levine, in 1944, stressed the wide variability in the nutritional needs of individual infants, whether breast or artificially fed, and pointed out the relative inability of premature infants to absorb fat, as evidenced by their frequent excessive loss of calories in the form of fecal fat. Not only are they apparently unable to utilize much fat in which human milk is rich, but also they especially need protein, calcium, and phosphorus, in which human milk is relatively low.

The implication is obvious human milk, designed by Nature as a suitable food for the average full term infant, must not be dogmatically and doggedly urged as the ideal food for all infants. Otherwise its employment needs no such unusual defense or apology as was offered by the medical student who, when required in an examination to state three particulars in which human milk is superior to cow's milk, wrote that it is cleaner that it is more directive comigestible and that it comes in more attractive com

tainers
—New England Journal of Medicine March
13 1947

HENRY'S WORM LOZENGES

Like our modern singing radio commercials is this choice bit taken from a late 10th century leaflet published in Burlington, Vermont.

The shades of night were falling fast,

As through a Down East city passed A boy who hastened straight ahead, And ever as he ran he said, Henry's Worm Losanges. When people asked him why so quick? He said, the baby's very sick, And I was told in laste to come
And with all speed to got him some
'Henry's Worm Lozenges.
The neighbors all have tred them well,
And they most wond rous stories tell
Of children cured of many illa,
By giving them, instead of pills
'Henry's Worm Lozenges.'

-Army Medical Library News Nov., 1946

GIANT CELL TUMOR OF THE PATELLA TREATED BY RESECTION

LEONIDAS A LANTZOUNIS, MD, FACS, New York City

(From the New York Orthopedic Dispensary and Hospital)

A CASE is herewith reported of benigh giant cell tumor of the patella with a pathologic fracture, in which the bone changes from the tumor preceded the injury and fracture. In a recent publication, F J Roemer (Am J Surg 67 563 (March) 1945) reviewed the literature of the existing case reports of giant cell tumor of the patella. There are now 22 cases, including the present case.

L J, a white man, 32 years of age, weighing 220 pounds, on May 9, 1944, while lifting a heavy plow with his knees in a flexed position, experienced acute pain in his right knee and inability to extend the knee. Within a few hours x-rays were taken, which revealed a transverse linear fracture of the patella at the junction of the middle and lower thirds with no displacement, no evidence of bone destruction or cavity, but considerable decalcification of the distal two thirds (Fig. 1). The existing decalcification and the patient's statement that for the past three months he had suffered moderate pain and

Presented at the Annual Meeting of the Medical Society of the State of New York Section on Orthopedic Surgery May 3 1946

Fig 1

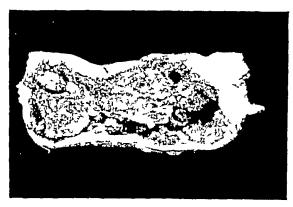
stiffness in the patella region, which were worse in inclement weather, caused a suspicion of bone tumor He was treated first with rest

On June 17, 1944, x-rays revealed the patella to be elongated, moderately broadened, and with its distal two-thirds considerably more decalcified than in the preceding x-ray picture. Clinically, the knee joint was swollen with increase of joint fluid, tenderness over the distal half of the patella, with passive motion normal, but no active extension. At this time, a plaster cast was applied from toes to groin and upon its removal on July 28, x-rays revealed further enlargement and decalcification of the patella. X-rays taken on September 14, 1944, revealed moderate improvement in the density of the patella (Fig. 2)

the patella (Fig 2)
On January 6, 1945, \-rays revealed marked decrease in density with considerable increase in the size of the patella Chinically, the right knee was swollen, with thickening of the tissues over the patella The patella was very much enlarged, moderately tender to pressure, with motion in the knee from 180 to 80 degrees and no active extension



Fig 2



F10 3

On January 13 1945, complete excision of the patella was done. It appeared to be a rounded tumor like partially irreturnerized mass of tissue measuring in greatest dimensions 8 cm. in length 8.3 cm. in width, and 4 cm. in thickness. ticular surface was slightly rough and croded and the inferior margin exhibited some nodular lipping by semitranslucent rounded masses of cartilage several millimeters in diameter Below the inferior border of the articular surface of the patella, there was a 1 5 to 2 cm wide zone of hyperemic, almost smooth surfaced tissue of alightly firm consistency other surfaces were convex and presented grayah-white tissue of rather firm consistency, exhibiting longitudinal markings characteristic of ligamentous Whan incised there was revealed a large central irregular surfaced cavity measuring 7.5 cm. in length, about 7.5 cm. in width and I to 8 cm. in dopth (Fig 3) It contained turbid, watery fluid One of its surfaces exhibited a membrane-like surface, mottled pinkish-red, and orange. Projecting into the cavity from all sides were many rounded or polypoid motiled-brown, yellowish brown, and red dish or orange-brown, partly spongy very soft, and partly friable masses of material resembling old blood clots. The outer wall of this cavity varied from 1 to 2 cm. in thickness was grayish-white and tough and imparted a gritty resistance to the cutting knife in places suggesting bone formation in peri

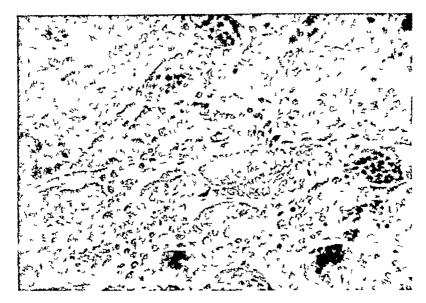
Operative Procedure —Through a 6-inch longitudinal inclaion centering over the patella, skin and subcutaneous tissues were inclised. The deep fascia and the quadriceps tendon expansion were gently and slowly dissected from the tumor mass and the patella tumor mass was removed in toto. A defect of about one and one-half inch between the quadriceps tendon and petella tendon was bridged over by splitting the quadriceps tendon and reflecting the antenor portion distally, which was then sutured to the patella tendon. The remnants of the tendinous expansion of the quadriceps were also satured to the tendon. A pleater cast was applied from toes to

groin for six weeks ment, motion in the knee has been restored from 180 to 110 degrees with normal active extension and normal stability in the joint. The patient does his regular work, has no pain and walks without a limp X rays taken April 18 1940 revealed the patella to be absent with no bone regeneration or evidence of tumor recurrence.

Pathologic Report.—The microscopic examination by Dr G Z. Garber was as follows

Socions through the central part of the tumor show many giant cells containing irregularly distributed nuclei varying in number from a few to 109 and averaging about 15 each (Fig. 4) Nuclei are round or irregularly rounded rather small, and vesicular Chromatin is commonly distributed in finely granular form and one nucleolus is present. Cytoplasm is acid-ophilic very finely granular and not infrequently exhibits vacuoles or foam-like areas Granules of yellowish brown pigment rarely occur in the cytoplasm. Small mononuclear poorly outlined stellate or polygonal cells make up the greater part of the tumor. Their nuclei are similar to those of the guant cells. Their pale-staining acidophilic cytoplasm varies from finely granular to coarsely granular and from finely reticular to rarely foam-like.

Some of the cells are phagecytic and contain ir regular sized brownish yellow iron-positive granules of old blood pigment and a few located in areas of extensive old hemorrhage, contain red blood cells. A very few rounded more sharply outlined forms of these cells show mitotic figures. Some larger rounded forms contain two or three nuclei and their cytoplasm stains like that of the giant cells. The appears that the giant cells are formed by growth of such cells. A few clongate forms are industinguishable from cells forming collagen fibers in some areas. The Laidlaw stain of tissue fixed in Bouns affuld reveals an abundance of roticulum fibers around and extending into some of the mononuclear cells. In the Bouln's fixed material the mononuclear cells are fiver positive cytoplasm and silver



F10 4

negative nuclei Cytoplasm of the giant cells is strongly silver-positive

Hemorrhage is very strking in some sections. Where red blood cells are most numerous, the giant cells are in the most active state of early formation. Rarely are fragments of red blood cells found in giant cells.

Although red blood cells are moderately well preserved in some places, there are large and small accumulations of red blood cells with barely recognizable outlines and almost complete loss of hemoglobin Several sections show one natural margin bordered by several layers of elongate cells Blood capillaries and small blood vessels are few in number In a section stained by Mac-Callum's method, no fibrin is demonstrated

Sections taken from the region of the periosteum and remaining cortical bone show dense ligamentous tissue, containing a moderate number of small blood vessels and infiltrated somewhat by lymphocytes and plasma cells Cortical bone is extensively eroded and mostly replaced by cells characteristic of giant cell tumor. Slight repair is seen in the presence of a small amount of osteoid tissue adjacent. Some tumor cells are found in large, endothelium-lined spaces in the periosteum.

A section, through articular hyaline cartilage remaining on the patella, exhibits fibrillar markings in a pale-staining matrix characteristic of degenerative arthritis. Subchondral bone and adjacent cartilage are eroded and partly replaced by giant cell tumor cells and poorly preserved red blood cells. Some slight repair of bone and cartilage is evident. The synovial membrane of the knee joint in section is edematous, hyperemic, and diffusely infiltrated by a few plasma cells and a considerable number of large, mononuclear wandering cells, containing brown pigment of disintegrated blood.

The pathologic diagnosis was that of a giant cell

tumor of the patella

NOTE OF CAUTION TO PHYSICIANS FROM THE FEDERAL BUREAU OF NARCOTICS

Under the provisions of the Narcotic Drugs Import and Export Act, it is unlawful for a physician to carry narcotic drugs in his medical bag back and forth between the United States and Mexico and between the United States and Canada Narcotic drugs found in the possession of a physician upon returning to the United States are seized and for-

feited Because of lack of knowledge of the law many physicians are caused embarrassment and inconvenience when traveling between this country and Mexico or Canada. This information is published in order that physicians may be correctly informed with reference to this provision of the Federal law.

EARLY LOCALIZATION WITH THE USE OF PANTOPAQUE OF AN ACUTE EPIDURAL SPINAL ABSCESS

ABRAHAM KAPLAN, M.D., and ARTHUR LAUTKIN, M.D. New York City

ACUTE epidural spinal abscess is a surgical emergency. It can and should be recognized before the onset of neurologic signs. Although this disease is reasonably rare, its characteristics are sufficiently distinctive to arouse early suspicions of an infection in the epidural spinal space. Studies of the spinal fluid dynamics will then establish readily the presence of a partial or complete subarachnoid block. When this is followed by myelography with the use of pantopaque the level of the lesion can be accurately determined

Clinically an acute epidural spinal abscess should be suspected when one obtains the history of an antecedent local infection such as a furuncle, par onychia, acute sore throat or osteomyelitis, fol lowed several days or weeks later by an acute onset of fever, chills, and excruciating back pain. On very rare occasions a history of an antecedent infection may not be ascertained. The patient appears acutely ill with some stiffness of the neck. The most sig nificant sign however is extreme localized spinal tenderness. With these findings spinal fluid studies are promptly indicated which invariably will show complete subarachnoid block, xanthochromic fluid and increased total protein. Myelography with pantopaque abould follow immediately The level at which the opaque media is arrested will accurately establish the site of the pathology

Prompt surgical treatment must follow not only to save life but perhaps more so to prevent the tragic complications of paralysis, bladder, and rectal dysfunction, decubitis, ascending urmary infection and a drawn-out death from renal failure

Whether the infection reaches the epidural spinal space by direct extension or as a septic embolus from a remote focus the pathology that follows, so well described by Hassin's chiefly that of vascular occlusion of the rich venous piexus surrounding the cord with extension of soptic thrombosis of the veins within the cord and secondary myelomalacia. This process unless halted by surgical intervention will frequently advance with hourly rapidity and with irreversible damage to the spinal cord. In the recent publications of Campbell's Cohen's Echols's Prowder and Meyers, Buckstein's Cann's and others, one finds repeatedly the tragic evidences that patients with acute epidural spinal abscess are rarely recognized before serious damage to the

In a collected study of 103 cases of acute epidural spinal abscess by Boharas and Kaskoff the condition was first recognized at autopsy in 33 cases 1 case was diagnosed after the onset of meningits and subsequently died. The diagnosis was delayed and operation deferred until the onset of paralysis in 64 petients. Of these, 37 died 12 recovered with residual puralyses and 15 recovered completely. In only 5 cases was the diagnosis made relatively early and these patients all recovered completely. On must therefore conclude that to wait for a sensory

spinal cord has already taken place

level in a patient suspected of an epidural abscess is to invite progressive myelomalacia of the spinal cord with resulting paresis, sphincter disturbance, and not infrequently a delayed fatal outcome

A careful search of individual case reports shows only 4 cases in which the diagnoses of epidural spinal abscess was made before the onset of neu rologic signs. In each case laminoctomy was per formed promptly and all recovered quickly and com-Slaughter, Fremont-Smith, and Munro* should be credited as the first to recognize and treat a metastatic spinal epidural abscess before the appear ance of neurologic signs suggesting spinal cord com-In Cohen st series, case 4 which had a metastatic epidural spinal abscess secondary to osteomyelitis of the long bones, was the only one operated before the appearance of neurologic signs Stanley s11 case I and Van Den Berg's12 case I were both recognized before the onset of neurologic signs. Laminectomy in all these patients was performed within several hours after the diagnosis was suspected and all recovered completely

To the above small group we wish to add another case report of a prompt and complete recovery of an acute opidural spinal abscess that was operated upon before the appearance of neurologic signs. As far as can be ascertained after a thorough search of various case reports, this is the first case of an acute epidural spinal abscess in which pantopaque was used to localize accurately the site of the spinal block.

Case Report

M B S agod 23 years was admitted to the hospital on February 14 1946 complaining of severe back pain. He had been recently discharged from the Army, and though he spent many months in the Pacific area he was never troubled with malaria. He had been on atabrine routine until shortly before his return to the mainland. One week before admission he had rhinitis and a sore throat which were not severe enough to restrict him to hed Two days later he was awakened at night with a sudden chill and fever Three days before admission he began to complain of increasing severe back pain over the lower thoracie region which was accompanied by headache and stiff neck.

At the time of admission the patient appeared acutely ill. There was a yellow tint to the skin caused by atabrine. His temperature was 1014 F, pulse 80 per minute respirations, 16, blood pressure 108/65 There was definite stiffness of the neck, which, when flexed intennified the back pain Straight teg raising was painful and kernig sign was positive on both sides. Tenderness was exquisite over the eleventh thoracic spine. General physical and neurologic examination were otherwise completely negative.

Laboratory studies showed a leukocytoms of 22, 600 per cubic millimeter with 70 per cent segmented forms 14 per cent lymphocytos, 4 per cent monocytos, and 3 per cent band forms. Blood smear for malaria was negative. Urine analysis was normal Hemoglobin was 91 per cent and rod cells 4,850 000



Fig 1 Fluoroscopic "spot" film showing delay and deformity of pantopaque column at the eleventh thoracic with table tilted 60 degrees cephalad

per cubic millimeter Kahn test was negative, non-protein nitrogen, 24 mg per cent, chlorides, 490 mg per cent, creatinine, 10 mg per cent Sedimentation rate was 26 Total protein of the blood was 24 with albumin 33 and globulin, 172 Studies of the spinal fluid showed complete subarachnoid block with vanthochromia, total protein 205 mg per cent, sugar 403 mg per cent, chlorides 725 mg per cent, 8 red cells, and 9 leukocytes per cubic millimeter Smears of the spinal fluid failed to show any organisms and culture showed no growth

On the following day the patient still had fever and the back pain was so intense the patient could hardly stir. Neurologic examination still showed stiffness of the neck, bilateral Kernig, but no sensory, motor, or reflex abnormality. Temperature was 102 F. and pulse 100 per minute. During this period of observation the patient received 250,000 units of penicillin without any appreciable alteration.

of the clinical picture

Preliminary to roentgen examination, a lumbar
puncture was done, removing the stylet of the needle
at frequent intervals to detect any extradural pus if

present. None was encountered The spinal fit was clear and showed a total protein of 95 mg r cent. No organism was found on smear or culty and no pedicle formation was observed

Five cc of pantopaque were injected into t subarachnoid space and the flow of the opaque in terral was observed under fluoroscopy on the table. There was no evidence of delay in the flow deformation of the column of pantopaque until reached the upper portion of the eleventh thorax vertebra. At this level with 60 degrees cephalad to of the table there was a marked lag in the flow of t pantopaque and the column appeared narrowed as constricted at the level of the interspace between t tenth thoracic and eleventh vertebra. The was some pooling of the pantopaque along the lateral margins of the subarachnoid space distal the level of partial obstruction (Fig. 1)

Laminectomy in the lateral position was performed promptly. The spines and laminae from t eleventh thoracic to the eighth thoracic were is moved Bleeding from the skin, subcutaneous t sue, and overlying muscles was more profuse the usually encountered in a laminectomy at this lev-Upon the removal of the eleventh thoracic spine at iaminae, extradural granulations were observed catheter was directed cephalad which yield several drops of thick pus. Smear of this materi was immediately reported as showing gram-positi No acid-fast organisms were foun The laminectomy was extended up to and includit the eighth thoracic spines and laminae The extr dural granulations could be peeled off the dura emulsion of penicillin and sulfadiazine was sprayi into the wound, a catheter for irrigation was placin the depth of the cavity and the wound clos The wound was irrigated dai tightly in layers with the emulsion which contained 10,000 units

pencillin and 15 Gm of sulfadiazine per 10 cc
Culture of the pus obtained at the time of the operation showed pneumococcus type 1. The patient continued to receive pencillin and sulfadiazine for twelve days, a total of 4,800,000 units of pencillin and 62 Gm of sulfadiazine.

The postoperative course was remarkably useventful. During this period the highest temper ture was 99 2 F and pulse 100 per minute. Cathet irrigation with the emulsion was discontinued aftithe sixth operative day. The wound healed the primary union. The patient was out of bed by the end of the first postoperative week and was read for discharge a week later.

The pathologic tissue removed at operatic showed dense vascular granulations contains polymorphonuclear cells, lymphocytes, histocyte fibroblasts, and red cells. There was evidence of a tensive diffuse hemorrhage and fibrin enmeshin polynuclear and red cells.

The diagnosis was acute inflammatory tissue

Discussion

Some may feel that large quantities of penicillishould be administered to a patient suspected of a acute epidural spinal abscess while waiting for localizing neurologic signs. It is therefore well to point out that the patient herein described receive 250,000 units of penicillin before the diagnosis we even suspected without the slightest influence on his general condition, the fever, or the pain. With prompt and adequate surgery and the combined administration of penicillin and sulfadiazine we were able to obtain a most gratifying result. Instead of

chronic discharging wound for weeks (the usual experionce before the days of sulfa drugs and penicil

lin), the wound healed by primary union In a patient suspected of an epidural spinal ab-

scess lumbar puncture must be done cautiously The stylet of the needle should be removed periodically in order to detect the presence of pus at the site of nuncture and to avoid the danger of introducing infection into the subarachnoid space. If pus is en countered in the extradural lumbar space, then drainage should be instituted at that point. But if xanthochromic fluid is obtained and subarachnoid block has been demonstrated then there should be no hesitation in introducing 3 to 5 cc of pantopaque to establish accurately the level of obstruction Waiting for localizing neurologic signs under these conditions is no longer justifiable

Summery

A case of an acute emdural spinal abscess has been

reported in detail, stressing the points of early diagnosis and accurate localization with the use of pantopaque.

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WHAT DOES THE MEDICAL SOCIETY OF THE STATE OF NEW YORK DO FOR ITS MEMBERS?

Malpractice Insurance

Members of the Medical Society of the State of New York as a body constitute a very large group of in surance buyers whose premiums for the six or eight most common forms of insurance amount to more than \$5 000,000 a year. With the exception of malpractice insurance and to some extent, accident and health protection members buy their insurance as individuals the same as all of their other personal requirements. They are able to do this in a sound and economic manner because competition among the large number of life, casualty, and fire insurance companies has brought about stabilized rates and generally uniform practices and policy contracts

Malpractice insurance, however, is the outstanding exception to this rule and, to appreciate why that is so it is necessary to understand that professional liability because of the limited volume of it, is only an unimportant sideline of a few companies in the country. This lack of competition has led to a wide variation in policy forms rates, and defense sorvice rendered which, coupled with a more ress take-to-releve-it attitude on the part of the companies has at times produced chaotic situations in various states.

In 1920 conditions in New York State became so unsatisfactory for medical men that the State Society in self-defense felt obliged to inject itself into the situation. After a long and thorough study of the entire inserf-decrees introduced to inject them into the situation. After a long and although study of the entire subject, the Society decided that the only way it could influence matters was to organize its members into a buyers' group which collectively, would be strong enough to make itself felt in the insurance market. This led to the formation and adoption by the Society in 1921 of an undertaking which became known as the Group Plan of Malpractica Insurance and Defense of the Medical Society of the State of New York, or the New York Group Plan, as it was referred to outside the State.

It is not the purpose of this article to summarize the details of the plan That has been admirably done in a booklet entitled The Group Plan of Malpractice Insurance and Defense published by the Society last Group Plan fully accomplished the purposes for which it was organized. It provided a policy contract drawn by medical men to meet their own needs. For the first time in the history of malpractice indemnity, it combined specialized and highly efficient legal defense service with insurance And it controlled and stabilized rates at the lowest level consistent with the high quality of indemnity and defense furnished.

Supervision of the Group Plan has grown during the twenty-six years since its organization to be one of the major activities of the Society This supervisory function is exercised by a special committee of the House of Delegates known as the Malpractice Insurance and Defense Board composed of five members only one of whom is changed each year In addition the Board is assisted by four ex officio advisors, consisting

one of whom is changed each year. In addition the Board is assisted by four extensions advisors, consisting of the secretary treasurer legal counsel and indemnity representative of the Society. Without the Group Plan and its domination by the Society, control of malpractice insurance in New York would revert to the companies who, as in the past, would issue such policy contracts as they saw fit to publish, furnish such legal defense as could be supplied by their general attorneys and charge such rates as they considered necessary to insure a profit for themselves. In 1920 the company writing about 80 per cent of the malpractice insurance in New York raised its rates to \$45 and there is nothing in subsequent experience to indicate that that rate would ever have been lowered. Under the Group Plan of the Society the average rate over the last twenty-six years has been only \$27.76. Thus in this activity alone the Society. saves for its insured members each year a sum considerably in excess of their annual dues.

Special Article

PUBLIC MEDICAL CARE

THIS is an interim report on the cooperative efforts of the Medical Society of the State of New York, the New York State Association of Public Welfare Officials, and the New York State Department of Social Welfare in developing Public Medical Care Programs under the Social Welfare Law (December 1, 1946)

Introduction

the local plans

Public medical care as administered under the New York State Social Welfare Law has progressed substantially since 1941, when the State Medical Society and the New York State Department of Social Welfare adopted seven cardinal principles* as the basis for development of such programs

The wisdom of these principles is reflected in the present status of these programs, which have reached their highest development in history, and which now include local approved medical care plans that cover 90 per cent of the State total assistance caseload

While substantial progress has been made, a number of problems have remained unsolved Physicians, welfare administrators, and public medical care consultants or directors were anxious to consider these problems in the light of the experience of past years. Furthermore, all groups were interested in further implementing the seven basic principles, clarifying and strengthening medical-welfare relationships, extending improvement and progress through other means, including a more adequate schedule of fees, and reviewing the vast strides made in the last five years in development of

To bring to bear upon these problems and deliberations all available experience, the New York State Association of Public Welfare Officials was requested to appoint a committee to work with the State Department of Social Welfare and the State Medical Society. A committee appointed by the President of the Association met with representatives of the State Department of Social Welfare in November, 1945, and later with the State Medical Society. As a result of these meetings, recommendations were made by all groups for the appointment of a subcommittee to consist of representatives of the State Medical Society and local welfare medical consultants or directors. Six of the latter were chosen, representing different types of public welfare districts and different kinds of programs.

districts and different kinds of programs

Thus, again, representatives of local public welfare administrators physicians who direct local medical programs, representatives of the State Medical Society, and members of the State Department of Social Welfare were brought together to consider ways and means of developing and improving public medical programs of the State Frank and fruitful discussion brought about agreement that a continuing working committee was needed to review in detail all medical care policies, practices, fees, and allied factors involved in medical programs. The Public Medical Care Committee of the State Medical Society decided itself to serve on this joint working committee rather than appoint a new group of physicians for this purpose.

* Attached to end of report (revised February 3, 1947)

1946, the Joint Committee met monthly In June and late in 1946 the Joint Committee met with the Advisory Committee of the Association of Public Welfare Officials At these meetings full data regarding problems and practices, assembled by the State Department of Social Welfare, were available for review, analysis, and discussion With the over-all facts before it, the Joint Committee addressed itself to the basic problem of how the best medical care could be provided for the medically indigent

Accomplishments

A summary of the major achievements of the joint committee follows It was unanimously agreed that the most important result was the Joint Committee's approach to the problem of public medical care The Committee functioned as a total unit, rather than a collection of different groups, each seeking to promote its own interest and each playing its own group role At many of these meetings representatives of the State Association of Public Welfare Officials showed interest in, and concern for, the medical point of view, and representatives of the State Medical Society expressed similar interest and concern about the welfare viewpoint Above all clse, the physicians were interested in the provision of the best quality of medical care possible. In other words, the Joint Committee saw that the objective of providing public medical care involved a common understanding of all aspects of the problem, a common approach in dealing with those problems, and, most important of all, a common concern for the health and welfare of the patient

Local public welfare administrators demonstrated their recognition of the importance of medical considerations and professional guidance of medical programs when they recommended that a group of their local medical consultants or directors be appointed to work with the Joint Committee. The experience over the last five years in developing and operating medical programs pointed up and clarified the primary, important role of professional medical direction of such programs. Public welfare administrators appreciate the progress possible under

such competent professional guidance

The third significant development involves protection and promotion of local autonomy, through which local welfare agencies and county medical societies may establish their own medical fee schedules, within the broad framework of a total program set up by the State Department of Social Welfare and within the Department's schedule of Statereimbursable fees. The localities are free to negotiate, against their own local background, relationships and fees best suited to fulfill the individual public medical care needs of the community. Local medical care consultants, or directors, are thus able to set the necessary detailed standards for all kinds of medical care and utilize all available facilities and methods to improve such standards in their own communities.

Another principal achievement of the Joint Committee was the total review and revision of all existing fee schedules and policies relating to fees, a task that involved considerable discussion, time, and

ffort This tremendous undertaking was not nerely a matter of increasing fees in line with ad ancing costs, but involved consideration of prin-ples and policies as well. It also embraced the evelopment of fee schedules for items not pro-fously covered. More than this it involved con ideration of a subject that for a number of reasons ad not been officially included in the discussion in 941 when the State Department of Social Welfare nd the State Medical Society first got together to ormulate basic principles for guiding public medical At that time it was decided that are programs undamental policies had to be set, that structure of ervices had to be built, and that a body of experi-nce had to be developed first. The Joint Com alttee this year agreed that there should now be stablished a new schedule of State reimbursement ates. The State Medical Society recognized the xistence of different fee schedules among the various tate departments but did not approve of this conhtion. Furthermore, the Chairman of the Public Medical Care Committee recommended that the state Department of Social Welfare reimburse at he rate of the Workmen s Compensation Fee Sched de. When the point was made that an insurance oregram schedule was not adaptable to a welfare rogram, and after all other factors were discussed he Joint Committee agreed that the State Depart nent of Social Welfare should establish a schedule t the highest rates possible, and that it should no onger maintain two schedules—one for approved ocal medical plans and one for medical care services ot given through an approved local plan. All roups agreed that the new schedule of reimbursenent should not be revised before December 31

The council of the State Medical Society recomnended that it be made clear to all persons conerned that the fees do not represent the full value of he medical services given and that the State Medial Society would undertake to seek any necessary ovisions in such schedule after December 31 1947 The need for advice from certain specialists, both n setting up standards and determining fees within certain specialties was recognized. The State Medical Society appointed active subcommittees to dvise on such matters.

Unanimous agreement was effected regarding a letailed surgical fee schedule, with its basic prin uples to be published in addition to the fees already sublished by the State Department of Social Wel are

The Chairman of the Public Medical Care Com nittee promised the cooperation of the State Medical society in interpreting to New York State local physicians the background of the new fee schedule and the basis for its determination. The Com nittee also agreed to continue to encourage the deelopment and improvement of medical care prorams through urging local medical societies to copurate as fully as possible with local public welfare sencies in further strengthening such programs. Similarly the State Department of Social Welfare ugreed to encourage local welfare agencies to work cooperatively with the local medical societies in building the best possible local medical care protrams.

The Future

947

The Joint Committee will continue, and its mom burs believe fruitfully its efforts to obtain the bost quality of medical care possible for needy personsat few that protect the interests of both the medical profession and the taxpayers in localities throughout

the State-and to build effective working relation ships of all who participate in such programs.

Further discussion of general principles and broad policies relating to the provision of medical care is also an objective of the Joint Committee Through such cooperative discussions, the Joint Committee can advise and aid the State Department of Social Welfare in preparing a manual of medical care, a comprehensive document that will embrace the total program—philosophy, standards, and practices and will serve as a guide for its efficient administra-tion and as a schedule of State reimbursement. The New York State Association of Public Welfare Offi cials, the State Medical Society and the State Department of Social Welfare realize that the effective cooperation developed on the State level must also be promoted in the local communities. It is only through cooperative efforts of physicians and public welfare administrators State and local that the chief goal of a high standard of medical care service can be realized for the needy persons of the State All three groups are keenly aware of this situation and are highly desirous of doing everything possible to achieve this goal.

Seven Principles

The medical aspects of medical relief should be super-vised by the medical profession.
 All physicians should be ancouraged to participate in

All physicians anoted be encouraged to participate in the service of physician should be guaranteed subject to protective limitations.

5 Contract practices for medical relief should be dis-

approved
6 Chnics should not be exploited to avoid payment of
feee for service. They should be used when medically de-

resistable.

7 Provisions should be made to enable needed medical care to be furnished for indigent and near indigent families not otherwise sligible for relia!

Committee Personnel

Medical Society of the State of New York

Public Medical Care Subcommittee ablic Medical Care Subcommittee

Riaph T B Todd, M D, Chairsea Tarrytown
Joseph C O Gorman, M D Buffalo
Charles F Route, M D, Schensociady

Walter P Adderton, M D, New York

Walter P Adderton, M D, New York

(From June 13, 1946 present)

Christopher Wood M.D Chairseas White Plains
Cariton E Werts M D Buffalo

Howard P Webb M D Utics

Charles F Bourke M.D, Schensetady Advisory Committee Association of Public Wolfa e Officials eviery Committee Association of Paulic II' Ralph G King, Chairman Lesen County Ruth Taylor Westchester County Ruth Taylor Westchester County George H Peet Lockport County Elmer G Butts Wayne County Charles G Burnett, Steuben County Percy W Woodruff Che ango County Leon II Abbott Ohnondags County Leon II Abbott Ohnondags County J mee II Robinson Binghamton City Carroll M Itali Jamest wn City

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MEDICAL NEWS

Research in Heart Disease Aided by Insurance Fund

MORE than a half-million dollars for research in heart disease will go out to United States and Canadian colleges, hospitals, and students from the Life Insurance Medical Research Fund in 1947, it has been announced by M. Albert Linton, chairman of the Fund. The 1947 allocations raise the total of all funds granted by the organization since 1945 to well over the million-dollar mark.

Forty-eight separate grants-in-aid, 13 postgraduate fellowships, and one student fellowship were listed in the Fund's announcement. All of the research and study being sponsored was confined to problems in diseases of the heart and arteries, which in the United States is now the most prevalent cause

of death

Supported by 148 legal reserve life insurance companies in the United States and Canada, representing 93 per cent of the life insurance in force in the U.S., the Medical Research Fund is administered through a board of directors comprised of leading life insurance executives and an advisory council of medical research experts. Scientific director of the

Fund is Dr Francis R Dieuaide, clinical professor of medicine on the staff of the College of Physicians and Surgeons of Columbia Hayaretty

and Surgeons of Columbia University
Grants-in-aid, ranging in value from several
thousand dollars to more than \$30,000 and covering
periods of research ranging from one to two and onequarter years, were announced for 32 medical colleges and eight hospitals located in 19 states, the
District of Columbia, and three Canadian provinces, the 14 fellows are from six states and two
Canadian provinces This year's allocations raise
the Fund's total research grants since 1945 to \$1,-

Two types of fellowships are granted by the Fund, the senior fellowships to graduates who have a doctor's degree and student fellowships to undergraduate students in medical schools who wish to take an extra year for training in scientific research. Both senior and junior awards are for work and study at approved institutions under specified supervisors,

and range in value from \$1,500 to approximately

\$4,000

Cancer Society to Finance Research Projects

THE American Cancer Society has allocated \$1,559,734 of 1945 to 1946 contributions to finance more than 130 projects of scientific research in effort to determine the cause and control of the disease

Including twenty-three fellowships to train promising scientists in advanced methods of research, the allocation increases the total projects financed by the Society to 240, and the total of fellowships to

forty-eight The Society's aggregate cost of research now amounts to almost \$3,000,000

Included in the recent allocation are two institutional awards a \$250,000 grant to the Sloan-Kettering Institute for Cancer Research, of New York, and a \$50,000 grant to the Barnard Free Skin and Cancer Hospital, of St Louis These are the first institutional grants ever made by the Society

New York City Will Receive New Blood Service

A CIVILIAN blood donor service was started in April by the New York City chapters of the American Red Cross in cooperation with the Coordinating Council of the Five Country Medical Societies of Greater New York

Patients in five municipal hospitals, Bellevue, Kings County, Morrisania, Queens General, and Sea View, will be the first to benefit by the new program, which is similar to those in other cities, including Los Angeles, Cleveland, and Detroit

Home Care Urged for Blind Babies

PROLONGED institutional care for very young children makes them impossible to educate or train for full, normal life, Dr. Laurette Bender, assistant professor of psychiatry at New York University declared March 13 at the opening session of the National Conference on the Blind Preschool Child

Sponsored by the American Foundation for the Blind, the conference was called because of the marked increase in the number of blind babies, many of them premature infants who, a decade ago would not have hved Many surviving incubator babies develop blindness or defective sight for which no prevention or cure has been found

Personalities

Dr Eva J Weddigen, formerly of Memorial Hospital City Cancer Clinic in New York City has established a medical practice in Newfield

Dr Weddigen received her medical training at the universities of Berlin and Hamburg in Germany and at the University of Birmingham, England She worked as a medical missionary for six years in Ado Ekiti, Nigeria British West Africa.*

Dr Frank D Allen, a practicing physician in Richville for the past fifty-seven years observed his eighty-seven the birthday anniversary in March at a quiet family dinner held at his home. He has been an active practitioner since 1888 Dr Allen was a coroner in St. Lawrence County for more than twenty-seven years. He held the post of health officer of the town of Dekalb for several years and carries out the duties of health officer *

Dr. John Frederick Erdmann of New York City who has been practicing in New York since 1887 observed his eighty third birthday anniversary

March 27

Dr Erdmann was chief of surgery at Post Graduate Hospital until 1934 when he resigned to He has been devote himself to private practice. He has been associated with many of the leading hospitals in the metropolitan area since his graduation from the old Bellevuo Medical College in 1887 *

Dr Hartley Zwahlen, of Utica, who has comploted terminal leave and a subsequent three months postgraduate course at the New York Poly clinic Hospital, has opened an office in Utica for the general practice of medicine He received his medical degree from Albany

Medical College in 1941

Dr Zwahlen interned for a year in the United States Marine Hospital Norfolk, and then was com-missioned and spent four and a half years with the United States Public Health Service.

Dr Ernest Hermann has opened offices in Canandaigua. His practice will be limited to his spe-

cally of eye our nose and threat diseases.

A native of Vienna, Austria Dr. Hermann was graduated from the Medical School of the Univer sity of Vienna in 1930 and came to this country in 1938 when the Germans occupied Austria. After several years of general practice Dr Hermann received a fellowship in the ear, nose, and throat department of the Flower and Fifth Arenue Hes-pitals in New York in 1944 in 1945 to 1946 he was a realdent physician at Green's Eye Hospital San Francisco

Dr J A. DeBlase of Schenoctady has resumed his practice after completing postgraduate courses in cardiovascular diseases and diseases of me-tabolism at the George Washington University School of Medicine and at Gallinger Memorial Hospital Washington D C

Dr DoBlase is a graduate of Union College and St Louis University School of Medicine He previously has taken postgraduate studies in internal medicine surgical diagnosis and roentgenologic studies in gastrointestinal and cardiovascular dis-

cares Prior to his discharge from the Army Dr Do-Blase was for three years chief of the department of cardiology at Camp Forrest, Tennesece and for two years chief of cardiovascular diseases in the 141st General Hospital In 1942 he was appointed consultant in cardiovascular diseases for prisoner of war camps in Tennessee

Dr Charles E Pierce of Watertown, one of the outy's oldest practicing physicians on February 18 quietly observed his seventy-fifth birthday and in March observed the fiftieth anniversary of his gradu ation from medical college

The doctor has followed his profession in Water

town continuously since 1809

Dr Pierce was graduated from the Bellevue Hospital Medical College of New York City new the New York University Bellevue Medical College

on March 22, 1897

Following his graduation from medical college Dr Pierce was qualified by the Bellevue College for appointment to the house staff of physicians and surgeons of the college. He started on the staff in October 1897 as junior assistant surgeon, subsequently was senior assistant, and, finally was house surgeon completing twenty months of residence in

the hospital in 1809 Dr Pierce came to Watertown after completing his service as house surgeon of the medical college

and began private practice here in July 1899

Dr Pierce is a member of the Jefferson County Medical society and for years was its secretary He is a member also of the State Medical Society the American Medical Association, and the Alumni Association of Bellevue Hospital Medical College *

Dr Maurico L. Tainter of Rensselaer, vico-president of Sterling Drug Inc. and director of the Sterling Winthrop Rosearch Institute, has been elected an honorary member of the Society of Pharmacology and Thorapeutics of the Argentine Medical Association of Buenos Aires

Dr Paul C. Campbell Jr formerly of Buffalo, U.S. Public Health Service, has been appointed chief of the Office of Dermatology, Industrial Hygiene Division, U.S. Public Health Service Foderal Security Agency

Before taking a commission in the US. Public Health Service in June 1941 Dr Campbell spent three years as a resident and one year as chief resi dent in dermatology and syphilology at the Edward J Meyer Memorial Hospital in Buffalo He also

J Moyer atomoria mospital in buttato no also appent a year in private practice in association with Dr Earl D Osborne He is a graduate of the University of Buffalo, School of Medicine Dr Campbell is a member of the Eric County Medical Society the State Medical Society the Buffalo-Rochester Dermatological Society and the American Public Health Association He is an associate member of the American Academy of Der

^{*} Asteriak indicates that item is from a local newspaper

matology and Syphilology, a fellow of the American Medical Association, and is affiliated with the Baltimore-Washington Dermatological Society

The Committee on Fellowships and Awards of the American College of Surgeons has awarded five additional research fellowships in medicine for the year which begins July 1, 1947 In New York State a fellowship has been awarded to Dr Mary Ann Payne, of New York City

Dr Payne will undertake at the New York Hospital, where she presently holds appointment as assistant resident in medicine, studies of hepatorenal factors in regard to shock and hypertension Her supervisors will be Dr David P Barr, F A C P,

and Dr Ephraim Shorr Dr Payne is a native of Braddock Heights, Maryland Her undergraduate work was done at Hood College, she received the degrees of Master of Science (1941) and Doctor of Philosophy (1943) degree from the University of Wisconsin Dr Payne completed her medical course at the Cornell University Medical College in 1945, following which she served as intern in the New York Hospital

Dr Samuel Weiss, of New York City, had the degree of Doctor of Science conferred upon him at the one hundredth graduating exercises of Hahnemann Medical College, Philadelphia, on April 3

County News

Albany County

A panel discussion on syphilis was held during the March meeting of the Albany County Medical Society Dr Paul Padget, assistant professor of medicine, Johns Hopkins University School of Medicine, and chief of the Medical Service, Veterans Hospital, Fort Howard, Maryland, was moderator of the discussion The panel of local doctors who aided Dr Padget consisted of Drs Filippone, Von Storch, Berg, Russo, and Brumfield

Broome County

The Broome County Medical Society, during the recent session of the State Legislature, called on county residents to oppose the Seelye-Coville Bill to license and legalize the practice of chiropractic Handbills and pamphlets on the subject were distributed throughout the county

Chemung County

Dr Stuart L Vaughan, assistant professor of medicine, University of Buffalo, School of Medicine, addressed a joint meeting of the County medical and dental societies on March 5 Dr Vaughan's subject was the hemorrhagic disorders

Clinton County

"The Diagnosis and Treatment of Tropical Discases in the Returning Veteran" was the subject of a postgraduate lecture given to members of the Clinton County Medical Society on March 28 Dr Harry Most, assistant professor of -medicine and preventive medicine at the New York University, College of Medicine, was the lecturer

Erie County

A broad survey by the New York State Department of Health of all tuberculosis hospitalization, diagnostic, and control facilities in Eric County, as urged by the County Medical Society, has been pledged by Dr Robert E Plunkett, assistant State commissioner of health for tuberculosis control The study is to be conducted in conjunction with the State Health Department's investigation of the physical plant of the J N Adam Memorial Hospital at Perrysburg

Working closely with the State Medical Society, the Eric County Medical Society aided in the defeat to the recent bills presented to the State Legislature to legalize the practice of chiropractic The March Bulletin of the Society states that Dr Werner J Rose, chairman of the Society's Commuttee on Legislation, and Harold P Jarvis, the Society's executive officer, were sent to Albany during the Session The Society also distributed to its members 25,000 copies of a circular urging physicians and friends to write or wire their local legislators protesting against passage of the bills Similar circulars were mailed to 300-odd Buffalo area pharmacists, to officers of the Eighth District Dental Society, and the superintendents of all Buffalo area hospitals

The annual Spring Clinical Day of the University of Buffalo Medical Alumni Association was held April 19 in the Hotel Statler—Heading the list of speakers was Dr Andrew C Ivy, professor of medicine, and vice-president of the University of Illinois, who went to Germany as a representative of the Government and the A M A to investigate medical atrocities—He spoke on "Nazi War Crimes of a Medical Nature"

Morning and afternoon sessions were held and five-year class reunions in the evening. During the program a plaque was dedicated, commemorating those University of Buffalo Medical School gradutes who ded during World West II.

ates who died during World War II
Other speakers of the day included Dr Newton
D Smith, of the Mayo Clinic, Minnesota, Dr
Claude S Beek, of Cleveland, Dr Charles A Janeway, of Boston, Dr John H Talbott, and Dr
John R. Paine, of the University of Buffalo

Franklin County

At the regular meeting of the Saranac Lake Medical Society of Franklin County held March 5, Dr George W Thorn presented a paper entitled, "Recent Advances in Hormone Therapy" Dr Thorn is the Hersey professor of the theory and practice of physics at Harvard Medical School, and physician-in-chief, Peter Bent Brigham Hospital, Boston.

Jefferson County

The County Medical Society has invited the Medical and Surgical Care, Inc., to expand its territory to include Jefferson County

Dr William J Ort professor of pediatrics at the University of Buffalo School of Medicine spoke to members of the County Society on April 10 at the Hotal Woodruff His subject was 'Modern Methods in the Provention and Troatment of Infectious Discasca.' This locture was one in a series of postgraduate instructions arranged by the Council Committee on Public Health and Education of the State Medical Society in cooperation with the State Department of Health

Lewis County

The County Medical Society and the Hospital staff held a joint lunchoon meeting at the Hospital on February 10 Judge Miller B Moran, a momber of the Hospital Board spoke and outlined some of the plans for the proposed hospital addition scheduled for ordetion next year

Livingston County

Dr Hugh Pfluke, of Rochoster addressed the Livingston County Medical Society on diabetes at the meeting of March 26

Monroe County

Dr Clarence P Thomas, Rochester physician, has been selected by the Rochester Academy of Medicine as the Albert David Kairer medalist for 1947, according to Dr Paul W Beaven, chairman of the Committee on Award. The medal will be presented at the annual meeting of the Academy in May *

What do doctors do in their spare time? If they have any that is.

From the articles entered in the doctors hobby show at the Rochester Academy of Medicine March 4 they do everything from making ship models to oll paintings

Some of the hobbles exhibited were a chest and a pair of bellows carved by Dr. Stearns S. Bullen chairman of the Museum Committee. Articles wrought from copper and costumo jewelry with sottings of highly polished cannel coal made by Dr. Bullen were also shown

Among those with an artistle bent are Dr J Craig Potter president of the Academy who showed some of his pen drawings Dr George E Sanders, figurines carved from wood Dr Albert R. McFarland, oil paintings Dr Leonard Jones, photographs Dr P Frederick Metildi three pictures Dr Henry B Crawford paintings and Dr Joseph Roby pictures made on a trip around the world

In the collectors' section, Dr Joseph R. Mayor oxhibited a part of his collection of old pintols accompanied by articles he has written about their history. Dr Joseph Loder his stork glasses and violla he made. Dr John A. Benjamin, rare books Dr Victor W Logan, Chinese cramics and bronces and Dr Michael H Durante, a collection of fish spears and native cestumes acquired while he was in service in the South Pacific.

The making of ship models is a popular postime among the hobbvists with examples shown by Dr Lloyd Allen Dr George Deun, and Dr C P Thomas who also displayed a reproduction of a

early American tip-up table.
Guest speaker at the moeting of the Academy which followed the hobby show at 8.30 PM was Dr John Ralson Williams former chairman of the

Academy's Museum Committee its past-president and a past recipient of the Albert David Kaiser modal, the highest honor the Academy can bestow on a member.*

Montgomery County

The new slate of officers of the County Medical Society for 1947 are as follows president Dr R. J Juchli vice-president, Dr R. M Wytrwal sec rotary Dr David Childs, and treasurer Dr M J Kinin

Nassau County

Dr Herman O Mosenthal professor of clinical modicine at New York Post-Graduate Medical School and Columbia University addressed the Nessau County Medical Society at a meeting on March 4 in the auditorium of the Nassaul Hospital, Minsola. Dr Mosenthals subject was insulin in the treatment of disbettes

This postgraduate instruction is presented as a joint endeavor between the Medical Society of the State of New York and the New York State Department of Health *

New York County

A round-table discussion on the subject "Psychosomatic Medicine—The Relation of Mental Illness to Bodily Ill Health 'was held at the March meeting of the Medical Society of the County of New York. Dr. Carl Binger was the moderator with the following participating in the discussion Dr. George Daniels, Dr. Bidney G. Margolin Dr. Thomas A. C. Ronnie, Dr. Harold G. Wolff, Dr. Leon J. Saul and Dr. Edward Weiss. The latter two were from Philadelphia.

Niagara County

The editor of the Journal of the American Medical Association, Dr. Morris Fishbein spoke at the dinner culminating Clinic Day of the Niagara Falls. Academy of Moducine, March 8, in the Hotel Niagara, Niagara Falls. Dr. Fishbein spoke on "The Riso and Fall of Charlatanism."

At the morning sessions Dr Walter F Kvale of the Mayo Clinic, Rochester Minnesota, discussed The Prevention of Vanous Thombosis and Pul monary Embolism and Dr John Romano prosessor of psychiatry and psychiatrist in-chief at the University of Rochester School of Medicine and Strong Memorial Hospital, spoke on The Diagnosas of Neucosas.

The afternoon session featured talks by Dr Gabriel Tucker professor of bronchosophagology University of Pennsylvania Graduato Medical School, and Dr Newlin Passon, professor of obstotries Hahnemann Medical College, Philadelphia. Dr Tucker discussed 'Obstructive Dyspnea and P Passon Extraporitoosal Cesarean Section.*

Oneida County

Dr E. Henry Keutmann discussed "Some Practical Considerations of Pituriary Adrens, and Gonad Interrelationship at a meeting of the Onelda County Medical Society on April 8 at the Broad acres Sanatorium Utica. Dr Keutmann is assistant professor of medicine, University of Rochester School of Medicine and Dentistry

Onondaga County

The scientific program of the April 1 meeting of the County Medical Society consisted of two talks on the subject of the Rh factor Dr Raymond J Pieri discussed "The Mother and the Rh Factor," and Dr Robert C Schwartz spoke on "The Baby and the Rh Factor, Exsanguination Transfusion The discussion was opened by Dr Brewster C Doust

Studies of carcinomas of the female pelvis since 1930 by members of the gynecology department, Syracuse Memorial Hospital, were discussed at a meeting of the Syracuse Academy of Medicine on April 15, at the University Club

Orange County

Dr William J Hicks, president of Orange County Medical Society, was host to twenty-four commit-tee chairmen at a dinner served at Orange Inn,

Goshen, on February 24

There was a general discussion of the future program of the Society for the year with particular emphasis on learning more about recent proposals for a County Health Department and a State-aid laboratory for Orange County

Queens County

The Medical Society of the County of Queens is sponsoring a cancer teaching day on Friday, May 16 The program is as follows 1 00-2 30 PM — 16 The program is as follows 1 00-2 30 PM—Clinical session at Queens General Hospital by Leonard B Goldman, MD, chief of Tumor Service, Queens General Hospital, 3 00 PM—"Gastro-intestinal Cancer," by Albert Andresen, MD professor of clinical medicine, Long Island Medical College, discussion to be opened by A X. Rossein, MD, 4 00 PM—"Recognition and Treatment of Pelvic Cancer," by Howard Taylor, MD, professor of gynecology, College of Physicians and Surgeons, Columbia University, discussion to be opened by Edward C Veprovsky, M.D, 8 30 PM—"Cancer Control in Sweden," by Sture Osterlind, MD, director of Cancer Research of the Swedish Nadirector of Cancer Research of the Swedish National Cancer Institute, 9 00 pm - "New Methods of Treatment in Leukemia, Hodgkin's Disease, and Lymphomata," by Lloyd Craver, M.D., chief of medical service, Memorial Hospital, discusemer of medical service, Memorial Hospital, discussion opened by Arthur A Fischl, M D, 10 00 PM—"Roentgenotherapy in Treatment of Cancer," by Maruice Lenz, M D, professor of chemical radiology, College of Physicians and Surgeons, Columbia University, discussion opened by Leonard B. Columbia University, discussion opened by Leonard B Goldman, M D

Members of the County Society were presented two lectures during the month of March The first, entitled "Early Diagnosis and Treatment of Cancer" was given by Dr Leonard Goldman, chief of the tumor service, Queens General Hospital The second was a panel discussion on "Infectious Diseases of Childhood" Participants were Dr Walter Steffen, consulting pediatrician, Flushing and Queens General hospitals, Dr Harold T Vogel, director of pediatrics Flushing Hospitals and et director of pediatrics, Flushing Hospital, and attending pediatrician, Queens General Hospital, Dr Meyeron Coe, attending pediatrician, Queens

General Hospital, Dr Henry A. Reisman, director of pediatrics, Queens General Hospital, clinical professor of pediatrics, New York Medical College, and attending pediatrician, Jamaica Hospital

Rensselaer County

Dr Konrad Birkhaug described the use of BCG in vaccination against tuberculosis at the March meeting of the County Medical Society He explained the operation of the vaccine and the means by which it sets up a resistance to the disease He emphasized that once tuberculosis has been established the vaccination is of no avail

Dr Francis Fagan presided over the business meeting which followed the address Resolutions of respect were passed in honor of Drs Miles A. Mc-Grane, James A Boland, and Michael DeLuca,

and Rubin Ryvkyn, who died recently

Dr Frederick N Marty, instructor in clinical medicine, Syracuse University, College of Medicine, presented a postgraduate lecture to members of the County Society at the Troy Club on April 8 His talk was entitled, "Plasma Therapy, Whole Blood Transfusion, and the Use of Blood Substitutes and Derivatives"

St Lawrence County

"Modern Mothods in the Prevention and Treat-ment of Infectious Diseases" was discussed on April 10 by Dr William J Orr when he spoke to members of the St Lawrence County Medical Society His talk was part of the postgraduate instruction arranged by the Council Committee on Public Health and Education of the State Medical Society with the cooperation of the State Department of Health Dr Orr is professor of pediatrics at the University of Buffalo, School of Medicine

Members of the St Lawrence County Medical Society are cooperating in Medical and Surgical Care Inc which has enjoyed more than 64 per cent increase in its enrollment in 1946, it was reported at its sixth annual meeting in Utica by Harold C Stephenson, managing director *

Schenectady County

A meeting of the County Medical Society was held at the Schenectady County Medical Society Library Room, Ellis Hospital, on April 1 Dr Maurice Bruger, associate clinical professor of medicine, chief of the Division of Pathological Chemistry of the New York Post-Graduate Medical School and Hospital, spoke on "Protein Metabolism and Its Relation to Surgical Risk."

Ulster County

"The Diagnosis and Treatment of Anemia" was the topic of a postgraduate lecture presented to the County Medical Society on April 17 by Dr Paul Reznikoff, of the New York Hospital Dr Reznikoff is also associate professor of clinical medicine at Cornell University Medical College

NECROLOGY

F Warner Bishop, M D 59 of New York City died on March 23 Since 1939 Dr Bushop had been senior attending physician and director of the medical division of the outpatient department at St Luke's Hospital, New York. In 1912 he received his medical degree from Columbia University College of Physicians and Surgeons. He joined the house staff of St Luke's Hospital in 1915 and was also in the house staff of Sloane Hospital for Women, New York City

Dr Bishop was president of the medical board at St. Luke s from 1936 to 1938. He also was an in structor in physiology and assistant in clinical medicane at the College of Physicians and Surgeons Columbia University He was a member of the American College of Physicians, a member of the American College of Physicians, a member of the American Board of Internal Medicine, the American Modical Association, the State and County medical Societies, the New York Cadomy of Medicine president of the New York Cilnical Society in 1942, president of the Hospital Graduates Club in 1941, a former president of the Society of the Alumni of St. Luke a Hospital and a member of the Alumni Association of Sloane Hospital Andre A Castaldi, M.D., of the Bronx, died on

March 27 He was 53 years old At the time of his death, he was a junior surgeon in the ear nose, and throat service department of the Bronx Eye and

Ear Infirmary

Dr Castaldi received his medical degree in 1922 from Eclectic Medical College and he was a member of the State and County medical

societies and the American Medical Association Frank Dildine M.D., of Port Jafferson, died on February 27 He was graduated from the University of Maryland School of Medicine in 1807 Dr. Dilding was a member of the American Medical Association, and the State and County medical

societies. He was 79 years old Charles B. Duffy, M.D., 76, of Parishville, died on February 17 He was graduated from the Uni versity of Vermont Medical School in 1896 Dr Duffy was a member of the State and County medical societies, and the American Medical Associ-

Burr E. Decker M.D., 80 of Bradford died on March 24 Dr Decker who was the health officer

of Bradford, was graduated from the University of Vermont Medical School in 1891 Jasper Lewett Garmany MD, 83 of New York City died on March 20 Dr. Garmany had been professor of clinical surgery at the New York University College of Medicine for twenty years He was graduated from Bellevue Medical College in 1882, and was a member of the Academy of Med icine and the Royal College of Surgeons

Charles William Eustace M.D., 69 of Buffalo died on February 21 In 1910, he was graduated from the University of Buffalo College of Medicine Dr Eustace was chief examiner for the Travelers Insurance Company for twenty-seven years. He was a member of the American Medical Association

and the State and County medical societies, and the Academy of Medicine

Edward Frothingham, M.D 54 of Queens, died on March 22. He was a member of the staff of the Brooklyn Eye and Ear Hospital. He received his medical degree from New York Homeopathic Medical College and Flower Hospital in 1916 He had also served on the staffs of the Manhattan Lye

Ear and Throat Hospital, New York City Flushing

Hospital, and Mary Immaculate Hospital

Dr Frothingham was a member of the American College of Surgeons American Academy of Medicine, the State and County medical societies the Ameri can Medical Association and the American Academy

of Ophthalmology and Otolaryngology
Julius Golembe, M D, 50 of the Bronx died on March 19 He was senior clinical assistant in otolaryngology at the outpatient department of Mount Sinai Hospital He was graduated from the University of Maryland Medical School in 1924 Dr Golembe was a member of the American Medical Association and the State and County medical

John Joseph Hill, M.D., 64 of Queens died on February 21 He had been a medical officer of the New York Fire Department since 1925 He was a graduate of the Medical School of Fordham University, in the class of 1912 and had been superintendent of Beekman Street Hospital and assistant superintendent of Bellevie and Harlem hospitals.

Lyman Converse Lewis, M.D., of Belmont, died on March 21 Dr Lewis was the Allegany County Medical Society's delegate to the House of Delegates. He was graduated from the University of Michigan Medical School in 1905 and was a member of the American Medical Association, and the State and County medical societies. He was affillated with the Jones Memorial Hospital, Wellsville. Dr Lewis was 71 at the time of his death

Hiram Olsan, M.D., of Rochester, died at the age of 63 on March 19 He was graduated from the College of Physicians and Surgeons Columbia University in 1809 Dr. Olsan was a member of the Rochester Academy of Medicine, the American

Medical Association, and the State and County medical societies and the Academy of Medicine Lorenzo B Phillips, M.D 82 of Inwood died on March 31 He was consulting obstatrician at St. Joseph and Far Rockaway Hospitals and consulting physician at Meadowbrook Rospital He was a member of the American Medical Association, and the State and County medical societies Dr Phil lips was graduated from the University of Pennsyl-

vania Medical School in 1895 Willard D Preston, M.D 69 of Attica, died on February 28 He was Atticas oldest practicing physician and surgeon. He was a graduate of the university of Vermont Medical School class of 1899 Dr Preston was health officer for the towns of Attica and Bennington was on the staff of Wyoming County Community Hospital and was physician to St. Jerome Hospital, Batavia. He was a member of the American Medical Association, and the State and County medical sometics

Frank Bert Rasbach, M.D., 80 of Buffalo died on February 23 Dr Rasbach was one of the ex amining physicians at the induction center in World War II. Graduated from Bellevue Hospital Medical School in 1891 he was a member of the State and County medical societies the American Medical Association, the Medical Union and was a former member of the Buffalo Academy of Medicane.

Guy Beckley Steams, M.D., 76 of New York City died on March 25

He received his medical degree in 1900 from the New York Homeopathic College Dr Steams was a

CORRESPONDENCE

To the Editor

On behalf of the Board of the Children's Welfare Federation of New York City, and especially the Committee on Mother's Milk, I want to express grateful appreciation for the fine editorial in the New York State Journal of Medicine of February 1, 1947 I believe that this should give more physicians the idea of urging mothers not only to

nurse their babies but to come to the Bureau to help other babies to survive

Thank you again, and with every good wish to

you in your fine work,

Sincerely,
(Signed) JULIA E SUITH
Acting Director

March 24 1947

"The Importance of the General Practitioner"

To The Editor

After reading the editorial in your March 1 issue on the Country Doctor, I was very much interested and pleased, as I spent some thirty-five years in that work, and, I want to say, the happiest days of my life Yet, I must also say, I had some very trying experiences, but during those trying experiences I learned something that gave me more courage and confidence in myself, for, as you all know, there is a first time to everything I was compelled to do things when I was not sure of the results, and I must say the results were very good The most important thing in the Country Doctor's training is to have a pretty good knowledge in all branches, for he never knows what he is going to run into the next day and it may make his heart beat faster if he doesn't know much about the case, with the family crying and looking on I am sure I didn't have any more training than required before I started out alone in a country village near the beautiful St Lawrence River There were no telephones, no telegraphs, only three mails a week, and no doctor within seven to fifteen miles, and one could not be sure they would help you much, for at that time there was a feeling of jealousy among them, and if one was called, you were not sure of a patient after he left. I know what I am talking about

Things have changed in the sixty years when I was

making up Seidlitz Powders, Condition Powders for horses, and Worm Powders for babies in a drug In six months I became quite familiar with all drugs and what they were used for I then took up a business college course Then I spent two summers with two of the best village doctors of the I also spent a summer in a women's hospital where I had a wonderful obstetric experience for which I was always very thankful, as my first two cases were serious complications which I was able to handle successfully Then, after two years in anatomy, two in surgery, two in materia medica therapeutics, and discuss of children with general medicine, I was given a diploma in medicine and one in surgery, and a permit to practice by Professor Austin Flint at Bellevue Hospital Medical College of New York City I then began to cope with everything that came along With a little reading and postgraduate work, I have tried to keep abreast of the times for nearly sixty years The young doctor of today who would follow my footsteps will know he has been places, and will do well in any country place, have many friends, and enjoy life

> (Signed) H MALCOLM BUCHANAN, M D Watertown, New York

April 3, 1947

Necrology

[Continued from page 1031]

member of the American Homeopathic Society and the New York State Homeopathic Society

He was a lecturer on homeopathic materia medica and therapeutics from 1900 to 1915 at the New York Homeopathic College and Flower and Fifth Avenue Hospitals John H Trevaskis, M D, 34, of New York City, died on December 31 He received his medical degree from McGill University in 1939, and was a member of the State and County medical societies, the American Medical Association, and the American Psychiatric Association

HOSPITAL NEWS

Convalescent Care an Important Hospital Activity

DESCRIBING the convalescent patient of a few years ago as the "stepchild of medicine, the Hospital Council of Greater New York has outlined new concepts of convalescent care that are leading to quicker recovery from illness or injury and more continuous medical supervision. The Council dis-cussed, at its mosting on April first its Master Plan recommendations for the development of hospitals and related facilities in New York City The Council referred to military and civilian hospital experience that has tended to shorten the period of recovery

On the basis of a new concept of convalescent care. the Hospital Council recommends that facilities for the care of the convalescent patients be established

as units of general hospitals.

It pointed out that 'reports of surgical cases in civilian hospitals indicate that the incidence of postoperative pulmonary and circulatory complications is reduced that gastrointestinal function is more quickly restored and that wound healing is facili tated by getting patients out of bed within a day or so after operation.

Hodgkin's Disease Research Group Formed

FORMATION of a new medical research group The Hodgkin's Disease Research Foundation, was announced Varch 13 by Dr Antonio Rottino chief pathologist of New York's St. Vincent s Hos-pital and first vice-president of the Foundation

Dr Rottino stated that the organization has set itself a goal of two million dollars to be raised in 1947 This money will be used to carry on laboratory research and operate clinics for treat-ment of the disease.

Hospital Studies Needs of III Child

DESCRIBED as 'a long step forward in pediatric nursing, the first study of what makes good nursing care for children is now under way in the pediatric department of New York Hospital New York City

This six-month research project started December 2, 1946 is sponsored jointly by the United States Children's Bureau and the National League of Nursing Education, in cooperation with New York Hospital

A podiatrician with psychiatric training and a nursery school educator are among the consultants in this study to which Louise A. Flynn a specialist in pediatric nursing engaged by the Children's Bu roau has been assigned full time

Hospital staff members including pediatricians, nurses and an administrator also are assisting with the study, which is under the direction of Miss Blanche Pfefferkorn, director of studies, National League of Nursing Education

News Notes

Doctors and nurses are needed badly at the hospital for doubled votorans at Sampson it was revealed March 3 when the Veterans Administration, through its Symcuse regional office issued an urgent

appeal for personnel

"The hospital, recently acquired by the VA from the Navy needs 215 persons to care for war disabled patients, a publicity release stated.

Twenty-seven vacancies are open for doctors with malaries ranging from \$4 149 00 to \$9 975

Saturday March 1 the Chaffee Hospital, Spring ville opened after being closed for eight months. The hospital has been completely rebuilt using only the outside walls of the old Chaffee dwelling *

Patients in the enlarged North Country Community Hospital will have the advantage of a fine new library stocked with current and standard works through a subscription of \$5,000 to the build ing fund by the Glen Cove-Locust Valley unit of the American Women's Voluntary Service * The medical staff at St. Luke's Hospital, Utica has contributed enough to the St. Elizabeth Hos-

pital Building Fund to endow a single bedroom
The announcement was made by Dr. C. S. Dick
son president of the medical staff at St. Luke's, and Dr John F kelley in charge of staff solicitation for the building fund at St. Luke's Hospital The room will be known as the 'St Luke Room.

Although the amount contributed was not an nounced, officials previously had said \$4,200 was the approximate cost of endowing a single bedroom

On March 23 a dinner was tendered in honor of Dr William Klein on his twenty fifth anniversary as attending surgion at the Home and Hospital of the Daughters of Jacob

He was the organizer of the Surgical Division of the Hospital and has been at the head of it over since

With the staff back to a prewar level of 195 doctors, the outpatient department of the Long Island College Hospital has expanded its services by the addition of six new clinics, making a total of 3 clinics to which patients made 59,000 visits, according to the annual report of the department made public at the Hospital

The new clinics added to an already comprehensive program include special units for the treatment of arthritis, anemia, and other blood disease, adult endorme disturbances, nephritis, vascular disturbances, and chest diseases *

Herman Ringe, president of Wyckoff Heights Hospital, Long Island, revealed in March that with \$500,000 of the \$600,000 required by its building program raised, construction will begin soon on the new extension

The six-story, 150-bed wing in Stockholm Street will be used largely for maternity care, ringe said, adding that last year a record of 1,055 babies were born in the hospital *

To enable it to overcome the tremendous deficit caused by its patients who are unable to pay their bills, the Children's Hospital, Buffalo, has embarked on a drive for sustaining funds The hospital, its endowments depleted, takes care of all children, regardless of their ability to pay, but has reached the point where, for the first time in its history, it must appeal for assistance from the community

At the Helm

Dr Samuel Eli Reiter is the latest member to join the Sunmount Veterans Hospital medical staff

A native of Poland, Dr Reiter became an American citizen in 1930 He took his premedical courses at Columbia University and the College of the City of New York. He received his medical degree from Creighton University Medical School in Omaha, Nebraska, and served his internship in Harlem Hospital, New York City

During the war he served at Billings General Hospital and at Camp Carson, Colorado, before going overseas in May, 1944 Dr Reiter served in the CBI theater, spending much of his time in Burma He was later transferred to the Philippines and was en route there when the war ended *

Dr Alec Nicol Thomson, of Nassau Point, Peconic, has been appointed superintendent of the Eastern Long Island Hospital

Dr Thomson, a graduate of Long Island College Hospital, interned at the Bushwick Hospital, and was on the staff of the Swedish Hospital, specializing in surgery He was director of the Venercal Disease Clinic at the Brooklyn Hospital, served as director of medical work of the American Social Hygiene Association, director medical services, Committee for Dispensary Development, New York City, director medical activities, County of Kings, Brooklyn, and is a member of the County and State Medical Societies *

Dr Horace M Miller, of Utica, has been nominated by Governor Devey as a member of the Board of Visitors of Utica State Hospital for a full seven-year term to succeed Dr William M Martin, of Utica Dr Miller, a native of Willes-Barre, Pennsylvania, has been an osteopath in New York State since 1917 *

Improvements

The health and hospital board approved payment of \$570 for a new oxygen tent for Jamestown General Hospital at the February meeting. This is the This is the fifth oxygen tent purchased by the Hospital, but it is the first of a new iceless type, developed about three years ago, to be acquired *

The Masters and Past Masters Association of Richmond Masonic District have purchased equipment for Staten Island's three voluntary hospitals with funds gained from a \$10-a-plate dinner held by the association in January

The association has presented three heated bassinets and two incubator hoods each to Staten Island and Ruchmond Memorial hospitals, and a delivery table to St Vincent's Hospital for use in the maternity department *

Closed since the fall of 1944 because of a shortage of nurses, Pavilion F at Memorial Hospital, Ithaca, has been opened for the use of patients

This provides 11 private rooms and baths While that section of the hospital was closed, it underwent extensive improvements. New insulation was placed under the roof, new asphalt and tile floors were installed, the walls repainted, and new draperies have. draperies hung *

The United Societies of Mary Immaculate Hospital recently presented five wheelchairs to the hospital in Jamaica *

A second Rehabilitation Clinic for victims of infantile paralysis financed by the March of Dimes and the Buffalo and Eric County Chapter for Infantile Paralysis is now in operation at the Day School for Crippled Children at E J Meyer Memorial Hospital, Buffalo

When fully equipped, the new clinic will cost more than \$5,000 The Buffalo Chapter is also pay-

ing the salary of a physical therapist

[Continued on page 1036]

What their mothers will tell you . . .

Libby s exclusive process of homo genization provides these advanta geous features in Libby s Baby Foods
Rupture of cellulose capsules uniform dispersion of food solids through out the food mass absence of liquid separation, easier availability of nutrients Mothers will tell you their children like Libby s, that the satin smooth texture of Libby's makes for ready acceptance by the infant. And mothers appreciate the fact that Libby's Baby Foods flow freely through regular size mipple openings when mixed with the milk formula,



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Pears & Pleasonle

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oup Mixed Vegetables
Vegetables with Lamb
Peaches Pears Apricots
Custard Pudding





[Continued from page 1034]

1036

Another rehabilitation clinic financed by the Buffalo and Eric County Chapter at a cost of approximately \$10,000 is located at the Children's Hospital

In the clinic at the Day School for Crippled Children, the chapter has already supplied a diathermy machine, infrared heat lamp, parallel bars, walking bars, large mirror, four treatment tables with pads to fit, six large walkers, six small walkers, bicycles, and treadways to aid in strengthening leg muscles of the young polio victims, stairs to train them to enter and depart from busses and street

cars, two gymnasium pads, doll carriage, educator type toys, and treatment table with arm abduction splints

More than 25 infantile paralysis victims attended the day school and are aided by the clime, it was pointed out by Miss Elizabeth I Leary, principal Other crippled children at the school also receive treatment at the climic There are 172 physically handicapped children enrolled in the school

The school has five Hubbard tanks and a swimming pool in which the polio victims and the other physically handicapped children receive treatment *

NEW LABORATORY ESTABLISHED FOR ROUTINE RH BLOOD TESTS

A new laboratory, the first of its kind, has been established in Baltimore to act as a clearing house for the widespread testing of the Rh factor in the blood, according to three investigators, writing in the December 21 issue of the Journal of the American Medical Association

The authors of the report are Milton S Sacks M D, director of the Baltimore Rh Typing Laboratory, Elsa F Jahn, and William J Kuhns, M S, from the Department of Clinical Pathology, the University of Maryland School of Medicine

The idea for the laboratory is credited to a number of obstetricians in Baltimore who deemed it essential to establish facilities for routine Rh studies at a minimal cost for any clinic or private patient in the city

The laboratory, which began to function on August 1, 1945, is under the jurisdiction of a committee of six members of the Obstetrical and Gynecological Section of the Baltimore City Medical Society. It is a privately sponsored, cooperative community venture. The services of the laboratory are offered free of charge to the dispensary patients of any hospital within the city and to patients of the City Health Department Obstetrical Clinics. Private patients pay \$3 or \$5, depending on the extent of services desired. "The initial charge is the only one," state the authors. "All subsequent studies throughout pregnancy are made without further cost.

to the patient. Similar arrangements have been made available to physicians in the counties of Maryland "

The authors state that "during the first eight months of its existence, the laboratory performed tests on approximately 7,000 pregnant women. There were approximately 12,000 births in Baltimore during a similar period."

Women patients who come to this laboratory are tested for sensitization to the Rh factor. That is, a test is made to determine whether there are antibodies in the blood against Rh positive blood cells. If there are, the patient might become ill from jaundice, Bright's disease, or anemia after transfusion of Rh positive blood. If the patient has not been sensitized, sensitization can be prevented.

"Of a group of 904 Rh-negative pregnant women, 46, or 5 08 per cent, displayed evidences of sensitization," according to the authors

Among the by-products of the operation of the laboratory the authors mention

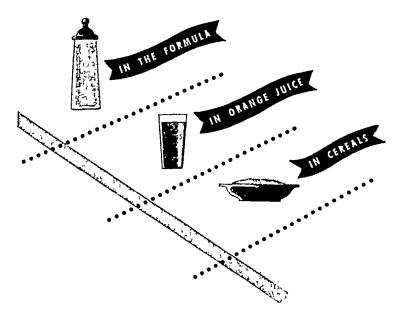
(1) the maintenance of a supply of blood serum from Rh-sensitized patients, (2) the accumulation of a large list, available to all hospitals in the city, of Rh-negative men of all blood groups who are willing to serve as volunteer or professional donors in an emergency, and (3) the application of Rh tests in medicolegal problems which involve disputed paternity

MEASLES EFFECTIVE IN COMBATING KIDNEY DISEASE IN CHILDREN

Measles may prove to be effective in combating nephrosis, a kidney disease sometimes found in children, according to Drs Richard W Blumberg and Harold A. Cassady, of Cincinnati

and Harold A. Cassady, of Cincinnati
Of five patients with kidney disease who
became infected with measles, they state,
the symptoms subsided in two while the
other three experienced temporary improvement of their nephrosis. The physicians,
who are from the Children's Hospital Research

Foundation and the Department of Pediatrics, University of Cincinnati College of Medicine, point out that infection with measles was more effective in causing abatement of the kidney disease than any other curative agent they used Writing in the American Journal of Diseases of Children, published by the American Medical Association, the authors also cite reports by other investigators which list four or five complete cures of the kidney ailment after infection with measles



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WOMAN'S AUXILIARY

TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

A M A Auxiliary to Hold Convention in June

The Woman's Auxiliary to the American Medical Association will hold its twenty-fourth annual convention in Atlantic City, New Jersey, from June 9 until June 13

Haddon Hall will be the headquarters hotel

Auxiliary members are urged to make their reservations immediately Requests should be sent to Dr Robert A Bradley, Chairman, Subcommittee on Hotels, 16 Central Pier, Atlantic City, New Jersey

County News

Albany County The Woman's Auxiliary to the Albany County Medical Society held its annual Red Cross Silver tea on April 9 at the home of Mrs Arthur J Wallingford Guest speaker was Dr Theodore Von Storch, whose subject was cerebral palsy Mrs William P Howard was hostess chairman

The regular meeting of the executive board was held on April 3, at 10 30 A.M., at 142 Washington

Mrs Dorothy B Fasanella, a former Red Cross recreational worker at the 46th General Hospital in France, was speaker at the informal meeting of the Albany County Auxiliary on March 26 meeting was held at the home of Mrs Burgess Cornell, Auxiliary president, in Menands

Speaker at the luncheon meeting of the Woman's Auxiliary on February 26, at the Albany Country Club, was Mrs Gerald C Cooney, legislative chairman of the Woman's Auxiliary of the Medical Society of the State of New York Mrs Abram L Mann was hostess, assisted by a committee of

Auxiliary members

Greene County Tentative plans for a spring dinner meeting at the Saulpaugh Hotel were made at the last meeting of the Woman's Auxiliary to the Medical Society of Greene County, which was held at the home of Mrs Mahlon H Atkinson Mrs Ray E Persons, of Cairo, Auxiliary president, presided Several new members and one honorary member, Mrs George Aloncle, superintendent of Memorial Hospital of Greene County, were welcomed

Kings County New officers were elected and yearly reports given at the Easter meeting of the Kings County Woman's Auxiliary on April 8 A food sale was held, the proceeds going to the Physicians' Home Bundles for cancer patients were contributed by the Auxiliary members for distribution by the Brooklyn Cancer Committee Mrs A F R Anderson was chairman of the day, Mrs Henry J Jauch, hostess, and Mrs Chfton L Dance

Nassau County Dr Frederick McCurdy, com-missioner of New York State Department of Mental Hygrene, was guest speaker at the February meeting of the Woman's Auxiliary to the Nassau County Medical Society He discussed his department's program for the development of community mental hygiene services Special guests were members of the Medical Society and Mental Hygiene Committee

of Nassau County

Oneida County Delegates to the meeting of the Medical Society of the State of New York were elected at the February meeting of the Woman's Auxiliary to the Medical Society of Oneida County, which was held at Trinkhaus, Oriskany Mrs Gerald Cooney, of Syracuse, guest speaker, discussed "State and National Legislation from a Medical Standpoint" Mrs Philip L Turner, president, presided at the meeting

Queens County The February meeting of the Woman's Auxhary to the Medical Society of Queens County was held at the Medical Building on February 25 Hostess for the evening was Mrs Thomas Flanagan A talk and demonstration were given by a representative from Beauty Counselar Preceding the meeting, a membership reception was held under the chairmanship of Mrs Michael Schultz Mrs Harold Foster, president, welcomed five new members into the Auxiliary

An executive meeting of the Auxiliary was held at the Medical Building on March 4 Reports were given and plans made for a spring luncheon and bridge, to be held sometime in May Mrs Harold Mrs Harold

Foster presided

Dr Walter T Heldmann, Richmond County president of the Medical Society of Richmond County, spoke at the meeting of the Auxiliary on March 18 at Tysen Nurses' Home of the Staten Island Hospital

Mrs Alfred L Madden and Mrs Herman Galster addressed the meeting on the aims Mrs Walter and purposes of a county auxiliary

C Hausheer was chairman.

C Hausheer was chairman.
Following the business meeting, a tea was given Mrs W T Heldman, chairmann, was assisted by Mrs J F Worthen, Mrs Lewis D Foote, Mrs Stanley C Petitt, Mrs Charles Reigi, Mrs C J Julian, Mrs Tellefson, Mrs Robert Lucey, Mrs Henry Briggin, Mrs A A Shapiro, and Mrs Douglas Walsh Presiding at the tea table were Mrs Douglas Walsh Presiding at the tea table were Mrs Donald Law and Mrs Vincent G Smith Saratoga County Mrs Frank Mastrianni, of Mechanicially was installed as president of the

Saratoga County Mrs Frank Mastranni, of Mechanicville, was installed as president of the Saratoga County Medical Society Auxiliary at its

meeting on February 4

Other new officers are Mrs Mark D Duby, Schuylerville, vice-president, Mrs Joseph of Schuylerville, vice-president, Mrs Joseph Lebowich, secretary, and Mrs H Dunham Hunt, treasurer Mrs Frederick G Eaton, retiring president, presided

Plans were announced for an essay contest on "Why Private Practice of Medicine Furnishes This Country with the Finest Medical Care," to be sponsored by the Medical Society and its Auxiliary Members of the contest committee are Dr Walter S McClellan, chairman, Dr Claire King Amyot, Dr Robert Hayden, Mrs John Esposito, and Mrs Robert Rockwell

St Lawrence County Committees were formed for setting up a constitution and bylaws at a recent meeting of the newly formed Auxiliary of the St Lawrence County Medical Society at the Crescent Hotel in Ogdensburg Mrs John J Free, president, presided, and twenty-four members attended



"This is the maiden all forlorn"

Far too often in the past, the secondary anemia case improved to a point below normal then stopped—
or showed very slow progress. Today thanks to the efforts of research workers at the University of
Wisconsin physicians are better prepared to treat such cases. The answer lies in the discovery by the
University group that maximum hemoglobin regeneration requires the presence of copper to act
as a catalyst for the iron. Cofron Elixir is based upon this discovery. It is a palatable liquid
containing one part copper to 25 parts iron, the ratio found most effective by the Wisconsin
investigators. In addition. Cofron Elixir contains liver concentrate as a source of vitamin B
complex factors. Cofron Elixir is offered for the treatment of nutritional and other
secondary anemias, and for general use as an iron tonic and hematinic in the treatment of
anemias accompanying prolonged illness. It is especially suitable for children and others
who prefer liquid to capsules. Cofron with Liver Concentrate in Capsules is designed
for the treatment of more severe secondary anemia. Cofron Elixir is available
for your prescribing convenience in 12-fluidounce and 1 gallon bottles. Cofron
with Liver Concentrate in Capsules is stocked at pharmacies in bottles. Office
with Liver Concentrate in Capsules. Stocked at pharmacies in bottles.

Cofron Elixir
Cofron with Liver Concentrate

BOOKS

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue Brooklyn N 1 Acknowledgment of receipt will be made in these columns and deemed sufficient notification Selection for preview will be based on merit and interest to our readers

RECEIVED

The Second Forty Years By Edward J Stieglitz, M.D Octavo of 317 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$2 95

The Centennial of Surgical Anesthesia An Annotated Catalogue of Books and Pamphlets Bearing on the Early History of Surgical Anesthesia. Exhibited at the Yale Medical Library, October 1946 John F Fulton, M D and Madeline E Stanton, A.B., compilers Octavo of 102 pages, illustrated New York, Henry Schuman, 1946 Paper, \$4 00

A Memoir To The Academy of Sciences at Paris on a New Use of Sulphuric Ether By W T G Morton Presented by M Arago in the Autumn of 1847 Octavo of 24 pages New York, Henry Schuman, 1946 Paper, \$1 50

"Courage and Devotion Beyond the Call of Duty"
Being a Partial Record of Official Citations to
Medical Officers in the United States Armed Forces
During World War II. Second Preliminary Edition
Sextodecimo of 1,024 pages Evansville, Ind,
Mead Johnson & Co, 1946

Intracranial Complications of Ear, Nose and Throat Infections By Hans Brunner, M D Octavo of 444 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$6.75

Problems in Abnormal Behaviour
Thornton. Duodecimo of 244 pages
Blakiston Company, 1946 Cloth, \$2 00

Ulcer of the Stomach, Duodenum and Jejunum By Ralph C Brown, M D Edited by Henry A Christian, M D Octavo of 105 pages, illustrated New York, Oxford University Press, 1946 Cloth, \$2 25 [Reprinted from Oxford Loose-Leaf Medicine]

Endocrine Function of the Hypophysis By Harry B Friedgood, M.D Edited by Henry A Christian, M.D. Octavo of 240 pages, illustrated New York, Oxford University Press, 1946 Cloth, \$4 50 [Reprinted from Oxford Loose-Leaf Medicine]

Introduction to Surgery By Virginia Kneeland Frantz, M D, and Harold Dortic Harvey, M D Duodecimo of 216 pages, illustrated New York, Oxford University Press, 1946 Cloth, \$2 50

The Challenge of Polio The Crusade Against Infantile Paralysis By Roland H Berg Octavo of 208 pages New York, Dial Press, 1946 Cloth, \$250

Manual of Applied Nutrition, The Johns Hopkins Hospital Second Edition Duodecimo of 103 pages, illustrated Baltimore, Dietary Department of Johns Hopkins Hospital, 1946

White Caps The Story of Nursing By Victor Robinson, M D Octavo of 425 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$3 75

A Textbook of General Biology By E Grace White, Ph D Third Edition Octavo of 650 pages,

illustrated St Louis, C V Mosby Company, 1946 Cloth, \$4 50

The Eye Manifestations of Internal Diseases By I S Tassman, M D Second Edition St Louis, C V Mosby Company, 1946 Cloth, \$10

Clinical Methods of Neuro-Ophthalmologic Examination By Alfred Kestenbaum, M D Octavo of 384 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$6.75

Conduction Anesthesia. Clinical Studies of George P Pitkin, M D Edited by James L Southworth, M D, and Robert A Hingson, M D With chapters prepared by Winifred Pitkin, M D, A R McIntire, M D, Frederick M Allen, M D, ct al Illustrations prepared under the direction of Dr George P Pitkin Quarto of 981 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$18

The Differential Diagnosis of Jaundice By Leon Schiff, M.D. Octavo of 313 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$5.50

Medical Research A Symposium Edited by Austin Smith, M D Octavo of 169 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$500

Renal Hypertension By Eduardo Braun-Menéndez, Juan Carlos Fasciolo, Lius F Leloir, et al Translated by Lewis Dexter, M D Octavo of 451 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$6 75

Psychiatric Interviews with Children Edited by Helen Leland Witmer Quarto of 443 pages New York, Commonwealth Fund, 1946 Cloth, \$4 50

Free Medical Care Compiled by Clarence A Peters Duodecimo of 378 pages New York, H W Wilson Co, 1946 Cloth, \$1 25 (The Reference Shelf)

Clinical Hematology By Manwell M Wintrobe, M D Second Edition Octavo of 802 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$11

Textbook of Medical Treatment by Various Authors Edited by D M Dunlop, M D, L S P Davidson, M D, and J W McNee, M D Fourth Edition Baltimore, Williams & Wilkins Co, [c 1946] Cloth, \$8 00

Demonstrations of Physical Signs in Clinical Surgery By Hamilton Bailey, FRCS (Eng.) Tenth Edition Octavo of 375 pages, illustrated Baltimore, Williams & Wilkins Co., [c. 1946] Cloth, \$7.00

An Atlas of the Commoner Skin Diseases By Henry C G Semon, D M Third Edition Octavo of 343 pages, illustrated Baltimore, Williams & Wilkins Company, 1946 Cloth, \$12

Sir W Arbuthnot Lane, Bart., CB, MS, FR.CS His Life and Work By W E Tanner, FRCS Octavo of 192 pages, illustrated Baltimore, Wilhams & Wilkins Company, 1946 Cloth, \$\frac{5}{4}\$ 50

[Continued on page 1042

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*Laryngoscope Feb 1935 Vol. XLV No 2 149 154 Laryngoscope Jan. 1937 Vol. XLVII No 1 58-60

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[Continued from page 1040]

Myasthenia Gravis By Dr Adalberto R. Gom Translated by Georgianna Simmons Gittinger Octavo of 112 pages, illustrated Baltimore, Williams & Wilkins Company, 1946 Cloth, gratis to physicians

Foods Their Values and Management By Henry C Sherman Octavo of 221 pages New York, Columbia University Press, 1946 Cloth, 22 25

Health Insurance in the United States By Nathan Sinai, Dr P H, Odin W Anderson and Mclvin L Dollar Duodecimo of 115 pages New York, Commonwealth Fund, 1946 Cloth, \$1 50

Urgent Surgery Volume I Edited by Julius L Spivack, M D Contributors, Gustavus M Blech, M D, Warren H Cole, M D, A M Dogliotti, M - D, et al Octavo of 714 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$10,50

Diagnosis and Treatment of Menstrual Disorders and Sterility By Charles Mazer, M D, and S Leon Israel, M D Second Edition Octavo of 570 pages, illustrated New York, Paul B Hoeber, 1946 Cloth, \$7 50

Miracles from Microbes. The Road to Streptomycin By Samuel Epstein and Beryl Williams Large duodecimo of 155 pages New Brunswick, Rutgers University Press, 1946 Cloth, \$2 00

The 1946 Year Book of General Medicine Edited by George G Dick, M D , J Burns Amberson, M D , George R Minot, M D , et al Duodecimo of 772 pages, illustrated Chicago, Year Book Publishers, 1946 Cloth, \$3,75

The Nervous Child By Hector Charles Cameron, M D Fifth Edition Duodecimo of 252 pages New York, Oxford University Press, 1946 Cloth, \$3 00

The Medical Clinics of North America. Philadelphia Number November, 1946 Three-Year Cumulative Index (1944, 1945, 1946) Octavo Philadelphia, W B Saunders Company, 1946 Published Bimonthly (six numbers a year) Cloth, \$16 net, Paper, \$12 net

Tutoring as Therapy By Grace Arthur, Ph D Octavo of 125 pages New York, Commonwealth Fund, 1946 Cloth, \$1 50

Neurosis and the Mental Health Services By C P Blacker, M D Octavo of 218 pages New York, Oxford University Press, 1946 Cloth, \$5 00

Muscle Testing Techniques of Manual Examination By Lucille Daniels, M.A., Marian Williams,

M A , and Catherine Worthingham, M A Quarto of 189 pages, illustrated. Philadelphia, W B Saunders Company, 1946 Paper, \$2 50

Gastroenterology in General Practice By Louis Pelner, M D With the collaboration of Louis A Held, M D, and contributions from Alexander Lewitan, M D, Samuel Waldman, M D, and Siegfried W Westing, M D Large octavo of 285 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$7 50

A Guide For The Tuberculous Patient. By G S Erwin, M D American edition revised and edited by Henry C Sweany, M D Duodecimo of 126 pages, New York, Grune & Stratton, 1946 Board

The Personality of the Preschool Child The Child's Search for His Self By Werner Wolff Octavo of 341 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$500

What Is Heart Disease A Handbook for the Heart Patient. By William Hyatt Gordon, M D Duodecimo of 114 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$2 50

Textbook for Psychiatric Attendants By Laura W Fitzsummons, R.N Octavo of 332 pages, illustrated New York, Macmillan Company, 1947 Cloth, \$3 50

How To Live Rules for Healthful Living Based on Modern Science By Irving Fisher, Ph D, and Haven Emerson, M D Twenty-First Edition Duodecimo of 354 pages, illustrated New York, Funk & Wagnalls Co, 1946 Cloth, \$250

Lehrbuch Der Urologie By Dr J Minder Octavo of 348 pages, illustrated Bern, Switzerland, Medizinischer Verlag Hans Huber, New York, Grune & Stratton, 1946 Cloth, 37 50 Sw fr

Five Million Patients The Professional Life of a Health Officer By Allen Weir Freeman, M D Octavo of 299 pages New York, Charles Scribner's Sons, 1946 Cloth, \$3 00

Constructive Meal-Planning By N Philip Norman, M D Octavo of 72 pages Passaic, New Jersey, Phototone Press, 1946 Cloth, \$2 50

The Compleat Pediatrician Practical, Diagnostic, Therapeutic and Preventive Pediatrics For the Use of Medical Students, Internes, General Practitioners, and Pediatricians By Wilburt C Davison, M D Fifth Edition Octavo of 348 pages Durham, North Carolina, Duke University Press, 1946 Cloth, \$375

REVIEWED

The Physiological Basis of Medical Practice A University of Toronto Text in Applied Physiology By Charles Herbert Best, M D, and Norman Burke Taylor, M D Fourth edition Quarto of 1169 pages, illustrated Baltimore, Williams & Wilkins Company, 1945 Cloth, \$10

The fourth edition of "Best and Taylor" continues the encyclopedic tradition of its predecessors It is a one volume compilation of basic science (physiology, pharmacology and biochemistry) organized in relation to its application to clinical medicine. The format has been changed so as to economize on utilization of space, but other than this and the revisions necessary to bring it up to date,

there is little change from previous editions. The bibliographies are well chosen and the indexing is adequate

ARTHUR SHAPIRO

Aviation Neuro-Psychiatry By R. N Ironside, M.B (Aberd), and I R C Batchelor, M.B (Edin) Octavo of 167 pages Baltimore, Williams & Wilkins Company, 1945 Cloth, \$300

A concise record of the experiences of two British neuropsychiatrists written in the customary clarity expected of British authors Although dealing with

[Continued on page 1044]



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[Continued from page 1044]

Group Psychotherapy A Symposium Edited by Jacob L Moreno, M D Octavo of 305 pages Beacon, N Y, Beacon House, 1945 Cloth, \$500 Edited

This volume reveals the pioneer spade-work in the field of group psychotherapy, a term comed by Moreno in 1931 Herein one may taste the virgin interest experienced in 1932 at the round-table conference at the Philadelphia meeting of the American Psychiatric Association, presided over by the late Dr William A White The papers presented at this conference and also those at the 1944 conference indicate a definite growth in the need, interest, and development of various technics which group psychotherapy has utilized since the early days of Moreno, of Beacon, New York, and Pratt, of Boston, who spear-headed this significant trend to psycotherapy This method of treatment has unique contributions to make to the group, as well as to the ındıvıdual patient

Realizing the dearth of psychiatric personnel and inherent advantages of group psychotherapy per se, the critical and progressive worker in the field of psychiatry will become well versed with this stepping-stone in the development of what promises to be a growing and accepted component of psychiatric

methodology

FREDRICK L PATRY

How a Baby Grows Arnold Gesell, M D A Story in Pictures Arnold Gesell, M.D. Quarto of 81 pages, illustrated New York, Harper & Brothers, 1945 Cloth, \$2 00

This book, with its total of some 800 photographs, is most revealing in context. The pictures reiterate constantly that growth can be guided most successfully if the inborn characteristics and the maturity of the child are taken into account Parents are reminded that the growing child is a distinct individual with a personality all his own This book will be of extreme value as a guide to parents as well as medical men

MARK J WALLFIELD

Neurosyphilis By H Houston Merritt, M D, Raymond D Adams, M D, and Harry C Solomon, M D Octavo of 443 pages, illustrated New York, Oxford University Press, 1946 Cloth, \$11

The clinical and pathologic material presented in this book has been obtained mainly from the Neuro-syphilis Clinic and Neurological Unit of the Boston City Hospital, and from the Neurosyphilis Clinic and wards of the Boston Psychopathic Hospital

It is an orderly and systematic presentation of the subject, covering every aspect of neurosyphilis Well-organized, carefully outlined, and clearly presented, it offers a thorough exposition of the neuropathology, clinical symptomatology, and methods of treatment

A monumental work that will rank high among the best textbooks of its day, it is highly recommended to all medical men, and is an indispensable book for the neurologist, psychiatrist, and syphilolo-

gist

Glaster, M.D. Eighth edition Octavo of 691 pages, illustrated Baltimore. Williams & W. Company 1977 Cloth, \$8 00 Company, 1945

The eighth edition of this excellent book surpasses earlier editions by its inclusion of a considerable amount of new material, and for the first time stresses natural color illustrations

Included in the new matter are such subjects as the proposed social insurance system, M and N

factors, and the Rh factor in the blood

The general practitioner will find in this book a valuable aid when confronted with medicolegal problems

S INGRAM HYRKIN

Topley and Wilson's Principles of Bacteriology and Immunity, Revised by G S Wilson, M D, and A A. Miles, M A (Eng.) Third edition In Two Volumes Octavo of 2,054 pages, illustrated Baltanary more, Williams & Wilkins Company, 1946 Cloth,

Professor A A Miles, professor of bacteriology of the University of London, collaborated with Professor Wilson in writing the third edition of this worldfamous text Professor Topley died in 1944 and Dr Miles replaced him

The book is an encyclopedia of bacteriology New chapters on chemotherapy and the bacteriology of

air have been added

No other text dealing with bacteriology remotely approaches this one for completeness and the excellence of presentation All who are interested in bacteriology should have access to this admirable edition

MORRIS L RAKIETEN

Clinical Neurology By Bernard J Alpers, M D Quarto of 797 pages, illustrated F A Davis Co, 1945 Cloth, \$8 00 Philadelphia,

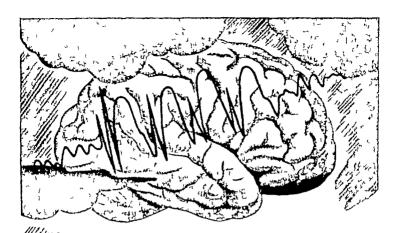
An inviting format and a clear style of conversational quality make this richly informative text good reading for medical students and general practi-tioners, as well as for neurologists. The sections dealing with pathology, differential diagnosis, and treatment are unusually full and helpful Many diagnosis. grams are new, more illustrations are warranted. The author's style, plan, and experience encourage concrete thinking in the construction of neurologic diagnoses

ALICE B CAMPBELL

Principles of Roentgenological Interpretation By L R Sante, M D Sixth edition Quarto of Sixth edition Quarto of Ann Arbor, Edwards 356 pages, illustrated Brothers, 1945 Cloth, \$3 50

Because of the ever-widening field of roentgen diagnosis medical schools pay increasing attention to the teaching of this specialty Instructors and students alike will find Sante's book a most useful text

Concerning the amount of space to be allotted to the different subjects, no two teachers will agree in every detail The author attempts to overcome this difficulty by having unusual subjects printed in smaller type If the reviewer may utter a word of constructive criticism for future editions The most frequent bone tumor and metastatic malignant new growth of the bone might be dealt with a little more



BRAIN STORM

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THOP CHEMICAL GOMPANY, IN

[Continued from page 1046]

broadly Pregnancy roentgenography certainly deserves more space than two thirds of one page out of 337

The information contained in the book is critical, authentic, and-it should be emphasized-up to It is presented in a language easily understandable to the novice Many drawings and diagrams and a fair number of good halftone illustrations enrich the text

S W Westing

Peptic Ulcer Its Diagnosis and Treatment. By I W Held, M D, and A. Allen Goldbloom, M D Octavo of 382 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$6 50

The object of the authors of this volume has been admirably achieved, namely, "to stress the diagnostic and therapeutic aspects of this disease (peptic ulcer) in order to meet the demands of the busy practitioner, the doctor in military service, and the medical student" The monograph is divided into two sections Part 1 Simple Peptic Ulcer, Part 2 Peptic Ulcer with Complications The wealth of experience of the authors is evident in the rich descriptions of the differential diagnosis of ulcer and its complications in all the variety presented at the bedside There is of necessity some repetition, both of differential diagnosis and of therapy, in the two parts of the monograph On the whole, the volume is a very readable reference for diagnosis and treatment of peptic ulcer

MAURICE TULIN

Synopsis of Obstetrics and Gynecology Aleck W Bourne, MB, (Eng) Ninth edition Duodecimo of 500 pages, illustrated Baltimore, Williams & Wilkins Company, 1945 Cloth, \$5 00

That this little book is now in the ninth edition is proof of its popularity The basal facts of obstetrics and gynecology are concisely presented in synopsis form In no sense a textbook, it does answer questions quickly, as it is primarily designed to prepare students for examinations

CHARLES A. GORDON

War Neuroses By Roy R Grinker, Lt Col, (MC), and John P Spiegel, Maj, (MC), Army Air Forces Octavo of 145 pages Philadelphia, Blakiston Co, 1945 Cloth, \$2.75

This book by two of America's foremost neuropsychiatrists is the account of personal experiences with hundreds of patients suffering from acute war neuroses. It is the record of trained, experienced, and progressive leaders in the field. They divide the cases into nine groups, and classify them according to the chief symptoms in the following manner Free-floating anxiety states, severe and mild, 2 Somatic regressions, 3 Psychosomatic visceral disturbances, 4 Conversion states, 5 Depressed states, 6 Concussion states, 7 Exhaustion states, 8 Psychotic states, and 9 Malingering They give illustrates trations of each group, and describe the method of The book is an excellent presentation of treatment the subject, and contains most precious information regarding its various aspects. It is a fundamental and most valuable work that deserves all the praise that may be given it. It is highly recommended as an authoritative, accurate, and scientific presentation of war neuroses

Through the Stratosphere The Human Factor in Aviation By Maxine Davis Octavo of 253 pages New York, Macmillan Co, 1946 Cloth, \$2 75

Miss Davis' aim is to visualize the typical air crew member and his experiences from the time of his enlistment until his separation from the Army Air Forces and his rehabilitation to private life To use her own words, it is "a medical narrative—a story of aviation medicine"

This book is obviously the work of a lively writer as it has the freshness and vigor which come from enthusiasm and the intellectual mastery of the sub-In describing the Army Air Forces medical service, she has briefly and in an entertaining manner covered such subjects as the psychologic and physical methods by which the various crew members are selected for their particular assignments and their medical supervision thereafter by the flight surgeon, also, the effects of anovia and cold at high altitudes, and the means used to combat their effects, and, the care of the fighter pilot and the methods used to overcome the effects of centripedal acceleration upon the pilot, thus making him more efficient than his enemy

The book is an interesting picture of aviation medicine and is written in a style that will make it interesting to the lay person as well as to medical

FRANCIS N KIMBALL

Suggestion and Hypnosis Made Practical How to Get What You Want By Samuel Kahn, M D Duodecimo of 200 pages Boston, Meador Publishıng Co, 1945 Cloth, \$3 00

This small volume contains a considerable amount of material tracing the history and use of

suggestion from ancient to modern times

The varieties of suggestion and their importance in influencing human conduct are clearly and in-terestingly presented. The practice of hypnotism is dealt with at length

However, on account of a lack of clinical data the book will be of greater benefit to the layman than to

the specialist

ARTHUR J LAPOVSKY

Men Without Guns By DoWitt Mackenzie Descriptive captions by Maj Clarence Worden (Medical Department of the United States Army) Folio of 152 pages Illustrated with 137 plates from the Abbott Collection of Paintings Philadelphia, Blakiston Company, 1945 Cloth, \$500

Truly a magnificient accomplishment! It is a type of publication physicians who served in the armed forces would like to possess as genuine living history To all those not active participants in the war no more grim reminder of the horrors of total war could possibly be found than depicted in this collection of remarkably realistic puntings

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[Continued from page 1048]

The Chemical Formulary A Collection of Valuable, Timely, Practical Commercial Formulae and Recipes for Making Thousands of Products in Many Fields of Industry Edited by H Bennett Volume VII Octavo of 474 pages Brooklyn, Chemical Publishing Co., 1945 Cloth, \$6.00

The Chemical Formulary consists of formulae for cosmetics, pharmaceuticals, polishes, cleaners, lubricants, adhesives, inks, and scores of other products More than 2,000 formulae for mixing and making thousands of products are included. These are of no value or interest to the physician. The book was written especially for experienced chemists and technicians.

CHARLES SOLOMON

Our Inner Conflicts A Constructive Theory of Neurosis By Karen Horney, M D Duodecimo of 250 pages New York, W W Norton & Co, 1945 Cloth, \$3 00

This is the latest of a series of books by the author which further elucidates her concept of the neuroses. Her own divergence from the Freudian concept of the neuroses is reiterated and again stressed. However, the book gains rather than loses by the ensuing discussion.

The author's manner of presenting her material is clear and readable. The book is primarily intended for those who already have some knowledge of the neuroses and, as such, it is a welcome addition to psychiatric literature.

JOSEPH L ABRAMSON

Clinical Laboratory Diagnosis By Samuel A Levinson, M D, and Robert P MacFate, Ph D Third edition Octavo of 971 pages, illustrated Philadelphia, Lea & Febiger, 1946 Cloth, \$10

This edition of a standard text on clinical pathology is to be recommended because of the clarity and brevity in presenting the technical procedures, all of which have been brought up to date. Of particular value is a complete list of diseases and tests appropriate for their diagnosis. Page references are given to simplify such investigations. This makes the book of value not only to clinical pathologists and technicians but also to practicing physicians as a reference book.

LEO M MEYER

A Textbook of Pharmacognosy By George Edward Trease, Ph C Fourth edition, revised with the assistance of H E Street, Ph C, and E O'F Walsh, Ph C With contributions by R Bienfang, MS, et al Octavo of 799 pages, illustrated Baltimore, Williams & Wilkins Company, 1945 Cloth, \$7 50

Pharmacognosy deals with the physical and chemical characteristics of crude drugs. It treats also of their source and preparations. Physicians have no special interest in the cultivation of medicinal plants, the collection, drying and storage of drugs, extraction of drugs, etc. This book was written for students preparing for pharmaceutic examinations. It can be used, however, as a reference by those desiring some information on the origin and structure of drugs.

CHARLES SOLOMON

The Biology of Schizophrenia By R G Hoskins, M D Large Duodecimo of 191 pages New York, W W Norton & Co, 1946 Cloth, \$2.75 The book is a slightly enlarged version of the three lectures given at the New York Academy of Medicine in 1945, as the annual Salmon Memorial lectures. Dr. Hoskins approaches the subject from the biologic viewpoint, and regards schizophrenia as a manifestation of disordered biology. The approach is indeed quite new as far as the psychiatrist and general medical practitioner are concerned. It, therefore, affords a new approach to the understanding of the nature of this most dreaded disease.

ing of the nature of this most dreaded disease

The average physician, and the psychiatrist as well, will find the book a rather unusual and somewhat difficult, yet interesting, exposition of the subject. It will prove rather hard reading, though profitable in the long run. The book is a highly scientific and biologic presentation of a subject that has occupied the attention of psychiatrists since time immemorial. It is an interesting book, that will find a wide circle of readers.

IRVING J SANDS

IN Y State J M

Human Embryology By Bradley M Patten, Ph D Quarto of 776 pages, illustrated Philadelphia, Blakiston Company, 1946 Cloth, \$7.00

This current, authoritative volume is truly a work of art in many respects. More than 1,000 illustrations (53 in color) clarify the text to a degree where the subjects of embryology "and the correlated changes in the reproductive organs of the mother," become truly fascinating. The author has reached his objective of presenting developmental processes "not as a sories of still pictures of selected stages but as a story of dynamic events with the emphasis on their sequence and significance."

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ALFRED H IASON

The Management of Fractures, Dislocations, and Sprains By John Albert Key, M D, and H Earle Conwell Fourth edition Quarto of 1,322 pages, illustrated St Louis, C V Mosby Co, 1946 Cloth, \$12.50

This excellent work is now in its fourth edition All phases of the subject are comprehensively considered. The changes include revisions of the sections on the spine, the hip, and on compound fractures. Lessons learned from the treatment of the wounded during the war are incorporated. The illustrations are profuse and well selected. Many new ones have been added.

The volume is strongly recommended to anyone who treats fractures

MAYER E Ross

Ophthalmology in the War Years Edited by Meyer Wiener, M D V I (1940-1943) Octavo of 1,166 pages Chicago, Year Book Publishers, 1946 Cloth, \$13.50

This book is a descriptive index medicus of numerous articles on ophthalmology between 1940 and 1943. When one considers that most of the articles were conceived and prepared well before the war, the title War Ophthalmology might mislead the practitioner who would prefer to think of this subject as past history. As a reference book it should prove indispensable because the reader has at his command a sequential résumé of all articles published in available journals. More of this series published in regular sequence over five-year periods should prove valuable.

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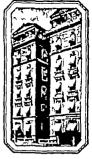
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Page 1049 and 1055

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The New York State Journal of Medicine asks its contributors to follow the suggestions listed below in the preparation of their articles way they will greatly facilitate the expeditious publication of the JOURNAL These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof

Size of Articles —It is earnestly desired that scientific articles shall not exceed 6 JOURNAL pages at the outside Longer articles tend to lower reader interest An average of five or six seems to be the most desirable from this point of view culation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e g, twelve manuscript pages will make five Journal pages

Manuscripts —Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins They should be prepared with great care so as to be typographically correct All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin This is imperative for rapid and accurate composition by the printers

Titles —The title should be brief and typed in capital letters. The subtitle can be longer and should be typed in caps and lower case letters Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives Directly under his name should be the hospital or institution with which he is affiliated

Subheadings —Subheadings serted by the author at appropriate intervals

References -It is the unfailing practice of the NEW YORK STATE JOURNAL OF MEDICINE to use specific "references" rather than "bibliography" There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference A list, consecutively numbered, of these references should follow at the end of the manuscript (Note that spelling in list is same as in text) The arrangement should be as follows and should include all items

Books—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed., Philadelphia, Lea & Febiger, 1927, vol 5, p 57

Periodicals—author's surname followed by

initials, name of periodical, volume, page, month (day if necessary), year of publication Thus, Leahy, Leon J New York State J Med 40 347 (March 1) 1940

Note The JOURNAL does not include titles of articles

Case Reports -Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences All unimportant details should be deleted with such general negative statements as fit the case

Tables —While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be reduced as much as possible to descriptive language

Illustrations —These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding, in others they are merely picturesque. The latter can be excluded to good effect, both as to space and the not inconsiderable cost

When illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number Drawings or graphs should not be larger than 12 × 16 inches, and must be made with jet black India ink on white paper Do not use typewriter for lettering The smallest lettering on 8 × 10 inch copy should be no less than 1/4 inch high Cross-section paper (white with black lines) may be used, but should not have more than 4 lines per inch finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer In the case of finely ruled paper, only blue-lined paper can be accepted Lettering and all markings must be large enough to be readable after reduction Mail rolled or flat, never fold Photographs should be very distinct and show clear black and white contrasts They must be on glossy white paper Avoid round and oval photographs Whenever possible "crop" photographs, 1e, mark portion that can be excluded when reproduced Crop marks should be on margin of photographs.

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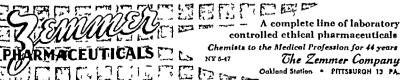
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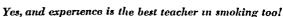
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Published twice a month by the Medical Society of the State of New York Publication Office 20th and Northampton Sts, Easton, Pa Editorial and Circulation Office 292 Madison Ave, New York 17, N Y Change of Address Notice Should State Whether or Not Change Is Permanent and Should Include the Old Address Twenty five cents per copy—\$2.00 per year Entered as second-class matter March 13, 1939, at the Post Office at Easton, Pa, under the Act of August 24, 1912

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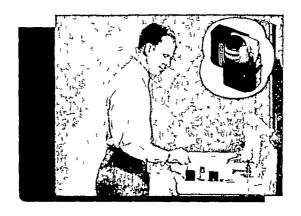
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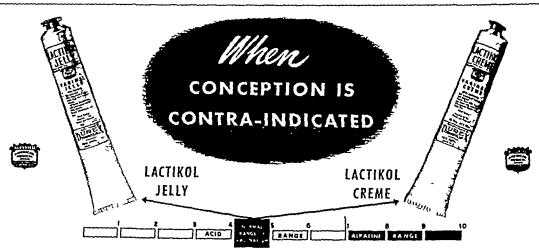
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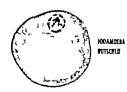
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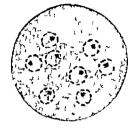
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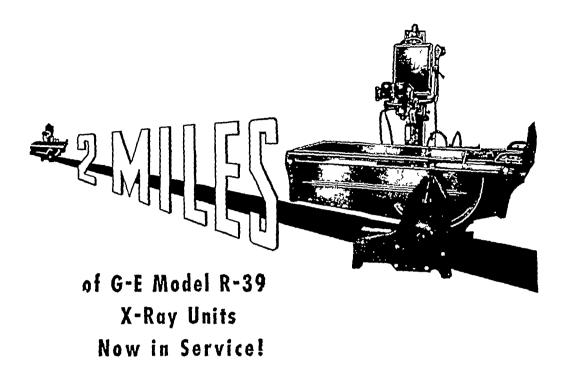
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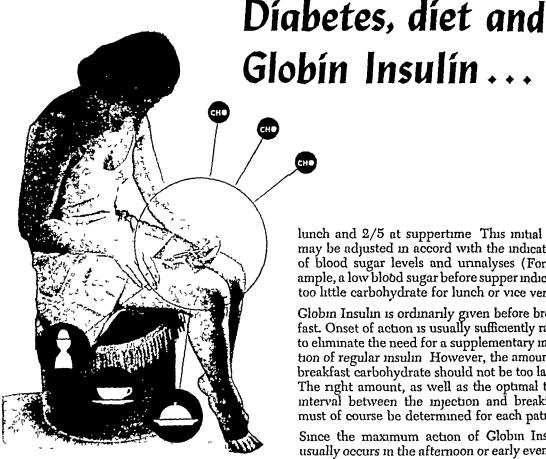


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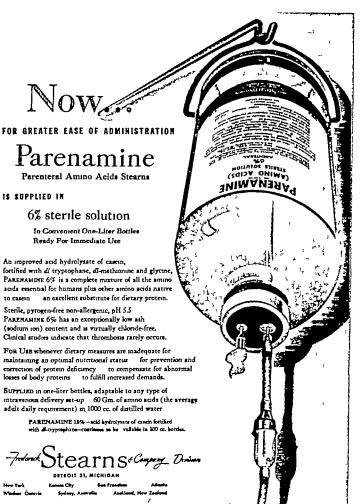
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(*Barrer, J.; Erit M.L.; 1:601 1942; *Sertingtons, E. L. and Sikkens, S. H.; Am., L.Med. (Vol. II. March, 1947); *

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of Dissesteral in the Menopeaus, Am., I Obst. used Gyave. (Vol. S.; March, 1947); **Contarew A., Rakoff A. E. 1; A.
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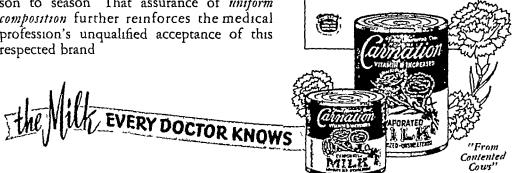
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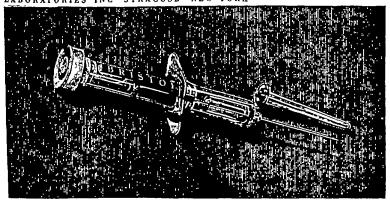
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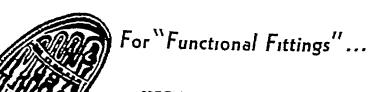
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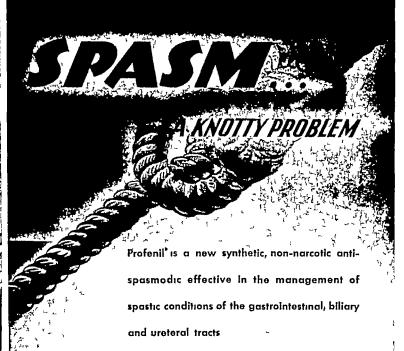
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Now is the ideal time to test your hay fever patients with

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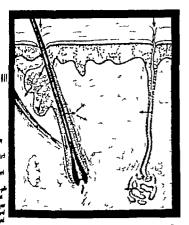
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1

HE INTRADERM PRINCIPLE. Intraderm Sulfur Solution penetrates intact human skin through hair follicles and schaecous glands and to a lesser degree through sweat glands. Sulfur is in all parts of the lesions to exert its oxido-reduction effect.



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A new effective treatment for acne vulgaris is now available to every physician

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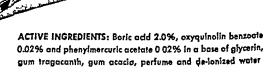


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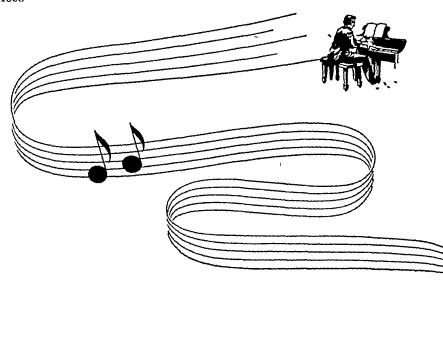
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NEW YORK STATE JOURNAL OF MEDICINE

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VOLUME 47

MAY 15 1947

NUMBER 10

Editorials

A National Secretary of Health

As long ago as 1884 the House of Delegates of the American Medical Association urged that a separate Department of Health be established in the Federal government under a Cabinet officer From 1891 to 1902 references¹ appear in the minutes of the annual sessions of the American Medical Association to the advisability of such action, and reappear annually from 1906 to 1913, again in 1917 to 1930, also in 1935, and 1938

Actually, in 1879 Congress passed legislation authorizing a National Board of Health, appropriated no money therefor, and repealed the legislation in 1893. It has been through no lack of prodding by the A.M.A. that such a national department has yet to be established by Congress. At the present time opinion on this subject in the A.M.A. seems to favor such a department as an agency separated from other activities of government.

Three bills bearing on this subject have been introduced into the Senate in the cur-

¹ Bulletin No 6 March 5 1947 Council on Medical Service, American Medical Association.

rent session S 140 Taft—Fulbright, S 712—Aiken, and S 545—Taft, Smith, Fulbright. Briefly, S 712 would create a Department of Health, Education, and Security to be administered by a secretary, an undersecretary, and two assistant secretaries. S 140 would create an Executive Department of Health, Education, and Security with an administrator of Cabinet rank, and each of the three divisions to be headed by a specially trained person. These two bills are in the Senate Committee on Expenditures in the Executive Department

S 545 would create a single Federal agency thus avoiding the combination of health education, and welfare proposed in S 140 Says the *Bulletin*¹

While the American Vedical As ocustion is still of the opinion that the health of the nation warrants a separate Department of Health with a Cabinet officer at its head it réalizes that it may be impractical to develop this at the present time Furthermore, it is its opinion that if a separate department of health is not feamble it is possible to group health activities in a separate bureau. The Associa

tion is opposed to having health activities grouped with other activities in a department with Cabinet status

S 545 defines the policy of Federal grantsin-aid to states "to make available medical, hospital, dental, and public health services to every individual regardless of race or economic status", makes provision for "voluntary deductions from the salary of Federal employees of premiums directed by them to be paid to voluntary nonprofit health insurance funds" It makes the Public Health Service subordinate to the National Health Agency, whose administrative head, appointed by the President, must be "a doctor of medicine licensed to practice in one or more of the States and ing in the field of medicine" It makes voluntary the participation of the several states and removes the Children's Bureau from the Federal Security Agency It gives any participating state the right, if dissatisfied with the Director's actions, to appeal to the United States Court of Appeals It thus secures on a voluntary basis most of the objectives long sought by organized medicine

The bill is admittedly not perfect we feel that it could be supported by our membership and should be on the ground that its principle is correct Controversial matters could be and should be settled by The important features of S 545 are that it creates a single National Health agency to administer the activities of the Federal Government relating to health, eliminating confusion, waste, duplication of effort, that it maintains the principle of voluntary, not compulsory, participation in the Federal program by the several states, that it maintains the right of appeal to the courts from the actions of the administrative head of the agency, and that it makes available to every individual who needs it medical, dental, hospital, and public health service minus the contemptible yoke of compulsion

The Woman's Auxiliary

The doctors of the State would indeed be remiss if they did not acknowledge the splendid work which the Woman's Auxiliary of the Medical Society of the State of New York has done to assist the numerous educational and informational activities of the Society Under capable and enthusiastic leadership, membership in the auxiliary has been increased by about 30 per cent in this year alone

Ten additional county medical societies now have Woman's Auxiliaries organized this year, which brings to thirty-six the total for the State's sixty-one counties. Recognizing the increasing help given to the doctors of the State by the Auxiliary, the Medical Society of the State of New York this year encouraged the expansion of its activities by extending financial assistance. This action, among other things, has resulted in the foundation of a new publication

The Journal welcomes the new publication The Distaff, to be printed quarterly by the Woman's Auxiliary to the State Medical Society The first issue appeared in April, and carried news of Auxiliary activity to the homes of 2,400 members

The editor of the first number is Mrs Bradford F Golly, of Rome, New York, the press and publicity chairman of the State Auxiliary Plans for the future include the setting up of an editorial staff to handle the quarterly

The Auxiliary hopes through this medium to increase its membership, to stimulate interest in the organization, and to build and maintain a spirit of friendship throughout the State Auxiliary

Through the Advisory Council to the Woman's Auxiliary has come the recommendation that closer cooperation be encouraged between the Legislative Committee of each county society and the Auxiliary, and the Public Relations Committee of the county society and the same committee of the Auxiliary

What will be accomplished by this collaboration? First of all, the Auxiliary is per-

mitted to act only with the permission of the county medical society If the Legislative Committee of the county society is going to direct the legislative action of the Auxiliary at its disposal, it behooves the doctors to find out with just what kind of a group they are working The Legislative Committee of the Auxiliary is best qualified to inform them of the capabilities of their organization in that field and the legislative activities of other local women's organizations. Since the province of legislation is new to many Auxiliary committee members, the county society would do well to help apprise them of local political background and the history of much of the legislation that lies before them building an informed group and encouraging interest in legislation, the Society will reap the reward of having groomed an active, intelligent committee at the county level capable of responding ably to direction Besides, did you ever notice that nothing teaches a teacher as much as teaching?

Circumstances have forced the doctor to take an active part in public relations. It is no longer enough for the patient-physician relationship to exist as indication of public relations.

The people have come to demand evidence of concerted effort on the part of what they term "organized medicine" against the evils of a socialized program for medicine. The answer is the Ten-Point

Plan of the American Medical Association But this plan will sink to the indiculous level of the usual political platform if it is not backed up by results locally brought about through the efforts of the county medical society. This makes the work of public relations assume mountainous proportions. But, if it is broken down year by year, and project by project, much good may be accomplished.

Here again the Auxiliary can be of help The purpose of the Ten Point Plan is to bring about improvements in local health. If the Auxiliary can interest the women's groups in school health programs, adequate recreational facilities, and health education, definite progress will be made

Let the county society prepare plans for action in preventive medicine and show the Auxiliary where work can be done to produce the desired results.

Eleven years of Auxiliary work has shown that Auxiliary projects have taken their place in community activity. They have served as the liaison between the public and the doctor, and carried the responsibility commendably. The Auxiliary has gladly passed out informative legislative material, written letters to legislators, compiled mailing lists, and carried out other projects of the odd job variety.

We cannot commend too strongly the work of this group of interested women

Year of Celebration

It will be of interest to antiquarians to note that this year the Medical Society of the County of Westchester will celebrate its esquicentennial year Founded in 1797, it antedates the Medical Society of the State of New York by ten years This for the record.

The American Medical Association and the New York Academy of Medicane celebrate their centenary years of profoundly useful service to the public and the medical profession also in 1947

Those who have followed the recent publication in the Journal of the American Medical Association of the history of the American Medical Association, by its versatile editor,

Dr Morris Fishbein, will have a profound appreciation of the service rendered by the national association to medical education and practice in the United States.

Not the least important adjunct to this distinguished service has been the Journal of the American Medical Association, one of the best edited medical publications in existence

We extend our heartiest felicitations to the American Medical Association on its one hundredth anniversary of consistent battle to uphold the best traditions of American medicine.

We sincerely hope that the Atlantic City Session will do justice to the event.

Smallpox Is With Us Again

The dreaded scourge of smallpox has manifested itself in two places in the State of New York and in one area of New Jersey recently and its occurrence has produced the expected queries as to the whys and wherefores

The news items are well known but it may be natural to ask how did an unvaccinated individual cross the Mexican border? Apparently a diagnosis was not made in time after his arrival in New York before he had spread the disease among others Perhaps this can be excused, or rather explained, because the features of the disease, especially if accompanied by unusual symptoms as in this instance, proved a puzzle to physicians unfamiliar with such a rarely witnessed ailment But unfortunate as all this was, we can draw a lesson from it, namely, that universal vaccination is essential

The Health Department of New York City has done a good job, the Commissioner and his associates did instill into the community, by well handled publicity, the need for the protection of the inhabitants of the crowded city of New York The vaccination campaign was well organized, the response most satisfactory, but it is hoped that the "scare" will impress everyone with the continuing need of the well-proved methods of prevention There should be no objectors, but for the information of those who are unfamiliar with the Public Health Law, Section 310, entitled "Vaccination of School Children," prohibits a child from attending school unless vaccinated, in a city having a population of 50,000 or more inhabitants Also Subdivision 2 provides that whenever smallpox exists in any other city or school district, the State Commissioner of Health shall certify in writing to the school authorities in charge of any school, and it shall become the duty of such school authorities to exclude from such schools every child or person who does not furnish a certificate from a duly licensed physician to the effect that he has successfully vaccinated such child or person

Section 311, entitled "Vaccination, how made, reports" etc, states that no person shall perform vaccination for the prevention of smallpox who is not a regularly licensed physician, and states the vaccine virus that shall be used, the reports that shall be made, etc

The good results of vaccination in smallpox, diphtheria, and typhoid are too well known to admit of any doubt in the matter Let it be a warning

Shortage of Medical Personnel

Dr Raymond B Fosdick, president of the Rockefeller Foundation, raises the point¹ that very serious shortages are now being encountered in adequately trained medical personnel 2 Dr Fosdick should know foundation assists education and research on the basis of need "in every country that boasts of a respectable university, a hospital, or a research institute

The need apparently is for free funds, those not earmarked by donors for specific Medical schools, operating under higher costs and greater demands upon them, find their revenues from endowments dwindling, new sources of support curtained by heavy taxation, while governmental and foundation funds though generously provided are earmarked for specific causes Some forty-three of the nation's medical schools are supported solely from endowments, gifts, and tuition fees, others supplement public support from private sources Several schools estimate that they need twice their current income merely to maintain present programs

This problem apparently is one of improper balance, too much money for research, too little to teach the personnel who The war is must accomplish the research responsible to a certain extent for senselessly dissipating our resources of partly

⁻FAnnual Report of the President 1946 ² N Y Herald Tribune March 21 1947, p 24 ³ N Y Times, March 22, 1947, p 12

trained scientific personnel, men who should have been kept in the research laboratory and in the universities But that is what war does.

Faculty salaries must be increased or the schools cannot hold their best teachers. How then can the schools graduate competent research scientists and physicians? The picture, as Dr Fosdick describes it, begins to resemble some of the fragmented absurdates which as "abstractions" pass as modern art, depicting everything but common sense which seems to be so abstract that it escapes notice

Good teachers are few enough under the best of circumstances War, by upsetting the continuous flow of promising student and instructor personnel, diverting it into mili tary channels, cuts deeply into the usual processes of continuity by which high levels of teaching efficiency are maintained. To add further difficulties by restriction of available free funds seems indeed, as Dr Fosdick says, like trying to "grow orchids in a greenhouse that lacks coal"

The current sad plight of our system of public education, with respect to its teachers at the lower school levels, is bad enough To repeat the same fundamental errors at the university and postgraduate school levels does not seem to make sense to us at least, nor, apparently, to Dr Fosdick.

Current Editorial Comment

Health Problems of the Old If it isn't one thing in this life, likely as not it's two others. When the experts get out the abacus and pencil, look alive, brothers! Now it appears! that important and progressive changes have been taking place in the structure of the population. Old people are piling up on us

First, the birth rate dropped about a third between the beginning of the century and the war years. This has been coupled with an almost complete cessation of immigration which formerly brought into the country large numbers of relatively young persons. As a result of these two factors and the increasing proportions surviving into middle and later life there has been a marked shift in the age distribution of the population.

Seems that health agencies, both the official and the voluntary kind have been on the warpath against

such conditions as the communicable discases of childhood, the infections and other disorders incidental to childbearing and on sanitation with special emphasis on control of typhoid fever the diarrheal diseases and tuber culosis. This was a natural development since the discoveries of bacteriology and their application to medicine and surgery provided the soil for a rich harvest in the prevention and control of disease. The beneficial effects of the campaigns thus initiated were mainly concentrated on the younger people

And because of this, by 1940 the people

of 45 years or more had increased to more than one quarter of the total population In 1900 they were only one fifth of the total It is evident that the public health program will have to change its emphasis to cope with the problems of such a shifty demos More and more, says the Bulletin,

Activities must be concentrated on the diseases and conditions which affect the older ages. Even now, of the five leading causes of death in our country, four—heart disease cancer, cerebral hemorrhage and nophritis—are diseases characteristic of middle life and old age. In the same category are diabetes and arteriosclerosis, which rank among the first ten causes of death. Altogether, these six causes account for more than three fifths of all deaths registered in the United States in 1944.

Well, the statisticians, the abacus jugglers, seem to have the right of the matter and it's up to the doctors and the public health authorities to pay attention. It is likely that right now about 70 per cent of people permanently disabled are at ages 45 or higher, by the end of the century, says the Bulletin, "80 per cent of the invalids in the United States will be in this age range"

Irradiation Sickness Irradiation sickness is an annoying and sometimes a seriously interfering factor in the x ray treatment of malignant disease. It is capricious in its appearance as many patients never experience it, others as only an occasional faint

¹ Statistical Bulletin Metropolitan Life Insurance Co Dec 1946, page 6.

nausea or anorevia It occurs rarely in treatment over the extremities, somewhat more often in those over the thorax, and commonly over the abdomen, most particularly over the upper abdomen, where the fields of exposure include the liver, stomach, and the region of the celiac axis The employment of pyridoxine hydrochloride (vitamin B₆) for this condition was first reported by Maxfield in 1943 ¹ In the October, 1946 issue of Radiology are three articles on the subject by H L Van Haltern² of the Henry Ford Hospital, Detroit, by A Oppenheim and Bjorn Lih³ from Memorial Hospital, New York, and by Lawrence D Scott and Gadston J Tarleton, of the George W Hubbard Hospital, Nashville, Tennessee The first author used intravenous injections of 25 to 50 mg of the drug, in the form of hexabetalin, at intervals of two to four days, depending on symptoms, in a series of 81 patients, excellent results were obtained in 44, good results in 28, little or no benefit in 9 Oppenheim and Lih prefer the peroral route, using 75 to 100 mg doses three to four times Scott and Tarleton use the hypodermic method All agree that the drug is useful and, in the main, successful for this purpose, with no unpleasant concomitant or after-effects to be expected

A different attack on the problem was presented in the same issue of Radiology by John C Glenn, Jr and Robert Reeves,⁵ from Duke Hospital, Durham, North Caro-The antispasmodic drug, trasentine (75 mg per tablet), was used initially on 26 patients, with a dosage range of 225 to 1,000 mg per day in divided doses Thirty-two patients were then treated with trasentinephenobarbital in doses of 1 or 2 tablets three times a day (20 mg trasentine, 20 mg phenobarbital per tablet) Variations of Variations of these doses were later tried Of a group of 65 patients, only 6 failed to gain relief patients who had taken pyridoxine hydrochloride without benefit responded well to trasentine

This timely symposium also includes a discussion of the correlation, not always consistent, between size and location of the treated field and amount of daily dose, and the development and degree of sickness Notwithstanding the appealing theories and considerable experimental work, the com-

¹ Maxfield J R Jr McIlwain A J, and Robertson, J E

plete chain of events in the body between application of x-ray and irradiation sickness is not known as yet and demands further investigation

Parking Space for the Doctor seeking to strike the optimistic note, we can think of one good thing that came out of the recently terminated war

A hospital in New York was built in The architect evidently had in mind the fact that its patients were to be composed largely of cripples, who might be expected to arrive in vehicles rather than on the hoof He therefore designed an imposing semicircular driveway leading to a special door opening directly into the waiting room

Twenty-nine years were to pass and The hospital was desthen came the war ignated as an emergency station ambulance tried to drive in one night with an ordinary accident case and got The utilitarian charstuck on the curve acter of the driveway had never been Tearing it down and building it up again so that a sufferer might be brought to the door of the healing institution was quite an expensive job

Some years ago, a friend of ours was outraged by being given a ticket for parking outside of a city hospital in the Bronx to which he, a resident of Manhattan, had been giving his services for many years The magistrate who fined him had the grace to apologize but he had to pay the He told the story to a friend of his, a Justice of the Supreme Court, and some weeks later a membership ticket in the Patrolmen's Benefit Association appeared ın hıs maıl This protected him for a year, but when our friend declined to contribute to the funds of the organization his ticket was not renewed

What does it profit a conscientious doctor if when he arrives at his destination, he can find no place within ten blocks in which to And if he can and does park, he gets a ticket for obstructing traffic while he is taking out the appendix or delivering the baby

Boston is proposing to undermine the Common to provide parking space 1 We do not expect New York readers to comprehend the prodigious significance of such a statement, but it throws an interesting light on the importance of the parking problem and gives an example we should do well to emulate

Radiology 41 383 (Oct) 1943

² Van Haltern H L Radiology 47 377 (Oct) 1946

³ Oppenheim A and Lih Bjorn ibid 381

⁴ Scott L D and Tarleton G.J ibid 386

⁴ Glenn J C Jr and Reeves, R J ibid 392

¹ New England J Med. 235 747 (May 30) 1946

PROTAMINE INSULIN MIXTURES IN THE TREATMENT OF DIABETES MELLITUS

ARTHUR R COLWELL, M D Evanston Illinois

(From the Department of Medicine Northwestern University Medical School and Evansion Hospital)

THIS report presupposes that there is ment in keeping diabetics sugar free if possible without other more important penalties. Along with the minimum objectives of treatment namely, maintenance of strength and weight, freedom from symptoms, prevention of acidosis and avoidance of insulin shock it also is generally agreed to be desirable to avoid glycosuma in the interests of future health.

By the use of improved methods of using insulin, it is possible to do this in many cases difficult to adjust by orthodox methods. In the discussion which follows, 'good control" means as nearly sugar free as possible throughout each day and night on a maintenance diet and the smallest possible number of injections without undue risk from insulin shock.

From the standpoint of clinical usefulness in severe diabetes, neither of the two standard insulins, soluble and protamine sinc insulin, is ideal for routine day by day use Because it is in solu tion, ordinary insulin is absorbed rapidly and within a short time exerts a strong effect which fades quickly Hence it must be given frequently and in excess it tends to cause violent hypoglycemic symptoms. With soluble insulin alone, it is impossible to control severe diabetes unless multiple daily injections are given, in cluding one during the normal sleeping hours. The same is true of crystalline insulin, which has an action practically identical with that of or dinary maulin

The introduction of protamine insulin into the therapy of diabetes mellitus in 1936 by Hagedorn and Jensen¹ certainly produced many ad vantages. By its use multiple injections are reduced, glycosuria is better controlled on the average violent insulin shock is less frequent, acidosis is less likely to occur and general health and nutrition in severe diabetes are improved Yet experience reveals certain well-defined disadvantages inherent in a preparation of such in solubility all due to slow or uncertain absorption

Because of its slow weak, and prolonged effect extending over a period of several days, daily depots yield a continuous supply of insulin at

undulating basic levels characteristic of the indi-

vidual and dosage. Two difficulties arise from this source

First, the continuous supply fails to allow for intermittent feeding and fasting habits, so that glycosuma tends to follow meals and hypoglycemia tends to occur during fasting, particularly at night or if the morning meal is delayed

Supplementary injections of soluble insulin partially correct these faults, but multiple injections again are involved, the very thing that protamine maulin was designed to avoid Small supplementary doses of soluble insulin are ineffective if mixed with larger amounts of protamine insulin because the excess of protamine in the latter immediately precipitates insulin added to it, thus mcreasing the dose of protamine insulin by the amount of insulin added.2

Second even though the dosage is constant, the action is often unpredictably variable. Probably because of variations in rates of absorption from different depots unexpected waves of glycosuria or hypoglycemia tend to appear, causing an irregular type of control in spite of constant conditions of therapy Because these ir regularities are unpredictable, they are not manageable by supplementary injections of soluble insulin. Too often they magnify the characteristic action of protamine insulin i.e., nocturnal fasting hypoglycemia or postprandial glycosuria

A fairly large proportion of all diabetes mellitus cases, perhaps as much as one fourth of all as of such severe grade that adjustment by diet and ordinary or protamine sinc insulin alone is difficult. It is these patients who reflect the disad vantages of the standard insulin preparations and are difficult to adjust by ordinary therapeutic methods. On the average, these patients are either young or their diabetes has existed for years, or both. Most juvenile diabetics fall into this category within a year or two and the longer the diabetes exists the more difficult is good con trol, as a rule. Among older adults the severe form is not infrequent, although it is by no means as common as when the disorder begins within the first two decades of life

Protamine Insulin Mixtures

It is possible to modify the action of commercial protomine sine insulin by the addition to it of excesses of soluble insulin. Its action is thereby

Condensed version of a paper presented to the New York Diabetss Association at the New York Academy of Micdicine March 29 1946.

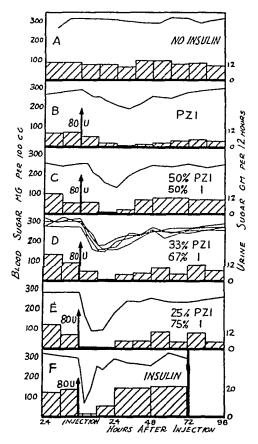


Fig 1 Typical responses of stabilized blood and urinary sugar (A) to single 80-unit doses of protamine zinc insulin (B), insulin (F), and 1 1 (C), 2 1 (D), and 3 1 (E) mixtures of the two insulins

accelerated to the extent that daily morning injections yield more insulin when needed during the feeding period of the day, and less at night during fasting 3 Typical blood and urinary sugar curves in stabilized diabetic patients illustrating the action of single doses of protamine zinc insulin, soluble insulin, and various simple mixtures of the two are shown in Fig 1 The blood and urine sugar curves following the arrow show in each case the timing and intensity characteristics of each of the insulins studied B, in Fig 1. shows the slow, weak, prolonged action of a single 80-unit dose of protamine zinc insulin and F contrasts the rapid, intense, and brief effect of ordinary insulin in solution The peak values are about twenty-four and four hours, respectively, and the duration of action about three days for protamine zinc insulin, and twelve hours for insulm C, D, and E show the comparative actions of 1 1, 2 1, and 3 1 mixtures of insulin with protamine zinc insulin These are simple unbuffered mixtures of the two commercial preparations in the U-80 concentration

Such mixtures are clearly intermediate in effect between protamine zinc insulin and insulin

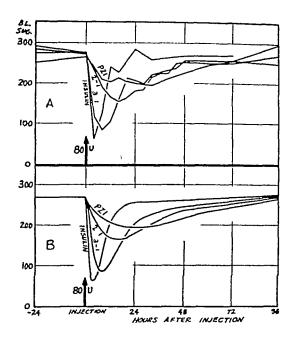


Fig 2 A—Average blood sugar curves for all identical doses of similar insulins or insulin mixtures in all patients B—Diagrammatic representation of the average curves shown in A, arbitrarily smoothed to discount minor irregularities considered not to be due to insulin

Any desired intermediate effect may be obtained by the use of suitable proportions In this connection, it is of the utmost importance to recognize that the difference between protamine zinc insulin (B) and a 1 1 mixture (C) is relatively insignificant compared with the difference between a 2 1 mixture (D) and a 3 1 mixture (E) Even though the mixture contains as much insulin as protamine insulin (as in C), the peak action from a large dose still occurs at about twentyfour hours and little effect is evident during the first twelve hours after injection, in contrast with the 2 1 mixture (D), and especially the 3 1 mix-These comparisons conform to comture (E) mon clinical experience

Fig 2 shows composite curves (above) obtained by averaging all comparable data so obtained on twelve subjects and the same curves (below) arbitrarily smoothed for diagrammatic purposes, all superimposed to show the characteristic features of each of the standard insulins and 2 1 and 3 1 mixtures of them

It may be of interest to consider the reasons for the obviously peculiar fact that the action of protamine zinc insulin is not altered much until excesses of insulin are added to it

We have reported in detail careful studies of this phenomenon, here it is possible to present some of the findings only in summary form

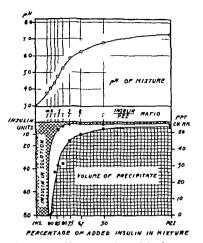


Fig. 3 Soluble and precipitated insulin components and pH of unbuffered simple mixtures of crystalline insulin and protamine sine insulin. The two commercial insulins used in the mixtures are shown at the extremes for comparison

Soluble and Insoluble Components of Simple Mixtures

All investigators agree that simple mixtures contain most of their insulin in precipitated form even when excesses are added which alter the action of protamine zinc insulin.

The fact that almost all of the insulin in simple mixtures joins the precipitate is illustrated by Fig 3. The characteristics of commercial protamine mic insulin are shown at the right and of solution of sine insulin crystals at the left of the graph. Various simple mixtures of the two are shown between these extremes.

Thorough centrifuging of the various suspen tions separates them into soluble and insoluble fractions, the insulin content of each of which can be measured approximately by appropriate methods' which cannot be described here uble and insoluble fractions present in 80-unit quantities of each mixture are shown in the lower half of Fig 3 The insoluble fraction remains fairly constant in preparations varying from protomine sine insulin on the right, through 3 1 proportions at the elbow of the curve, it then decreases rapidly until it disappears in 8 or 10 1 proportions at pH about 40 The soluble fraction likewise varies little until 4 1 proportions are exceeded, when it increases rapidly as the precipi tate decreases, eventually comprising all of the Together the two fractions account mixture

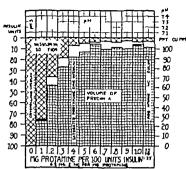


Fig 4 Soluble and precipitated components of maulin resulting from increasing additions of preos mine and sine to 100 units of insulin at pH about 7.2 Crystalline and protentine zinc insulin are shown at the extremes for comparison

fairly well for the insulin known to be present, if each cu. mm of precipitate is assumed to represent about 11/2 units of insulin plus protamine and

Soluble and Insoluble Components of Buffered Mixtures

The possibility that insulin is precipitated as such in mixtures with intermediate pH at which insulin itself is meduble was investigated by studies of buffered preparations. Fig 4 shows the results of fractional analysis of preparations in which the pH and insulin are constant but the protamine and sinc content vary from no protamine, as in solution of zine insulin crystals (on the left) to about 10 mg protamine and 0.2 mg zine per 100 units of insulin, as in commercial protamine mac insulin (on the right) from right to left, precipitated and soluble insulin fractions remain fairly constant at levels com parable to those of standard protamine rine insulm until the amount of protamine falls below about 0.4 mg per 100 units of maulin These are the approximate proportions of a 2 1 mixture, the chief difference here being that the pH is 7.2 whereas the pH of the simple mix ture is about 60 With less protamine and sine, the soluble fractions increase and the precipitates decrease rapidly, as with the simple mix The sums of the fractions again account for practically all of the insulin known to be present better agreement possibly being due to the fact that the pH and, therefore, presumably, the physical characteristics of the precipitates are more constant.

Two conclusions appear to be justified by these data. First, excess insulin added to protamine

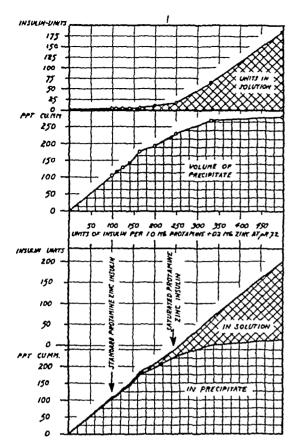


Fig 5 Effect of increasing additions of insulin to 1 mg of protamine with 0 2 mg of zinc at pH 7 2. These data were obtained by recalculation in terms of 1 mg of protamine of the data shown in Fig 4.

zinc insulin must be precipitated in firm combination with protamine and zinc, at least up to the proportions present in 2 1 mixtures it would appear in soluble form in the supernatant fluid of preparations such as these, since it is known to be freely soluble at pH 72 protamine with zinc must be capable of precipitating fully three times as much insulin as that contained in protamine zinc insulin as now marketed. since almost all insulin is in precipitated form with only about one-third that amount of protamine and zinc, even when the preparation is buffered to the same pH This preparation we have designated "saturated protamine zinc insulin," since further excesses of insulin remain in solution This insulin saturated protamine zinc compound corresponds to the 2 1 mixture in composition, except that it is buffered. As shown previously. unbuffered mixtures may precipitate even more

Recalculation of the data just presented gives a convincing picture of what happens at pH 72, when increasing amounts of insulin are added to fixed amounts of protamine and zinc. This is the reverse of the sequence described previously. It is plotted in Fig. 5, above, which shows the pre-

cipitated and soluble fractions as increasing amounts of insulin are added to 10 mg protamine and 02 mg zinc at pH 72

Here the relation between insulin and protamine with zinc is evident. At ordinary temperatures and pH 7 2, practically all insulin up to 250 to 300 units added to 1 mg of protamine with zinc is precipitated in an insoluble compound. Above this level all added insulin is recovered in the supernatant and the precipitate increases no more. In the preparations containing less than 250 units per mg of protamine, the excess protamine in the precipitate is proved by its absence from the supernatant and by the fact that it can precipitate additional insulin

In the simplest possible terms, these findings indicate that 250 to 300 units (10 to 12 mg) of insulin can be precipitated by 1 mg of protamine with 0.2 mg of zinc at pH 7.2 and at ordinary temperatures. Above this "saturation level" all added insulin remains in solution. It is of interest to note that this saturation level corresponds closely to the statement by Hagedorn and his associates that "the amount of various protamines which combine with the insulin is about one tenth of the weight of the latter"

Action of Precipitates Which Have Been Washed

A most conclusive demonstration of the fact that these intermediate preparations are new compounds of insulin with protamine and zinc rather than simple mixtures of insulin and standard protamine zinc insulin is seen in the action of their washed precipitates (Fig. 6). The precipitates from the preparations containing 0.1, 0.4, 0.7, and 1.0 mg protamine per 100 units insulin were separated from their supernatants and washed five times with a solvent buffered to pH 7.2. The washings were discarded and the washed precipitates resuspended in the buffer solution.

Injection of these washed compounds into stabilized diabetic patients in estimated 80-unit doses gave the curves shown When compared with insulin (above) and protamine zinc insulin (below) in comparable doses, they were intermediate in action between the two standard insulins, and their degree of prolongation of action was proportional to the amount of protamine present The two patients used for testing responded differently to the same preparations, patient B showing a greater sensitivity toward insulin than Yet the comparative effects were the same in both, less protamine resulted in greater promptness and intensity and less prolongation of action and vice versa

When averages are calculated for the curves obtained with all saturated precipitates (those containing more than 250 units insulin per mg prota-

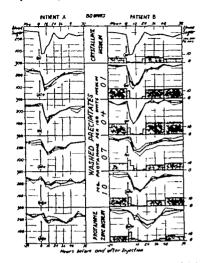


Fig. 6 Time action of saturated (0 1 and 0 4 mg protamine per 100 units) and unasturated (0 7 and 10 mg protamine per 100 units) precipitates compared with crystalline and protamine sinculuin The observations were made on 2 diabetic patients with blood and urine sugar stabilized by lour hour feedings. The cross-hatched blacks represent urine sugar the curves, blood sugar

mine) and those obtained with all unsaturated precipitates (those containing less than 150 unit per mg protamine) the composite curves shown in Fig 7 are obtained. They resemble the simple mixture curves shown previously again demon strating the modified action of compounds containing less protamine which of course could not be due to insulin in solution.

To sum up, it seems fairly certain that the socalled mixtures of insulin and protamine sine insulm are more complex than they would seem at first glance. Their action cannot be visualised as simple summations of the effects of the two insu lins of which they are composed Rather they must be considered as new compounds with monophasic action none of which are typical of the two standard insulins By virtue of their greater insulin content in proportion to the protamine and sine present they are more saturated with insulin than standard protamine sine insulin, are probably more soluble in tissue fluids and, hence, while they still act as depot insulins, they possess pharmacologic effects of intermediate intensity Any desired intermediate effect and duration may be obtained if excesses of insulin are added, but prolongation of effect is lost as promptness

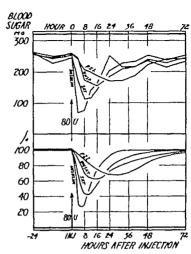


Fig. 7 Blood sugar curves from Fig. 6 averaged (above) and arbitrarily smoothed (below) to show intermediate time action of saturated (0.1 and 0.4 mg protamine per 100 units) and unsaturated (0.7 and 1.0 mg protamine per 100 units) washed precipitates, compared with standard insulin and protamine sinc insulin Note the similarity of action between these washed precipitates and the simple mixtures shown in Fig. 2.

and intensity are gained, and vice versa the purely pharmacologic standpoint, it is obvious that the modifications most likely to give good control of diabetes mellitus in a single morning dose are those which release insulin most rapidly during the first eight to sixteen hours after injection and yet retain sufficient sustained effect so that the sugar level is still depressed twentyfour hours after injection, thus permitting a significant degree of overlapping with the next morning a close. For practical purposes, this ideal effect is obtained with preparations con taining about 250 to 300 units of insulin per mg of protamine. In terms of simple mixtures, this corresponds to two to three parts of soluble in sulin thoroughly mixed with one part of commercial protamine and insulin. As a matter of fact it is these preparations which have proved to be the most useful in clinical practice "

Results of Treatment with Mixtures

During the last five years, 150 patients have been treated with mixtures. As stated previously these patients all have diabetees of sufficient seventy so that good balance with protamine insulin alone was unobtainable. All had shown

TABLE I -- Most Common Proportions of Insuling in Mixtures Crystalline Protamine Zinc Insulin

Ratio	Patients	
		Percentage
2 1	127	85
21/: 1	5	3
$\frac{2^{1}/*}{2^{1}/*} \frac{1}{1}$	11	7
3 1	3	2
Unsatisfactory	4	3
Total	150	100

postprandial glycosuma, often heavy, with protamine insulin alone. Many had experienced severe and unpredictable insulin shock, usually Some idea of the severity of the diabetes is gained by the fact that almost half are juvenile cases, i.e., less than twenty years of age at onset of diabetes About two thirds were under thirty when diabetes appeared The average daily insulin requirement for the group is about 50 units About one third require 60 or more units daily, 15 of them from 80 to 105 units

Of this group of 150 severe diabetics, four patients obtained poorer control with mixtures, two returning to regular insulin in two doses daily and two returning to protamine zinc insulin and insulin by separate injection Five of the remaining 146 patients were sufficiently difficult to adjust with a single dose of a mixture daily so that it was divided into two doses, morning and evening, with better control The other 141 patients were all satisfactorily balanced on a single injection of the mixture before breakfast each morning

Table I above shows the most effective mixtures (usually in one dose daily) used in routine control of severe diabetes in 150 patients ratios in the mixtures are expressed in terms of units of crystalline insulin units of protamine zinc insulin, both in the U-80 strength and thoroughly mixed Diets of moderate carbohydrate value were used, usually carbohydrate equal to fat in grams

The most significant fact about this group of patients is that 127 of the 146 using mixtures, or about 8 out of every 9 patients, were balanced satisfactorily on a 2 1 mixture, practically always in a single dose daily. In not one single instance has it been found desirable to use less than 2 1 proportions By 2 1 proportions is meant, of course, a thorough mixture of two parts regular or crystalline insulin with one part of protamine zinc insulin, both in the U-80 strength

About 12 per cent of all patients using mixtures obtained better control with slightly more insulin in the mixture than 2.1 proportions tients, $2^{1}/_{3}$ 1 mixtures, and in 11 patients $2^{1}/_{2}$ 1 mixtures were more efficient Three patients, all rapidly growing juveniles at about the age of puberty, obtained best control with 3 1 proportions In not one instance was it found de-

sirable to exceed 3 1 ratios Significant overlapping is a highly advantageous feature of any insulin designed for use once daily wide swings in sugar levels are inevitable, towards glycosuma after breakfast and towards insulin shock before the evening meal reason, it seems desirable to keep the glucose value of the diet at a moderate level and use mixtures of approximately 2 1 proportions It must not be forgotten that as promptness and intensity of any insulin are gained, sustained action is sac-With any depot insulin, it is the sustained action overlapping the next dose which tends to avoid heavy glycosuria and acidosis in the intervals between the crests of successive doses-after breakfast in the case of daily morning injections

The results of routine treatment of these patients with severe diabetes can be summarized briefly as follows First, the amount of insulin required for good control was about 10 per cent less, on the average, than with other insulins Second, glycosuma was easier to avoid insulin shock was less frequent and not so violent Fourth, unexpected irregularities of adjustment were less frequent Fifth, general health was better as a rule Finally, these advantages were gained in spite of the fact that only one injection daily was required by nearly all patients

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Discussion*

Franklin B Peck, M D , Indianapolis, Indiana **-Although at first glance the data that Dr Colwell¹ has presented may appear widely divergent from my own,2 the differences are more apparent than real, and on points of major clinical importance we are in excellent agreement

General clinical agreement has been reached that suitable admixtures of unmodified insulin and protamine zinc insulin may be prepared which show any desirable intermediate action ranging between insulin and protamine zinc insulin in promptness, intensity, and total duration of effect Several years of study of these and other modifications which have been especially prepared for the purpose have resulted in agreement that the most widely useful

^{*} Presented at the meeting of the New York Diabetes Association March 29, 1946 as a supplemental discussion to Dr Colwell's paper ** From the Lilly Laboratories for Clinical Research and

the Diabetic Clinic, Indianapolis City Hospital

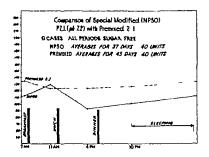


Fig. 8 Comparison of 2.1 premixed and (NP50)

preparations are those having the time-activity of the 2 1 (insulin to protamine sine insulin) mixture described by Dr Colwell and the buffered combina tion which has been reported on previously by Dr MacBryda. The former contains 0 42 mg of protamine per 100 units of insulm and has its pH value at about 50 whereas, the latter is made from 0.5 mg of protamine per 100 units and is buffered at the time of manufacture to pH 7 2 Direct comparisons of these two preparations in the same group of patients show only minor differences in their effects, and justify the conclusion that either one is capable of meeting the normal physiologic needs of the average diabetic patient Each provides sufficient insulm to meet daytime requirements and a long enough duration of action to maintain proper levels in the fasting state, on account of the fact that both preparations display overlapping effects (Fig. 8)

There is still some disagreement as to the mechanism by which these desirable effects are brought about. Much of this may be attributed to the dif ferent conditions under which various investigators worked For example, Ulrich measured centrifuged precipitates obtained from mixtures of standard products. Colwell has made detailed observations of similar washed precipitates, and employed chemical methods for determination of the excess maulin m the supernatants, while Peck* attempted to translate into clinical terms of units of quick and prolonged action the results obtained from animal assays of buffered combinations having the same ingredients as extemporaneous mixtures It should be reemphasized that the figures from these data were only approximate and that they do not necessarily imply that the time-activities of either the quick-acting component or the precipitated component are necessarily identical with those of standard insulin and protamine sinc insulm as marketed

There is another aspect of the problem which should be noted namely that all these different combinations are pharmacologically active not in the water solutions in which they have been studied but in the body fluids, and their effects, therefore, must be considered as being modified in vivo by their dispersion in the protein containing tissue fluids. Hagedorn' (1936) stated, 'It was found that

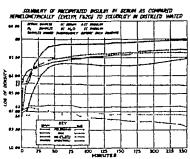


Fig 9 Solubility of precipitated insulin in serum as compared nephelometrically (Evelyn F620) to solubility in distilled water

the insulin-protamine compounds appeared to be more soluble in tissue fluid than in water' and his choice of a particular protamine was influenced by its low solubility in serum.

The effect of blood serum in altering the character istics of several different modifications is shown in Fig 9 This represents but part of one experiment and is cited only to emphasize the importance of the tusue fluids in modifying the rate at which the active principle is released. Four cc. of the insulin sample were added to 6 cc of water in one tube, and another 4 cc. of the insulin sample were added to 6 cc of serum in a second tube, and the resulting turbidities were compared nephelometrically (Evelyn F620) after appropriate shaking The ordinary solutions in water showed little change over the four hour period (or for longer periods) but there is a striking alteration in the tubes containing the samples in serum and in some instances, this occurs very rapidly. It may be attributed to the greater solubility of the compounds in serum, and by inference in tissue fluids with consequent more rapid release of the insulin from the insoluble compound

In still other publications of Hagedorn's (1938) some experiments by his colleague Krayenbühl are described to throw further light on the nature of the protamine insulin combinations Increasing quan tities of protamine were added to equal volumes of insulin solution and each of the clear centrifuzed supernatants then divided into two tubes. To the clear fluid in each series of tubes an equal quantity of insulin and of protamine were then added, respec-Turbidities were read in the nephelometer and the reciprocal values plotted as function of the amount of protamine. The curves intersect at a point which is termed isophane to signify the appear ance of an equivalent precipitate on addition of either the insulin or the protamine Compounds corresponding to this point are called isophane compounds. All other proportions of insulin and protamine insulin are called heterophane, and contain a surplus of insulin or of protamine If insulin or protamine is present in the supernatant, the addition of

protamine or insulin, respectively, will cause formation of a precipitate invisible macroscopically, but detectable by nephelometry The isophane compound, according to Hagedorn, has not the maximum prolongation effect, but, on the other hand, can be mixed with insulin to make heterophane compounds with surplus of insulin

The monograph by Krarup⁶ (1935) contains the following statement "The method makes possible the preparation of protamine insulinate compounds of variable solubility, and, furthermore, by precipitating only part of the insulin as protamine insulmate allows the making of preparations still containing free insulin" An example is given of a preparation made so as to contain in the same volume twice as many units of insulin as are ordinarily used with half the insulin precipitated as a protamine compound

Much has been accomplished in the last few years in the evaluation of the needs of the diabetic patient so that his requirements may ultimately be met by devising a particular pharmacologic action to fit his needs rather than readjusting the patient's life,

eating habits, and activities to suit the effect of some manufactured product It is most important for the welfare of the diabetic population at large that the value of any new insulin product be thoroughly proved before it is released on the market

On several occasions in the past I have called attention to the questionable stability of certain of these newer modifications Studies of this factor are being continued The data are still not complete. but I think they now justify the opinion that the problem of stability and of standardization of certain of these combinations will not be insurmountable

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WHAT DOES THE MEDICAL SOCIETY OF THE STATE OF NEW YORK DO FOR ITS MEMBERS? Liaison Committee of the U.S Veterans Administration

The Committee on Liaison with the U.S. Veterans Administration was formed in order to investigate means of providing private medical care to the veteran, with Government and The Veterans Administration wished to have a contract or agreement with the medical profession of New York State in order to furnish this medical care

In some states the VA made the agreement with a state-wide voluntary medical care plan not seem feasible in New York State, so we formed a separate corporation representing the medical profes-This corporation really takes the place of the Medical Society of the State of New York, which apparently is not allowed to make such a contract under the present setup. This corpor Veterans Medical Care Plan of New York, Inc. It has charge of the entire program This corporation is known as the There are six directors, originally suggested by the president of the Medical Society of the State of New York, and these are the past-presidents, the president, and president-elect. The Veterans Plan appoints a physician, known as coordinator, in each of the so-called district branches of the V A. The branches are in Manhattan, Brooklyn, Syracuse, Albany, and Buffalo

The coordinator is appointed and paid for by the Veterans Medical Care Plan, Inc Our plan does receive funds from the V A to take care of the expenses of our work but we have complete change of the work of the coordinator Before any physician's claim is paid, the medical coordinator must approve it in each case The Veterans Medical Care Plan furnishes the list of physicians who are those licensed in New York State and it designates the qualifying specialists. It may remove a physician from the eligible list and it has the sole right to do so

We have a fee schedule for service charges paid under our agreement with the V A This fee schedule was adopted after study by the Committee on Liaison who called in representative physicians in groups from many parts of the State It took considerable work to get this fee schedule in order Two reports in the November 1 New York State Journal of Medicine contain a brief of the rules and regulations for the workings of the plan

The Veterans Medical Care Plan requires that physicians should know that a veteran must first have authorization from the VA in order to secure care under this program except in an emergency. Authorization is granted by the VA, not by our group. The veteran states his preference for a physician, and authorizing physicians and coordinators are not allowed to offer the names of physicians. This, of course, is to give free choice. The veteran receives his authorization papers and goes to the doctor. Authorization for examination or treatment usually extends over a period of from one to two months, although sometimes only one examination is authorized

If the veteran wants a specialist and does not know of one, the authorizing physician can show him a list of the specialists in his county. There is usually an additional fee for a specialist's services. For these reasons, county societies should keep their files of general men and specialists accurate and up to date, and should be sure that copies of these are at hand in the authorizing physicians' offices. To fail in this is to interfere with the full privileges of physician and patient. Of course, every county society secretary and president should be fully informed of the facts of the program. I would like to see more articles on the work in the various county society bulleting. in the various county society bulletins

Dr Frederick C Lane, the medical director of the V A. in New York State, has offices at 299 Broadway, New York City

CLINICAL USE OF PENICILLIN IN WATER IN OIL EMULSION

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EFFECTIVE therapy with penicillin requires that the drug be in contact with the in feeting organism in adequate concentration for a sufficiently long time. Since penicillin in aqueous solution is rapidly excreted from the body repeated injections day and night are necessary to maintain satisfactory antibiotic action. Fre quent injections are often painful for the patient and are an added burden for overworked hospital personnel. Furthermore the continuous treatment required with penicillin cannot be carried out at home without the services of a nurse since it is impossible for the physician to call every three or four hours to give the meetion.

During the fall and winter of 1945 I had occasion to treat a large number of respiratory in fections and it was extremely difficult and frequently impossible to hospitalize the patient. This made treatment at home mandatory. Since trained nurses were scarce the burden was left to the visiting physician. These circumstances led me to seek a means of administering penicillin that would prolong its effectiveness and allow a reduction in the number of daily injections required.

At first I used the so-called Romansky for mula, a solid mirture of penicillin in beswax and pennut oil which had to be melted before injection. This procedure was discontinued since the wax often hardened in the syringe before the in jection could be completed and it was difficult to clean out the residual material from the syringe following treatment. When a complete injection of ice was given the patient complained of pain and of hard painful lumps at the site of the injection

The water in-oil emulsion developed by Freund and Thomson2 was found to be more practical for prolonging the effects of peniculin These authors and their coworkers reported that the use of such an emulsion sustained the effects of penicillin for a longer time than was possible with aqueous solutions of the drug They suggested that prolonged effects resulted from the retarded absorption of the penicillin from the aqueous phase of the water-in-oil emulaion and delayed excretion of the penicillin from the body their study of the effects of such a repository injection they cured 50 of 52 cases (96 1 per cent) of acute gonorrhea with a single intramuscular injection of 150 000 units of penicillin in waterin-oil emulsion In a subsequent study, a single intramuscular injection of 150,000 units of pani

cillin in water in-oil emulsion cured 101 of 105 patients (96 2 per cent) with gonococcic infections. Single injections of 150,000 or 300,000 units of penicillin in aqueous solution resulted in an unsatisfactory cure rate.

These workers found measurable concentrations of penicillin in the serum for four to seven hours The prolonged retention of the penicillin in the body was evidenced by the duration of urmary excretion, which averaged about twenty four hours from the emulsion, and only eight hours from water alone. Although such inboratory determinations are of interest they are not easily carried out by the general practitioner Furthermore, in my experience the results of penicillin therapy can be followed more readily by clinical response than by blood-level determinations Segal and Ryder' expressed the opinion that clinical response is of more value than blood levels in determining the effectiveness of aerosol penicillin in serious respiratory infections field and Halpern state that regardless of theory a continuous blood level of penicillin is not al ways necessary in the treatment of subscute bacterial endocarditis This problem was dealt with experimentally by Jawetz' who atates "It can be shown definitely that the effects of penicilin on the bacterial population in the host lasted much longer than the measurable blood levels of penicillin The latter persisted for only about one hour after the injection of penicillin while the depression of the bacterial population continued for aux to eight hours or longer" Rammelkamp and Kirbys also presented evi dence indicating that some antibacterial effect per sists beyond the time when penicillin is no longer demonstrable in the serum by usual tests. Hav ing a bearing on the subject of peniculin effects is the suggestion that in certain infections in vitro activity may not be an adequate measure of in vivo activity. The problem is further complicated by the findings that the various penicillins differ in their antibacterial activity as well as in the duration of blood levels and rate of urinary excretion following their injection 100

Treatment

Results with the water in-oil emulsion of peni cillin were so satisfactory in the first cases treated

Recent unpublished data indicates that the addition of 2 per cent beseaver to the original formula of Freuda and Thomson gives measurable blood fevrels for sixteen hours siter injection of 200,000 or 300 000 units of penicillin in the water-in-oil emulsion.

TABLE 1

Pneumonia Streptococcic tonsillitis Asthmatic bronchitis (including 6	33 39	
status asthmaticus type unresponsive to ordinary medication) Otitus media Pyelitus Furunculosis Acute sinusitus Measles with pneumoma Scarlatina with massive cervical adentits Miscellaneous Acute appendicitis without operat Acute cholecystitus Pyogenio parotitis Septic arthritis Osteomyelitis	12 11 7 5 6 3 3 46	
Tenosynovitis Lung abscess Gonorrhea		

that this method was subsequently used whenever penicillin was indicated. Over a period of a year (June 1, 1945, to June 1, 1946), 167 cases were treated (Table I)

At first, 200,000 units of penicillin were dissolved in 14 cc of normal saline solution and mixed with 31 cc of the cholesterol-peanut oil mixture previously liquefied by warming total volume of the emulsion injected was 4 5 cc Since some patients complained of irritation at the site of injection, the total volume was reduced to 3 cc of emulsion for 100,000 units of penicillin and 3.75 cc of emulsion for 200,000 The former emulsion was units of penicillin prepared from 09 cc of water and 21 cc of cholesterol-denvative-peanut oil emulsifier, the latter emulsion was prepared from 125 cc of water and 25 ce of the emulsifier For the occasional patient who complained of pain, even with the smaller volume of emulsion, 2 per cent procaine hydrochloride solution was used as the diluent instead of normal saline solution Honever, usually no untoward reactions such as sterile abscesses were observed. In no case, however, was it necessary to substitute an aqueous solution of penicillin for the emulsion

Water-in-oil emulsions prepared in advance were kept in the refrigerator and used as needed. There was no noticeable decrease of potency in these prepared emulsions after several weeks of refrigeration. It was only necessary to hold the vial under warm water for a short time immediately before using. The simplicity of preparing and administering the emulsion facilitated pencillin therapy at home or in the office. The low cost of the emulsifying agent permits its use whenever penicillin is indicated.

The following case drove home forcefully the need of administering penicillin in a medium that would require fewer injections, even in hospitalized patients

Miss W G, a 25-year-old diabetic, was admitted

for the treatment of a lung abscess When first. seen she had marked chills, sweats, and a tempera-She responded symptomatically ture of 105 F within a week to 30,000 units of aqueous penicilling administered every three hours Penicillin therapy was stopped because of her refusal to be injected further Her reasons were understandable since there was hardly any area of skin on her thin body that was not tender and inflamed from numerous injections of penicillin, the liver and insulin injections, and infusions that she required as a diabetic In forty-eight hours her temperature rose to 105 F. and she had a white blood count of 24,000 with 93 per cent polymorphonuclear leukocytes considerable persuasion the patient consented to the use of penicillin in water-in-oil emulsion. She was given 100,000 units every twelve hours for seven days with symptomatic return to normal

The response in 33 cases of pneumonia treated with penicillin in water-in-oil emulsion was comparable to that observed in cases of pneumonia previously treated with penicillin in aqueous solution given at more frequent intervals. Fever terminated usually by hass, occasionally by crisis, in thenty-four to forty-eight hours. The results indicate that most cases of bronchopneumonia or lobar pneumonia can be treated adequately with 200,000 units of penicillin in water-in-oil emulsions once daily for five days In elderly patients or in cases with complications, injections were given twice daily for the first two days, then once daily The penicillin was continued beyond the five-day period when symptoms were slow in responding As in all infections, the quantity and virulence of the organisms and the resistance of the patient call for individual judg-However, it was felt that penicilin should be given in more than minimal quantities in all cases in order to take care of special circumstances

The following case illustrates that there was no difference noted in the response to treatment once or twice in twenty-four hours with the water-in-oil emulsion of penicillin as compared to treatment six or eight times a day with penicillin in aqueous solutions

Mrs R C, aged 55, previously had two attacks of pneumonia of the right upper lobe. The first time she was treated at home with sulfadiazine, to which she became sensitive. Following a second attack a year later, she was hospitalized and treated with 30,000 units of aqueous pencilin every four hours. Subsequently she had a third attack, with pain in the right upper chest, cough, rusty sputum, chills, and a temperature of 104 F. Physical examination revealed consolidation in the right upper lobe. She was treated at home with an initial dose of 200,000 units of pencillin in water-in-oil emulsion, and 100,000 units twice daily for three days, then 100,000 units daily for an additional four days.

She showed a satisfactory response in no way differ ent from that observed when she had been given accross penicillin during the previous attack.

The following 2 cases are illustrative of the efficacy of penicillin in water in-oil emulsion administered in doses of 200 000 units

T C., a 75-year-old retired printer, developed acute asthmatic bronchitts. Congastive cardiac fallure resulted from the infection and he developed hypostatic pneumonia. The patient was placed in an oxygen tent at home and treated with digitalis and aminophylline. Because of the critical condition of the patient 200 000 units of penicillin in water inclined mulsion were given intramuscularly twice daily for five days—the patient recovered completely

Miss A. B , 22 years old had a history of asthma since childhood. Desensitizing injections had been moderately effective in curbing her asthma but she would get periodic attacks that did not respond to epinephrine aminophylline potassium iodide cal cium gluconate intravenous glucose, massive doces of vitamin C barbiturates, or oxygen. In December 1945 she had an attack of status asthmaticus and was treated with all the above-mentioned measures without relief She had a wheeze that could be heard across the room and physical examination revealed marked evanosis and orthopnea. Her tem perature suddenly rose to 102 F and she developed a cough with a blood tinged sputum. A diagnosis of bronehopneumonia around the congested con-Injections of peni stricted bronchioles was made cillin, 200 000 units in water-in-oil emulsion once daily for five days resulted in recovery similar attacks of bronchopneumonia following asthma had previously required two to three weeks without the use of penicillin

Thirty-nine cases diagnosed clinically as follic ular streptococcie tonsillitis showed excellent recovery following treatment once daily with 200,000 units of penicillin in water in-oil emul sion. The fever subsided after twenty four hours in a majority of the cases When the exudate was moderate, a second injection was given when the exudate was bilateral or unusually ex tensive and thick a third injection was given Patients with a rheumatic history or stubborn cases with a heavily plastered exudate were given five injections. Penicillin did not appear to basten the relief of throat pain in these cases Aspirin and sodium bicarbonate gargles were used for symptomatic relief and to wash away mucous secretions

Nine cases from the preceding group had a rheumatic history and a persistent systolic apical murmur. In view of the history penicillin was given until no inflammation persisted and the organisms were destroyed as thoroughly as possible in order to decrease the effect of sensitising streptococcus toxins which are considered important in rheumatic fever flare-ups

Seven cases of typical pyelitis and fever kidney pain and pyuris were treated once daily with 200. 000 units of penicillin in water-in-oil emulsion One of these patients was a 33-year-old woman who developed a temperature of 105 F chills pain in the kidney region, and pyuria. A diagnosis of acute pyelitis was made She was given one injection daily of 200 000 units of penicillin in water in-oil emulsion for three days at home and for three days in the office. Her symptoms cleared up at the end of this period when x rays and eystoscopy revealed moderate hydronephrosis and a sterile urine Another case from this group was a 42 year-old man with a congenital cystic kidney. He had frequent recurrences of hematuria and pyuria with hydroand pyonephrosis \ mys showed each kidney to be the size of a grapefruit. Daily injections of 200 000 units of ponicillin in water-in-oil emulsion were given for ten days. The hematuria stopped after twenty-four hours. Although the pyuria decreased considerably in forty-eight hours, there was no further decrease in the pus cells at the end of the ten-day treatment period. It was felt that this was a mixed infection and that penicillin was effective against certain bacteria while others survived to continue the infection The other cases only required treatment for three days for the condition to subside

Six cases of sinusitis were treated once daily with 200 000 units of penicillin in water in-oil circulation. Five cases were given three injections while the other one received five injections. The results were good in 3 cases and fair in the other 3

Ten cases of acute otitis media were treated once daily with 200,000 units of penicillin in water in-oil emulsion. The cases showed bulging ear drums elevated temperature, and were concomitant with an acute upper respiratory infection as a rule. In 2 cases the drum ruptured spon taneously in no case did the drum require puncturing. One chronic ear infection was of special interest.

A 60-year-old woman was diagnosed at an eye and ear hospital as having a chronic masteld infection and chronic otitis media of two years duration. She refused hospitalisation and operation. Examination of the ear showed a profuse foul purulent discharge. She came to the office daily after work for twenty days and received 100 000 units of penicillin in water in-oil emulsion each day. Her condition cleared up and she has remained without an otitio discharge for eight months.

Five cases of scarlatina complications in child ren of 3 to 9 years old were treated Bilateral adentis developed between the third and tenth day of illness The condition appeared to be controlled by ice collars and daily injections of 200,000 units of pencillin in water-in-oil emulsion for three days No case formed an abscess or required incision.

Twelve cases of streptococcic asthmatic bron

chitis were treated with penicillin in water-in-oil emulsion Two cases, T C and A B, that developed pneumonia were previously described Of the other 10 cases, 6 were the status asthmatic type and were treated with 200,000 units of penicillin emulsion once daily for five days, the other 4 cases received the same dose for three days The response was favorable in all cases

All patients in this series were scratch tested for peanut-oil sensitivity prior to treatment other patient was not treated with penicillin in water-in-oil emulsion because of sensitivity to peanut oil

Five cases of extensive furunculosis were treated with 200,000 units of penicillin in waterin-oil emulsion once daily for two to seven days Results were fair to good

The following cases indicate that penicillin therapy may be carried out efficiently at home by the use of a water-in-oil emulsion of penicillin

One case diagnosed as appendicitis was treated A 52-year-old man had an abdominal pain radiating to the right low quadrant, his temperature was 100 F and he had a white blood count of 12,000, nausea, and slight diarrhea The patient refused hospitalization and operation because he had rheumatic heart disease with mitral stenosis He also insisted upon working as he was in the midst of an important job

He came into the office twice daily for three days and received 100,000 units of penicillin in waterin-oil emulsion at each visit. His symptoms subsided completely

Mrs C, a 57-year-old nurse, developed a paronychia of the right index finger The finger was incised and drainage, pain, local redness, and swelling persisted for two weeks Tenderness developed on the entire palmar surface of the finger A five-day course of sulfadiazine orally was ineffective The symptoms persisted and the skin became soggy and angry around the drainage site An x-ray showed osteomyelitis of the two terminal phalanges The patient was given 100,000 units of penicillin in water-in-oil emulsions twice daily for five days, whereupon the drainage ceased and the skin healed over

Nine months later recovery of function was com-This is a typical case of osteomyelitis, which plete in the past had required months of active treatment and often hospitalization and surgical intervention. now responding to penicillin twice daily for a period of less than a week

A 3-month-old infant with pharyngitis, temperature 102 F, was given sulfadiazine for four days without signs of improvement Since an infant is not a good candidate for multiple daily injections, one intramuscular injection of 200,000 units of penicillin in water-in-oil emulsion was given at home at 2 00 PM At 6 00 PM the same day, the mother telephoned that the baby's temperature was normal and the child was able to finish her first bottle in a week No further injections were required

A 14-month-old baby girl developed a septic arthritis of the right knee There was a temperature of 103 F, acute pain, and absolute limitation of movement of the knee A splint was applied and the child was given 200,000 units of penicillin in waterin-oil emulsion once daily for seven days Complete recovery ensued At the present writing, one year later, the child walks properly

A 65-year-old man, hemiplegic and bedridden, developed cholecystitis with a white blood count of 22,000 and a markedly tender upper-right quadrant Recovery followed two injections of 200,000 units of penicillin in water-in-oil emulsion given on successive days

Summary

- A series of 167 cases, including various acute infections, was treated, mainly at home or in the office, with intramuscular injections of penicillin in water-in-oil emulsion
- The extemporaneously prepared water-inoil emulsions were less expensive and simpler to use than the beeswax-peanut oil mixtures of penicillin
- Usually one injection of 200,000 units in each twenty-four hour period was given few instances, two injections a day were given
- In the author's experience, clinical results were as effective as those obtained by the use of penicillin in aqueous solution, injected every three or four hours

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A SUMMARY OF BRONCHOSCOPY IN DISEASES OF THE CHEST

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THE progress of medicine is primarily centered in newer methods of diagnosis and treatment as well as in improvement in the application of those methods previously used. The alert physician and patient of today more or less demand confirmatory diagnostic procedures in the arrival at the final diagnosis of any specific illness. The developments which have occurred in medicine in recent years no longer allow for the incomplete study of the individual patient.

Such improvements in diagnostic procedures, the ever-alert physician and the information available to the patient through the lay press even though frequently inaccurate have not only called for the accurate diagnosis and treatment of the patient, but at the same time have acted as a two-edged sword, leading to the unfortunate use and abuse of new diagnostic and therapeutic procedures by the unqualified individual, often unfortunately, for financial gain alone.

The economics of current medicine, however demand the fullest in estigation of any diagnostic problem at a reasonable cost and with full guidance provided by the specialist to the family physician

Bronchoscopy as a Diagnostic Procedure

Bronchoscopic examination is still considered by some as a "horrible' procedure. This is due perhaps, to two primary reasons first, because of the technic of the past, and second, because many physicians, and, perhaps it might be said the majority, have never seen a bronchoscopic exam mation or, if so one that was performed by an incompetent operator, clinging to the forceful technic of the past.

Today the bronchoscopic examination can no longer be rightfully called a 'horrible' procedure Cut lips, broken teeth hoarseness, and edema of the larynx are no longer seen. Likewize by the use of Jess toxic surface anesthetics we seldom see a cyanotic patient. The forceful holding of a patient in a neck-breaking position is not seen in the modern bronchoscopic clinic of today. With the modern technic, skillfully applied, the patient breathes perfectly normally and coughs only on request as a result of this the procedure is essentially attuamatic

Accordingly, the pathology and physiology of the tracheobronchial tree can be evaluated carefully and completely, not only by the operator, but by other observers as well. The examination may be carried on for a longer period of time, in fact as long as necessary in order to evaluate the findings. It is not uncommon to spend as much as fifteen to thirty minutes in a careful bronchoscopie examination and without question this is less trying to the patient than the hurried examination in the past of three minutes and certainly provides for more complete evaluation of the changes which may be present

A bronchoscopic examination today, properly performed, does not necessarily require hospitalization. It can be done as an outpatient procedure, and it is not uncommon in our clinic for a patient to have a bronchoscopic examination and return shortly to his normal employment.

It is obvious that bronchoscopy like any other technical procedure requires skill and experience, not only in the technic itself, but also in the evaluation of the findings as well

The bronchoscope provides for a simple speculum examination of the tracheobronchial tree with an obviously limited field of vision. This field of vision, however, is enhanced by the use of auxiliary scopes which provide indirect inspection allowing for examination of the division bronch, especially those of the upper lobes which are usually unseen with the standard bronchoscope. Such auxiliary aids have been so helpful that now a bronchoscopic examination is considered incomplete unless such is provided

Application of the Bronchoscope in Disease

A bronchoscope is used not only in the diag nosis and treatment, but also in the full evalu ation of the tracheobronchial tree. It cannot and should not be considered as a specific single procedure but as an auxiliary method used in arriving at the correct evaluation of possible pathologic changes in order that correct therapy can be applied

There are certain specific conditions which, when present in themselves, indicate bronchoscopic examination. The use of the bronchoscope in these diseases proves beyond doubt the tremendous value of the bronchoscopic examination, not only in aiding in making the diagnosis, but more importantly in determining the treatment and, therefore, frequently being responsible for the recovery of the fistient.

Beyond those specific diseases which call for

Presented before the Herkimer County Medical Society June 18 1946.

bronchoscopy as part of either the diagnosis or treatment, there are ceitain symptoms or signs which indicate bronchoscopic examination and which are of extreme importance to the physician Oftentimes a suspected diagnosis must be made based on subjective or objective symptoms which in themselves are not conclusive and frequently not considered significant until it is too late for curative treatment

It can be stated that any unexplained symptom relating to or originating from the bronchial tree should have bronchoscopic examination for full Specifically, some of the symptoms evaluation which when present should indicate bronchoscopy are, first, pulmonary hemorrhage symptom usually sends the patient to the physician, and frequently because no other symptoms or physical signs are present, the physician may pass the hemoptysis off with a "pat on the back" and assurance to the patient that it is probably from a vessel in his throat The patient may then return later with a hopeless cancer, tuberculosis, or other disease of the lungs, which in themselves cause hemoptysis

Wheezing is a symptom or sign which frequently represents serious pathology in the chest. It must be remembered that all wheezing is not asthma. The presence of this symptom or sign, particularly if it is unilateral and persistent, calls for bronchoscopic examination. Quite often the first sign of early carcinoma of the bronchus is a wheeze detected only on forced expiration.

Evidence of bronchial obstruction which may be detected frequently on physical examination by diminished breath sounds, or perhaps by slight impairment of resonance, may indicate partial bronchial obstruction and in itself calls for more complete investigation as to the cause

The presence of so-called unresolved pneumonia is a frequent forerunner of chronic pathology in the lungs. There is some doubt in the minds of many as to whether or not the diagnosis of unresolved pneumonia is ever correct. Those who have had experience in bronchoscopic work feel that when a condition presents itself, suggesting the diagnosis of unresolved pneumonia, this should be most completely evaluated. Here again there may be involvement of the bronchus with atelectasis, which is considered to be pneumonia not completely resolved.

Beyond these specific symptoms there are others, particularly those of nonspecific infections of the lungs which do not clear within the reasonable period of time expected for any nonspecific infection. Frequently, so-called chronic bronchitis and other symptoms of persistent nonspecific infection in the lungs are simply the fore-runner of more serious disease, and from our

experience it seems that patients who present this train of symptoms should be investigated much more thoroughly

Foreign Bodies—The use of the bronchoscope in the removal of foreign bodies from the bronchial tree is familiar to everyone. However, it should be emphasized that contrary to general opinion this use of the bronchoscope constitutes less than 5 per cent of the indications for bronchoscopic examination and in reality plays a relatively minor role as compared to its general use Bronchoscopic examination obviously is indicated in the aspirated foreign body suspected from the history and confirmed by \ray examination, but, most important, it is indicated in the unsuspected case

Postoperative Atelectasis —Postoperative atelectasis is a fairly frequent pulmonary complication following surgical procedure, and in such instances bronchoscopy can often be a lifesaving procedure

Postoperative atelectasis is often diagnosed as pneumonia, but it is generally recognized that true primary pneumonia occurring postoperatively is comparatively rare. The primary symptoms of elevation of fever to 101 F or more, and shortness of breath and cough, coming on approximately twenty-four to forty-eight hours after operation in an otherwise so-called clean case, frequently are due to obstruction of the bronchus and subsequent atelectasis

The surgeon should be constantly on the alert for this possible complication and the early application of treatment results in early recovery Postoperative at lectasis can be prevented in many instances by frequent changing of the position of the patient and encouraging the patient to cough and expectorate when mucus is present

Lung Abscess —Bronchoscopic examination is indicated at least once in every case of lung abscess and should be done as early in the course of the disease as possible, primarily for diagnosis and evaluation. A possibility of a foreign body, a carcinoma of the bronchus, or some other bronchial obstruction must be determined as the possible causative factor behind the abscess

The localization of the abscess in the segment of the lung involved and the relation of the bronchus draining the abscess to the main bronchus, as well as the degree of obstruction of the segmental bronchus due to inflammatory change and edema, is imperative for proper application and success of treatment by postural drainage. From our experience, hospitalization, chemotherapy, and diligent, properly applied postural drainage will be successful in the majority of cases. Where this is not sufficient, external surgical drainage is indicated. It seems, therefore, from our ex-





Fig 1

Fig 2.

perience that it is only in the occasional case of lung abscess that repeated bronchoscopy is indicated

Bronchiectans —The treatment of unilateral bronchiectasis is surgical resection of the infected lobe or lobes, but as in lung abscess, all such cases should have at least one bronchoscopic examination for the evaluation of the bronchial tree especially since foreign bodies polyps and other beingn obstruction to the bronchi may be the causative factor.

Bilateral bronchectasis or bilateral cystic disease of the lung which is inoperable, is oftentimes benefited by periodic bronchescopic aspiration of the bronchial tree Although such a procedure is in no way curative, the relief of symptoms frequently is sufficient to cause the patient to return requesting periodic aspiration

Bronchogenic Tuniors — The use of the bronchoscope in the diagnosis of carcinoma of the bronchus has been emphasized widely during recent years so that it is non well recognized as an important adjunct in any patient suspected of having such a carcinoma. It has been stated that from 75 to 90 per cent of all the cases of bronchogenic carcinoma are positively diagnosed by bronchoscopic biopsy However it must be pointed out also that the majority of cases of carcinoma of the bronchus diagnosed by bronchoscopy are usually inoperable. What does this

mean? Simply that now that we have learned the value of positive bronchoscopy in making a diagnosis of caucer of the bronchus we must likewise learn that a negative bronchoscopy is valuable in the treatment of cancer of the bronchus

In other words, bronchoscopy is an adjunct in arriving at the diagnosis of bronchogenic carcinoma and must be done early and often repeatedly and the findings considered at their face value in arriving at the final diagnosis. Although bronchoscopy is important in cancer of the bronchus and indicated in every suspected case, we cannot wait for a positive biopsy and expect that the patient will still be operable

It should be emphasized that the masculine patient, forty years of age or over, with an atypical pneumonia unilateral wheezing, or a persistent cough deserves an x-ray examination and the presence of x-ray shadows which cannot be specifically interpreted should be studied thoroughly for the possibility of cancer of the bronchus

Figure 1 shows carcinoma of the left main stem bronchus, diagnosed by biopsy obtained at bronchoscopy but inoperable because of the extent of the process and the metastasis present Fig 2 shows carcinoma of the bronchus not seen at bronchoscopy but which proved to be cancer of the lung at operation and by pathologic examination of the lung after removal.

There is a second type of tumor of the bronchus seen fairly frequently but practically always in women. That is the so-called benign adenoma. Such tumors are diagnosed generally at bronchoscopy and sometimes may be treated by fulguration through the bronchoscope. It is preferable, however, if location of the tumor permits, that a lobectomy be done masmuch as these tumors most always extend through the wall of the involved bronchus and, therefore, tend to recur if not completely removed.

Pulmonary Tuberculosis—The bronchoscope undoubtedly has its widest indication, and perhaps its greatest value, in the modern concept of the diagnosis and treatment of tuberculosis of the lungs, and it will continue to play a most important role in this disease until a specific chemotherapeutic or antibiotic agent for tuberculosis is discovered. Undoubtedly, even then it will continue as an important phase in the correct evaluation of the disease

Tuberculosis of the major bronchi is a serious complication of pulmonary tuberculosis, and it affects gravely the prognosis of the case

The evaluation of a case of tuberculosis, especially as related to surgical treatment, calls for bronchoscopic study of the bronchial tree. This can give valuable information when tuberculosis of the bronchi is present. Such examination can determine whether or not the disease is active and, if so, whether it is hyperplastic, ulcerative, or inflammatory, whether it is inactive and the extent of fibrostenosis which may be present. It also can determine the probable change or eventual change in lung damage and function.

Bronchoscopic examination not only aids in the diagnosis and the location of the disease present, but also in the character of the disease Repeated bronchoscopic examination provides information so that one can determine accurately the probable outcome of the individual case. As an illustration, if the extent and course of the disease results in obstruction of the bronchus, we know that obstructive emphysema, atelectasis, and bronchiectasis eventually will result. Repeated bronchoscopies, therefore, are necessary in the therapeutic program of pulmonary tuberculosis

Bronchoscopic examination in tuberculosis also oftentimes aids in the treatment. It is well recognized that the outcome of endobronchial disease is in direct relation to the pulmonary disease

Repeated bronchoscopic examination and the application of silver intrate, where and when it seems indicated, has helped in determining the type of therapeutic program indicated as well as when such a program should be adopted. Fig 3 shows a patient with tuberculosis of the left lower lobe bronchus as determined by bronchoscopy. X-rays over a period of time show

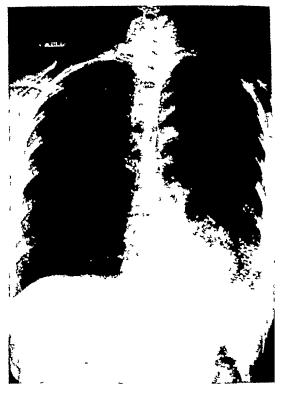


Fig 3

gradual developing atelectasis of the lobe. At the opportune time lobectomy was done with complete removal of this essentially destroyed lower lobe

Summary

In summation, it seems reasonable to state that bronchoscopic examination is an auxiliary method for more complete examination and evaluation of diseases of the lungs It is indicated in any case in which there is suspicion of pathology in the tracheobronchial tree Bronchoscopic examination should be considered where pulmonary symptoms show tendency to persist beyond the expected time, or where symptoms occur which cannot be explained definitely As it is now performed in the modern bronchoscopic clinic, the examination is essentially an atraumatic procedure which disturbs the patient to the minimum and which no longer can be looked upon as a "horrible" procedure

It is evident that the use of bronchoscopic examination is extremely important to the physician in aiding in the guidance of treatment of the specific patient. Although it may not be available in each small locality, the examination should be, and, in most instances, is available within a reasonable distance, so that the patient of today can receive this valuable adjunct as part of diagnostic procedure

BENADRYL*

A Synthetic Antihistamine Compound for the Symptomatic Treatment of Allergic Diseases Laurence Farmer, M D , and Henry Spickschen M D , New York City

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THE histamine theory of anaphylaxis and L allergy 1,2 presupposes that the symptoms of the anaphylactic and allergic reaction are the symptoms of histomine intoxication According to this theory the union of the anaphylactic or allergic antibody with the corresponding antigen or allergen leads to cell lesion and the consequent liberation of preformed histamine from the tissues, the liberated histamine in turn is responsible for the majority of the anaphylactic or allergic mani festations There has been considerable controversy concerning the validity of this theory Without reviewing the pros and cons. may it suffice to recall that it has been made the basis of attempts to further the understanding and treatment of allergic diseases.

If it is correct that the symptoms of these diseases are caused by the pharmacologic effects of histamine liberated from the tissues it should be possible to combat these diseases by offsetting the actions of histamine Conversely if measures aiming at counteracting the actions of histamine were successful in the treatment of anaphylactic and allergic phenomena this would constitute additional indirect evidence of the correctness of Dale's theory

An attempt at causal therapy of allergic diseases based on the histamine theory utilizes the possibility of inducing refractoriness to histamine through the chrome administration of small doses of this pharmacon. It should further be possible to achieve symptomatic relief by the use of drugs which possess the faculty of decreasing the effects of histamine on the ussues.

In a search for drugs with such primary antihataminic properties Bovet and Staub and
Staub's tested a large number of compounds syn
thesized by E. Fourneau Two of these, 929 F
(2-isopropyl-5-methylphenoxyethylamine) and
1571 F (n phenyl-n ethyl n' diethylethylenediamine), were found to alleviate histamineinduced bronchoconstriction and anaphylactic
shock in guinea pigs and to prevent the histaminecontraction of intestinal muscle in vitro. Their
toxicity however precluded their clinical use
Halpern in 1942 reported the synthesis of an
tergan (n-dimethylaminoethyl-n benzyl-amline)
a nontoxic homologue of 1571 F. Encouraging
thorapeutic results from its use in various aller

gic diseases were reported by Decourt * Parrot * Celice, Perrault, and Durel * A further group of lustamine antagonists was synthesized by Mayer, Huttrer, and Scholz * One of these drugs, pyri benzamine (n'-pyridyl-n' benzyl n-dimethyl ethylenediamine monohydrochloride) was found by Arbesman and Koepf'e to be effective in a number of allergic conditions

This report deals with our experiences with benadryl (beta-dimethylaminoethyl benzhydryl ether hydrochloride), one of a group of benzhydril alkamine others synthesized by Rieveschl and Huber and found by Loew and his collabora tors 11 12 to possess antihistaminic actions pharmacologic and toxicologic studies (Parke, Davis and Company Research Laboratories) no toxic effects were noted when it was administered orally to dogs in doses of 10 to 60 mg per kilogram of body weight for a period of thirtyseven to forty nine days Chnical observations on the use of benadryl in allergic diseases have been reported by Curtis and Owens 13 and by members of the Mayo Clinic in a symposium on benadryl 14-18 These authors found it to be effective in the symptomatic treatment of urticaria, angioneurotic edema, hay fever, vasomotor rhinitis, and physical allergy. Its usefulness in bronchial asthma was less well established

The prevention or mitigation of smooth muscle contraction induced by histamine into action or anaphylactic shock was the experimental or terion for an antihistaminic compound. Evidence that these compounds would also mitigate allergic phenomena due to increased capillary per meability and increased glandular secretion which probably are due to the liberation of histamine from the tissues, would indirectly further establish their histamine antagonism

Therefore, we were especially interested in studying the effectiveness of benadryl in conditions such as hay fever, allergic rhinitis (seasonal and perennial), urticaria and angioneurotic edema. We have also used it in patients suffering from bronchial asthma allergic cough and dermatitis.

The mechanism by which antihistaminic drugs mitigate the effects of histamine on the tissues has not been established. As far as is known, they do not prevent its liberation from the tissues, nor do they induce refractoriness to histamine. Their action, therefore is purely symptomatic.

This paper was prepared for publication in February 1946.

In view of this fact we administered benadryl only where allergic symptoms were present. We did not attempt to use it prophylactically, although this would be permissible in conditions such as seasonal hay fever

Benadryl was given orally in adults in doses of 50 to 60 mg one to three or four times a day Occasionally, 100 mg were given in single doses The average daily dose was 50 mg three times a not infrequently smaller amounts were sufficient to control symptoms In some instances 150 mg have been given daily for a period of sixty to eighty days Children under 10 years of age were given 20 to 30 mg one to three times a The onset of relief from symptoms was from twenty to sixty minutes, and the duration of this effect was from two or three to twentyfour hours, depending on the severity of the patient's symptoms The relief experienced varied from slight alleviation of symptoms to complete cessation

Results

Forty-three patients suffering from symptoms of pollinosis were given benadryl for the symptomatic relief of symptoms during the summers of 1944 and 1945, three of the patients received it both years Thirty-three of these patients had only ocular and/or nasal symptoms, 4 suffered additionally from bronchial symptoms, 6 had bronchial symptoms only In appraising the results of the benadryl treatment of pollinosis we are dealing, therefore, with a total of 45 "cases" Of these, 23 had marked relief from symptoms. in 11 the therapeutic effect was fair, and the remaining 11 were not all benefited Of the 10 patients who suffered from bronchial symptoms, 5 had good relief, 4 were not relieved, and in one patient there was a fair result

Of 17 patients with perennial allergic rhinitis due to allergens other than pollens, 9 had marked relief, in 1 case the result was fair, in 7 it was poor

Twenty-three patients suffered from urticaria, 4 of them also had angioneurotic edema result in this group was very remarkable in that only 1 patient was not benefited. All the other patients were very markedly, often dramatically, relieved from frequently very severe pruritus It is interesting that in the majority of these cases the hives persisted although the itching subsided Two patients who had angioneurotic edema were also relieved from the pruritus Of 6 patients with dermatitis, 5 had very good relief from pruritus In 2 cases of pruritus of unknown origin, 1 case showed marked improvement patients with allergic cough were greatly bene-Eighteen patients with bronchial asthma were given benadryl, 13 of them had good relief

TABLE 1

	Number		–Results–	
Diagnosis	of Cases	Good	Fair	Poor
Pollinosis Allergic rhimitis	45	23	11	11
(perennial)	17	9	1	7
Urticaria	23	22	0	i
Angioneurotic edema	2	2	0	Ō
Dermatitis	6	5	0	ĺ
Bronchial asthma Pruntus (unknown	18	13	1	4
etiology)	_2	1	0	1
Total	113	75	13	25

from symptoms Our therapeutic results are summarized in Table 1

For the purposes of this study benadryl was administered only if allergic manifestations were present, and the patients were usually instructed to take further doses only as needed. We feel that it might be advisable to use benadryl more regularly in certain conditions, e.g., in hay fever when it could be given two to three days before the expected onset of symptoms, and, if well-tolerated, 50 mg three or four times a day could be taken during the entire pollinating period

Side-effects

Approximately one third of the patients experienced side-effects. The majority of these patients complained of drowsiness, which in some instances was very strong. Next came dizziness of slight degree Two patients complained of unsteadiness in walking A few patients felt nervous or "jittery" Four had a burning sensation in the mouth, throat, or stomach Two complained of dryness of the nose, tongue, and throat. In one instance the patient's tongue became very red and sore so that medication had to be dis-In the latter case it was possible to administer benadryl again after a period of two to three weeks This patient had such marked relief from severe rhinitis that she wished to use the drug in spite of the tongue symptoms Although the side-effects generally were not felt to be very disturbing, a few patients refused further administration of the drug in spite of relief from allergic symptoms There was no clear relationship between the occurrence of side-effects and the amount of the dose or the length of administration. Some patients had marked subjective complaints after small doses, others tolerated large amounts well Generally, however, larger doses were not as well tolerated as smaller ones No serious side-effects were noted in larger doses

Summary and Conclusions

1 Based on the assumption that the symptoms of allergic diseases are due to histamine intoxication, a new type of synthetic drugs with antihistaminic actions has been introduced in the symptomatic treatment of these diseases

Benadryl, a representative of this type. has been used by us in 108 allergic patients Sevents three of these patients were markedly relieved from symptoms. Side-effects, mainly drownness and dizziness, were experienced by approximately one third of the patients

3 Antihistaminio substances undoubtedly have a place in the therapeutic armamentarium of allergic diseases The search for drugs with fewer side-effects should be continued

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DOCTOR CLAIMS THERE ARE TWO TYPES OF VENOUS THROMBOSIS

Venous thrombosis, a condition in which the blood clots in the veins is of two types—thrombophlebitis and philebothrombosis according to Alton Ochaner M D, of New Orleans. He states that unless there is a differentiation between the two treatment is 'likely to continue to be unsatisfactory

Writing in the December 7 issue of the Journal of the American Medical Association, Dr Ochaner points out this difference The blood clot in thrombophlebitis is the result of inflammatory changes and is firmly attached to the vein wall the blood clot in phlebothrombons is the result of tissue injury and can become detached easily from the vein wall Thrombophlebitis usually can be diagnosed easily

from symptoms such as fever pain, and swelling. The patient's chances of recovery are good, but if he does not receive effective treatment, complica tions such as swelling pain ulceration of the legs

and infection may develop

In contrast, patients with phlebothrombons al though apparently not ill, are potential fatalities be-cause of the danger that the clot will become detached and be carried by the blood stream to the

lungs where it may act as a plug and cause death.

Phlebothrombosis is caused by two things—an increase in the ability of the blood to clot due to tissue injury and a slowing of the flow of blood as a result of the patient s being confined to bed or having a leg in a cast.

Early detection of this condition is possible if the patient is examined for tenderness of the legs follow ing any tissue damage such as an operation.

Dr Ochsner states that there is a definite rela tionship between venous thrombosis and the seasons. This has been pointed out by several other investigators. One of these found the greatest incidence of thrombosis from December to February He believes that grippal infections are responsible for this difference

Another group of investigators reported that in a series of 832 cases thrombosis was observed in 82 9 per cent in the winter 21 9 per cent in the spring, 18 9 per cent in the summer and 20.8 per cent in the fall.

It is my belief that the increased incidence of venous thrombosis during the winter months is due to the vasospastic (causing contraction of the blood vessels] influence of the cold weather states the This explains the difference between the incidence of venous thrombosis observed in the northern and in the southern clinics. My associates and I showed that the incidence of venous thrombosis in the northern clinics was almost double that in the southern clinics. The average incidence in the northern states was 0.74 per hundred thousand population as contrasted with 0.41 in the southern states.

Soveral suggestions are made by Dr Ochsner which if followed, he believes should prevent the formation of clots in the veins. He says that pa tients should refrain from smoking for a period of from 10 to 14 days before an operation overweight patients should reduce before undergoing surgery any abnormal state of the blood, such as anemia, should be corrected. After the operation the author favors leg exercises and deep breathing to increase the circulation.

For the treatment of thrombophicbitis the author suggests the use of a local anesthetic procaine hydrosuggests the the or a local season of the control of the perature falls rapidly and the swelling subsides with an a few days, he writes. My experience has shown that the relief of pain is complete and permanent in 90 per cent of the patients, whereas in 10 per cent a second block [of the local involuntary nerve centers] is necessary to give permanent relief.

Dr Ochsner recommends immediate surgery as soon as phlebothrombosis has been diagnosed. He does not favor widespread use of anticoagulants such as heparin and Dicumarol because, although they will prevent further clotting of the blood, they will not prevent the detachment of the clots already formed

THE PERORAL REMOVAL OF CERTAIN SWALLOWED FOREIGN BODIES WITHOUT ENDOSCOPY

Introducing a New Device Utilizing the Alnico Magnet

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(From the Departments of Pediatrics and Roentgenology of the Jewish Hospital)

CWALLOWED foreign bodies require medical attention if they are deemed potentially dangerous, for example, pointed or excessively bulky objects, particularly when impacted, obstructed, or overlong delayed in their onward passage through the digestive tract dangers of erosion, perforation, or edema from foreign bodies in the esophagus necessitate their immediate removal as soon as the knowledge of their presence is established Foreign bodies in the stomach may be allowed a reasonable time to pass, if they remain excessively long, however, (over ten days according to Jackson) or if the hazards of passage seem to outweigh the dangers of intervention, measures should be taken for their removal The size of the object in relation to the curves and constrictions in the food passages, especially in children, may be the determining factor influencing the adoption of measures for removal Unfortunately, there has been no simple procedure short of either laparotomy or endoscopy for the removal of ingested foreign bodies from the esophagus or stomach

Our introduction of the "alnico" magnet in 1943° for magnetically coercible swallowed foreign bodies achieved some degree of simplification, limited to this special group of objects eighteen months later duplicates of our original magnet, with essentially the same technic, were successfully used by several others in cases involving swallowed bobby pins and safety pins, and one report recording such success has recently appeared in the medical literature ever, the problem of affording the tissues protection against injury during withdrawal of the foreign body and of preventing unintentional release into either the food or air passages, while dispensing with endoscopy, was still to be solved A review of our original case and the 2 subsequent cases, herein reported, employing a new apparatus will indicate how this was done 45 Since the first published case our desire to simplify and improve the procedure has led to several inno-The difficulty in getting foreign bodies vations beyond the cardiac sphincter and the higher points of constriction of the esophagus, especially the cricopharyngeus, has now been overcome without resort to endoscopy By providing a sheath-like tube in which the magnet, attached to the Levine tube, can move freely, it is possible to withdraw straight objects with ease and safety. This is accomplished by making contact with the object, drawing it into the sheath, and then removing the entire apparatus with the foreign body snugly encased within the sheath. Protection against the foreign body is thus afforded the food passages, and the danger of its release into the air passages avoided.

A piece of rubber tubing, 0.7 meter long, such as that used on enema cans, may be employed to serve as the outer tube or sheath Our original apparatus, the Levine tube, stiffened to permit manipulation, with four lengths of piano wire coursing through the lumen and attached to the magnet, serves as the inner tube Before use, the sheath is lubricated with mineral oil and the Levine tube bearing the magnet is inserted, the tip of the magnet being allowed to protrude about 2 cm beyond the distal end of the sheath (Fig 1) A duplicate of the ingested foreign body, previously tested for magnetic attraction, is used during a practice test to note the relative ease or difficulty to be expected in removing the actual The sheathed magnet is passed into the stomach of the patient, who is under moderate sedation but no anesthesia, and contact is estab-The Levine tube is lished with the foreign body then withdrawn gently until the foreign body lies within the sheath, whereupon the entire apparatus is withdrawn from the stomach with one This method was first attempted by one of us (S S) as an office procedure with the However, hospital aid of regular office help equipment, together with the practiced teamwork of an experienced roentgenologist, are to be preferred

Magnetically coercible straight pins, corsage pins, hat pins, paper clips, hair pins, bobby pins, screws, nails, and safety pins are among the familiar swallowed objects encountered which lend themselves to this procedure. Even open safety pins may be caught by the curl and brought into the sheath, thereby insuring the tissues effective protection against the point on withdrawal from the esophagus, as well as avoiding the possibility of release of the foreign body into the trachea. If any but the desired part is caught by the magnet, contact can be broken and reestablished again and again until the desired presenting part is attracted.

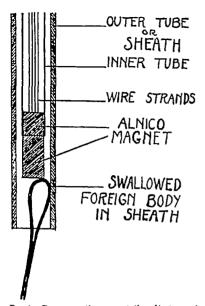


Fig. 1 Diagrammatic representation of instrument and attached foreign body

Case Reports

Two illustrative cases are presented from our series demonstrating the procedure

Case 1 -Susan S a 4-year-old girl was referred for removal of an ingested foreign object, supposedly a heavy straight pin which had been swal lowed one week prior to admission A duplicate of the pin was procured and this proved to be marneti cally attractable. An x ray film showed the object to be in the stomach. The patient was given preoperative preparation including sedation with atropine and phenobarbital and prohibition of food and drink Fluoroscopic examination after manipu lation with our magnet and an x-ray taken in the Hospital showed that the object was a paper clip erroneously thought to be a pin because the first x ray had caught a side view of the object Fortunately the paper clip too was magnetically as attractable as the spurious duplicate pin After the sheathed magnet was passed into the stomach, contact was established with one end of the clip The protruding magnet was then gently withdrawn into the sheath carrying the paper clip along with it. The large ensheathing tube, with its contents, was then removed perorally in one quick motion The entire procedure was accomplished in about three minutes and the child was discharged from the hospital in perfect condition immediately thereafter



Fig. 2 Spot roentgenogram showing actual operation of instrument in Case 2

Case 2 —Jane C., a 3-year-old girl was admitted to the hospital for the peroral removal of a bobby pin which had been swallowed three weeks prior to admission

A duplicate bobby pin showed magnetic attraction existed. One-half grain of nembutal and '/is of a grain of atropine had been administered by suppository to avoid giving anything by mouth two hours before beginning the procedure. The sheathed magnet was passed into the stomach without difficulty despite the child's age and avoidance of anesthesia. Some unavoidable retching instead of interfering with the procedure was helpful because it forced gastric fluid out of the ensheathing tube thereby further emptying the stomach.

The magnet protruding beyond the lip of the sheath, was brought into contact with the curved end of the bobby pin which was then guided into the sheath. A spot roentgenogram was taken and the entire apparatus removed perorally (Fig 2). The complete procedure was accomplished in about three minutes. The bright, cooperative and unfrightened little girl was then discharged to her home.

Summary

A simple apparatus utilizing a sheathed almico" magnot, is described for the peroral removal from the stomach and esophagus of straight magnetically coercible foreign bodies,

including straight pins, corsage pins, paper clips, bobby pins, safety pins, nails, screws, etc

This method substitutes for endoscopy a relatively harmless and easy procedure, which, nevertheless, affords protection to the food passages and avoids danger of release of the foreign body into the food or air passages

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"DOCTOR JONES" SAYS-

The dean of one of the medical colleges was quoted, recently, as saying that, the way specializa-tion in medicine is increasing, the day of the family doctor is rapidly passing. I'd hesitate to question the opinion of a man in his position but I hope he isn't right. In fact, I've got a feeling that, ten or fifteen years from now, family doctors'll rate higher than they do today

When I was a boy we had a lot of old-fashioned furniture that'd belonged to my grandmother among other things, a mahogany highboy The women'd go up to the furniture store and look at the newfangled stuff and come back with tears in their eyes "All this old stuff!" somebody'd say, "we can perfectly well afford furniture that's new and up-to-date" So, finally, they made the change Today the old highboy that they sold for four dollars the president of the bank's got it in his

parlor-wouldn't take two hundred for it Because the folks that had 'em didn't appreciate their

value, there aren't many of 'em left
Most every medical student—it's his ambition to specialize some time. A successful specialist—he gets more money for less work. He can see people

by appointment only—and, some of 'em, you have to make an appointment a couple of weeks ahead If it's gizzards he specializes on, he knows gizzards from A to Z. When he's needed, he's well worth his

Out in Henry Ford's plants, so they tell me, most everybody's a specialist nuts, fenders, motors, and all the rest But, if my car don't run right, I want a general mechanic that knows cars If he needs the advice of a nut specialist, I'll leave that to him

A good general practitioner—he probably knows less about gizzards than the gizzard specialist but more about human bodies and ailments as a whole He knows his patient, his pecularities, and his environment, and his patients know him You don't have to make an appointment a week ahead to see him and he knows when to call a specialist if he's needed

In time folks'll realize that they need less specialists and more general practitioners. They can save 'emselves a lot of inconvenience and regrets by waking up to it now While they've got family doctors they'd better hang on to 'em.—Health News, March 24, 1947

POSSIBLE DANGERS OF TETRATHIONATE THERAPY OF THROMBANGIITIS OBLITERANS

Gilman and his associates1 present two possible theories to explain the severe nephrotoxic action of tetrathionate (1) Tetrathionate selectively permeates the cells of the proximal tubule to evert a direct toxic action on catalytic systems dependent on the presence of—SH, or (2) the cells of the proximal tubules are selectively damaged by the removal of diffusible—SH compounds

As an explanation of why toxic effects have not been reported in human beings treated with tetrathionate, Gilman points out that most commercially available tetrathionate contains large amounts of thiosulfate and that the recommended doses are low Nevertheless, the importance of maintaining the in-

tegrity of the—SH group in the body has been emphasized by recent studies on arsenic and mercury poisoning, and any drug which has potentialities for the destruction or interference with these groups must be considered as toxic and its use must be carefully limited Moreover, the substantial evidence of nephrotoxic effects from the use of tetrathionate furnishes a convincing reason that the use of this agent in medicine should be abandoned —Council on Pharmacy and Chemistry, JAMA, March 8, 1947

¹ Gilman A, Philips, F S, Koelle E S Allen, R. P and St John E Am J Physiol 147 115, (1946)

CLINICAL USE OF VITAMINS E AND C

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LARGE number of individuals suffer from A illness and physical incapacity which persist in spite of conventional treatment. The causes of many of these deabilities are unknown may be conjectured that some of them are on an infectious basis, others may be metabolic or physiochemical disturbances no clearly under stood Still others may be due to chronic food or vitamin deficiencies or possibly one or more of these factors may be combined.

Recently, it has been suggested that many muscular pains! of long standing may be due to chronic deficiency of vitamin E whether by failure to absorb or failure to receive this vitamin

from the diet.

The effect of minor deficiencies of very long duration has not been appreciated. Only recently has it been revealed that persons in chronic ill health show a general reduction of oil soluble vitamins in the plasma fraction of the blood *

With these considerations in mind it was thought dearable to try the effects of vitamins E and C* on a number of nationts, who were suffering from long persistent disorders of miscellaneous origin and character, the causes of which were not manifest, and who had however, these two important points in common a reduction or displacement of diet over a long period and muscular pain or aches, also of long duration

In this experiment 41 such individuals were subjected to the long-continued use of the vita mins E and C These patients may be grouped as follows

- Those with diabetes complicated by persistent pain in the arms or legs or both usually worse at night
- 2 Nondiabetic individuals with similar Dains
 - Those with diabetes and osteoarthritis 3
- Nondiabetic individuals with arthritis and Heberden's nodes

There was also a small group of miscellaneous maladies of unknown origin, long resistant, and unrelieved by conventional treatment. Termi nal arteriosclerotic disease, allergies, and fat dystrophy were the dominant physical signs of this group which was used mainly for control purposes.

Method

Each of these individuals was given at break fast a polyvalent preparation which contained the accepted minimal daily requirement of vita mins A, D, C, and B At noon each was given 25 mg of vitamin E and 50 mg of vitamin C. and at the evening meal 40 mg of the natural mixed tocopherols. This dose represents a trebling of the estimated normal daily intake of vitamin E The dose, however, is much smaller than the curative dose often recommended (100 to 300 mg per day) 4 5 The treatment was con tinued in each case from one month to a year or more Routine clinical observations were made at monthly intervals or more often when indi cated

In the group with diabetes plus neuromuscular pains, 20 cases were observed. Of these, 4 obtained definite but not complete relief, while in 5 cases there was complete relief of longstanding pain. In 11 cases the results were either negative or so slight as to be doubtful Whether these cases will respond to larger doses is not yet known

In the second group of nondiabetics with similar nerve muscle pain there were 6 cases In 2 of these the results were negligible, while in 4 cases the relief of pain was definite

In the third group (diabetes complicated by arthritis) there were 4 cases, 2 of which obtained no relief, while 2 claimed diminution of pain

In the fourth group of 5 cases with arthritis and Heberden's nodes or enlarged finger joints. 3 cases were not benefited, while in 2 cases the symptoms definitely subsided

Summary

In the experimental series there were 35 individuals suffering from illnesses, in most instances of several months or years' duration, characterused by pain which seemed to be related to the neuromuscular system. A number of these secured partial or complete relief from nam apparently from the addition of special vitamin preparations to the diet.

In some carefully controlled cases, the relief obtained was so dramatic and sustained as to afford highly suggestive evidence that the mixed tocopherols plus ascorbic acid have helpful thera peutle properties In a number of similar cases the relief from pain, although positive was only

Ascorbic acid was included because it, with tocopherois is responsible for the chamical reducing power of the blood.

bility of further study and possibly treatment with larger doses

The main purpose of this brief report is to call attention to the tocopherols as possible factors in certain obscure neuromuscular disturbances, which cause both pain and disability. It can scarcely be questioned that these painful neuropathies associated with diabetes are among the baffling mysteries of medicine And while, of course, it has not been established clearly, it is a reasonable hypothesis that the underlying cause is a deficiency disturbance. The use of large doses of vitamin B has yielded variable but usually disappointing results 67 The fact that a small but significant proportion of these patients has been benefited from moderate therapy with vitamin E suggests that deficiency of this vitamin may be one of the accountable factors in muscular pain

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STILL DIFFICULT TO APPRAISE VALUE OF BCG VACCINE FOR TB

The results of the use of BCG (Bacille Calmette-Guérin) vaccine as an immunizing agent in tuberculosis are influenced by so many factors, says an editorial in the November 9 issue of the Journal of the American Medical Association, that "accurate evaluation is still difficult"

"All reports agree that the vaccine properly prepared and used is harmless, as cases of tuberculosis caused by BCG vaccine have not been reported thus far "

The Journal's editorial, entitled "BCG Immunization," follows by only a few days the US Public Health Service's announcement from Washington that the vaccine, which has been available in Europe since about 1920, will be given widespread studies in this country

BCG is named for two French scientists. Calmette and Guirin, who developed it at the Pasteur Institute in Paris

The decision to make a wide-scale study in the United States of the effect of the vaccine in man was reached after a conference in Washington of tuberculosis experts from China, Denmark, and the United States It has already been used on test groups in Chicago and New York and on western Indian reservations, as well as in Europe and South America.

The Journal's editorial says in part

"Holm of Denmark states that since 1940 vaccination with the bacillus of Calmette-Guérin has been adopted in that country as an essential weapon in the fight against tuberculosis. A large part of the young people of Denmark are tuberculin negative Since it is known that tuberculin-negative persons acquire tuberculosis much more readily when exposed, BCG vaccination is believed to be a valuable adjunct in the control of tuberculosis

"The Tuberculosis Dispensary of Copenhagen re-

ports that morbidity and mortality from tuberculosis among the children in a tuberculous environment have been reduced following vaccination to almost zero Previously mortality among children exposed to tuberculosis in their homes was high, but in recent years children thus exposed have not died of tuberculosis, and children who become ill have a much milder form of tuberculosis than previously Holm concludes that BCG vaccination observed gives considerable, although not absolute, protection

"The allergy produced by the vaccination lasts more than three or four years In the health department of Bergen, Norway, among 4,400 persons vaccinated who were observed up to three years only one developed ulcerative pulmonary tuberculosis and 11 developed tuberculosis of the hilar lymph nodes The National Society Against Tuberculosis in Nor-

way favored mass vaccination in 1945

"Levine and Sackett, reporting the results of BCG immunization in New York City, assume a more conservative attitude. Although most reports have been optimistic, they feel that the vast majority of these studies have been inadequately controlled

"The authors point to a number of factors which could affect the comparative results, such as parental cooperation, economic conditions, racial distribution, exposure, and lost cases

"The efficacy of BCG vaccination must be judged by its ability to reduce the tuberculosis mortality of children vaccinated in their homes in the midst of a tuberculous environment The authors conclude that as a public health measure the routine vaccination with BCG of children from tuberculous homes is less advantageous than removal of the tuberculous subject from the home "

TROPICAL DISEASES FOUND IN VETERANS

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(From the Tropical Disease Diagnostic Service Health Department City of New York)

THE last two years have witnessed the publication of a number of articles describing the tropical diseases which might be encountered among members of the armed forces after their return to civilian life. Demobilization is now nearing completion and so the problem of tropical diseases among veterans has become a reality for the civilian physician. During 1945 the Tropical Disease Diagnostic Service of the New York City Health Department examined 272 vetorans The following summary of our findings gives an idea of the types and the frequency of the so-called tropical diseases encountered among men and women discharged from the armed forces.

Most of these 272 veterans were referred to the Service by their own physicians or by one of the veterans' counseling services. They had served in all parts of the world. The numbers serving in the various theatres of war were as follows.

Tropical

Pacific area including New Guinea 147
(Varrous small islands the Philippines, Japan)
Afro-European Theatre (Most served in both Africa and Italy)
China, Burma and/or India 22
American Theatre, including West Indies Panama, South America
Nontropical
U.S.A. only (Southern U.S.A. 11) 19

U.S.A. only (Southern U.S.A. 11)

Australia

Europe

5

Region of service not known

13

Total

The total exceeds the actual number examined, since in three instances the men saw service in two theatres. Slightly more than half of those examined served in the Pacific area. The vast majority were, of course, in the Army

The most frequent reason for which we were consulted was a history of malaria. The veteran desired advice and check up following one or more attacks. The commonest symptoms for which service was sought were. (1) diarrhea and other gastrointestinal complaints. (2) fever, with or without chills. (3) skin eruptions. (4) previous history of diarrhea amebic dysentery or worms, (5) the suspicion of or history of, filariasis.

The frequency of various reasons for consulta-

OH WIR HE FOROWS	
	Case
History of malaria	60
Fever and/or chills	43
Blood smear sent in for malaria parasites	11
Diarrhea	49
History of diarrhea	13
Other abdominal symptoms (e.g. pain)	13
History of amebic dysentery	6
History of worms	5
Skin eruption	31
History of filariasis	7
Symptoms suggesting filamasis	10
Miscellaneous complaints	29
Routine examination for tropical disease	6

In 11 cases the patient had two reasons for In 141 instances no diagnoses consultation were made, but in 116 of these, tests were done to rule out tropical infections and were negative As might have been expected, not all the veter ans had tropical or parasitic diseases. The following cosmopolitan conditions were diagnosed pulmonary tuberculosis, syphilis once each asthmatic bronchitis influenza, Vincent's stomatitis scables, impetigo contagiosa, and obesity It is important to keep in mind that those who have been in the tropics need not suffer from the so-called tropical diseases. Even if they have acquired their disease in the tropics, it may be one of the so-called cosmopolitan diseases

Diagnosis of a tropical disease was made in 119 patients. In a few cases the same patient had two or more diagnoses. The findings were as shown in Table 1

TABLE 1

Diagnosis		Cases
Malaria		38
Plasmodium vivax	86	
Species undstermined	1	
Clinical diagnosis (later confirmed else- where)	1	
Filariasis		22
Dermatosis probably mycotic		22 30
Amehisals		14
Amebie colitie	13	
Absess of liver	1	
Intestinal worms		12
Sprue		10
Giardiasis		3
Bacillary dysentery		1
Total		130

Malaria

Of the 38 patients with malaria, 33 had served in the Pacific theatre 4 in Africa and/or Italy and one in the China Burma India theatre

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[†] Assistant Director Bureau of Laboratories.

The diagnosis of malaria was made by means of a blood smear in 37 of these veterans. In 36 the parasite found was Plasmodium vivax. In one instance only ring forms were present and a positive species identification could not be made. There were two instances in which the first film done by our laboratory was negative and a second one several days later was positive. In a number of other instances films done by the referring physician were reported negative. Thick smears were found very valuable in the detection of a few cases in which there was a relatively low parasite density.

The manifestations of malaria in these cases were varied. Some had an acute febrile onset with temperatures usually around 104 F. It is noteworthy, however, that shaking chills were sometimes absent even when the temperature reached as high as 105 F. Even in the same individual in a given series of attacks, a shaking chill might occur in one seizure and not in the following one. Headache and nausea were complained of in many cases and in some instances nausea was the first symptom of the attack. Vomiting was less frequent than nausea alone. Abdominal pain occurred with the attack in 2 cases.

The fever was not always typically tertian in periodicity. In at least two instances it occurred in daily bouts. Occasionally, a few isolated bouts of fever with or without chill, occurring at intervals of several days, preceded the onset of tertian paroxysms.

In 4 cases there were symptoms of an indefinite character during the weeks or months preceding the actual attack. These included headache, abdominal pain, nausea, and weight loss. In two instances the patient complained of recurrent attacks of grippe. It is worthy of note that the symptoms of malaria are indistinguishable from those of grippe or influenza. The similarity is made more complete in some cases of malaria by the presence of herpes labialis.

Enlargement of the spleen was found usually but not invariably Of 21 cases in which physical examination was performed by us, the spleen was felt in 19 Most often it was not markedly enlarged. The 2 cases with pronounced splenomegaly had been ill for three and four weeks, respectively

Of the 38 cases of malaria, only 18 had a history of previous attacks. The other 20 were in men from the Pacific area who had been on suppressive atabrine, and had their first attack after the drug was discontinued. The onset of this attack almost always occurred one to two months following the cessation of atabrine suppression.

In 2 of the 38 cases we observed the blue discoloration of the nail beds and hard palate to which physicians in the armed forces have already drawn attention This pigmentation is attributed to the prolonged ingestion of atabrine

Filariasis

The diagnosis of filariasis was made on the basis of history of residence in an endemic area, symptoms and signs characteristic of the disease, and a positive skin test. With rare exceptions, microfilariae have not been found in members of the armed forces suffering from filariasis. The skin test was positive in the 21 cases in which it was performed. The one case in which the skin test was not done had a classic clinical picture and had been diagnosed by the Army. The symptoms and signs were noted as follows.

Presence of enlarged lymph nodes	14 cases
History of swelling of lymph nodes	3 cases
History of lymphangitis	5 cases
Pain in legs and/or groin	7 cases
Pain in genitals	4 cases
Thickened spermatic cords	6 cases
Fever	8 cases

Six had been diagnosed while in service Not all were infected in the Pacific One had been only in Panama, one in British Guiana, one in Dutch Guiana, and one in North Africa The last was from Puerto Rico and may have been infected there In 14 cases in which the incubation period could be estimated, it ranged from four to sixteen months

Intestinal Parasites

Stools were examined in 144 of the 272 veterans In some instances this was done because of symptoms or a history suggesting intestinal parasites, and in others merely as routine. The examination was done for cause in 81 cases, and as a routine measure in 63 cases. In Table 2 the numbers of each type of parasite found are summarized. It is to be emphasized that if a greater number of stool examinations had been carried out, there would have been more positive findings. In some instances only a single specimen was obtained, in others as many as 10. The average number of stools examined was slightly less than 3 per case (521 in all)

TABLE 2 —Parabites Found in Examination of Stools of 144 Veterans

Protoxoa Endameba histolytica Endameba coli Endollmax nana Iodameba butsohlii Giardia lamblia	13 13 7 2 8
Helminths Hookworm Ascaris lumbricoides Trichuris trichiura Strongyloides stercoralis	8 4 4 1
Double infections Triple infections	12

Intestinal Helminths—Intestinal helminths were found in 12 of those examined as might be expected, there were often more than one The infections found were as follows

Hookworm	8
Ascans lumbricoides	4
Trichuris trichiura	4
Strongyloides atercoralia	1

Of these 12 cases, 3 had filarnasis, 1 had sprue, and 1 had amebiasis in addition to the intestinal parasites

Amebiasis -- Amebiasis, infection with En dameba histolytica, is the most important in testinal parasitic infection with which we have to deal among veterans. There were 14 cases in this series, of which one was an instance of liver abscess in a veteran who had a history of amebic dysentery treated with emetine and carbar sone while in North Africa. The other 13 cases were infectious of the colon. In 5 of these 13 cases there was a definite indication for stool examination. In the remaining 8 the presenting symptom would not lead one to think of amebiasis It is instructive to consider the presenting symptoms in these 13 cases history of duarrhea or amebic dysentery, 3, presence of diarrhea 2; fever, 2 history of malaria, 2, suspicion of filariasis, 1 impotence, 1, skin eruption 1, rou tine examination for tropical diseases, 1

Of the 13 cases of intestinal amebians. 8 had no diarrhea. Of the remaining 5 who had diarrhea, no complaint was made of that symptom in two instances. It was brought out only after questioning and in one instance the history was not elucited until the presence of E histolytics had been determined. In two of the five instances of diarrhea, there was blood in the stool. In one instance the diagnosis was not established until the second series of stool examinations had been done. If repeated examinations had been made in other cases undoubtedly more would have been found with E. histolytica.

The amebic infection was acquired in the Pacific area in seven instances in Africa or Southern Europe in five instances, and in the Southern United States in one instance. The fourteenth case occurred in a veteran who had served not only in the China Burma India theatre but also in the West Indies and in Europe.

It should be evident that there is nothing typical about the symptoms in these cases. If we wait for the classic symptoms to be presented most cases will be missed. Amehiasis should be suspected in every individual who has been in the tropics as well as in any individual who complains of abdominal symptoms of any type for which there is no obyious explanation.

The great potential value of routine examinations of the stool is illustrated by the following case in which failure to make such examinations led to disastrous results

A veteran, 28 years of age who had served in North Africa and Italy from November, 1948, to September 1945 was discharged on October 25, 1945 A few days later he began to have pain in the right lower chest. This pain was intermittent and was attributed to pleurisy by the physician he consulted For three weeks he was kept in bed and treated for this condition. Since he falled to im prove, he was admitted to a hospital on November 23 1945 On admission he had no fever but looked ill and had a white blood count of 12,800 with 88 per cent polymorphonuclear neutrophils. On November 28 it was noted that he had diarrhea. On November 29 a stool was examined and found to contain many cysts and trophozoites of E histolytica. In the meantime because of the finding of an abdominal mass, he had been taken to the operating room where a liver abscess was found and drained On the day following operation he was given his first dose of emetine However, his tem perature rose to 104 8, and he expired the same day If the stools of this veteran had been examined shortly after his discharge, undoubtedly they would have been found positive Even if liver involvement had been present at that time appropriate non surgical treatment probably would have cured him.

Skin Lesions

The diagnosis of dermatomycosis was in most instances a clinical one. In a few cases the presence of a fungus was demonstrated in serajenges from the lesions. The Tropical Disease Diagnostic Service does not have complete facilities for diagnosis and treatment of skin affections, and these cases are usually referred elsewhere for special dermatologic handling

The fungus infections appeared in various locations. Some were found in the groin others in the familiar form of tinea corporis, others on the hands and feet, sometimes involving the nails.

Sprue

Sprue is a much neglected and poorly under stood tropical disease. In its well-marked, relatively advanced stages when there are soreness of the tongue macrocytic anemia, x-ray signs of deficiency disease, and a grossly fatty diarrhea, it is easy to recognize. Lattle attention, however, has been paid to the diagnosis of the condition in its early and mild forms.

Since there is no specific cause the diagnosis necessarily must be on clinical grounds. In our cases the diagnosis was made on the basis of a chronic duarrhea, usually with flatulence, plus the finding of microscopic evidence of a steator rhea, especially the presence of fatty acid crystals,

and the absence of pathogenic protozoa, ova, and bacteria in the stool. There were 10 cases in the veterans seen during 1945 which showed these characteristics and which were considered to be cases of sprue. Only two of them were treated by the Tropical Disease Diagnostic Service. They improved on a high protein diet, together with vitamins of the B group in various forms.

The men who suffered from sprue had served in different parts of the world Four were from the Pacific area, four had been in Africa and Italy, two had been in the West Indies, and one in the China-Burma-India theatre In one instance, the man had served in two different theatres

Discussion

As has been anticipated, certain types of tropical disease are occurring in veterans recently discharged from the armed forces. The diagnosis and treatment of these diseases often calls for special knowledge and experience. Laboratory examinations are almost always essential and usually may be entrusted only to technicians with special training.

Two of the most important of the tropical diseases are amebiasis and malaria. The best practice in connection with malaria calls for the use of thick smears for diagnosis. Technicians examining these smears must have had experience with the altered morphology of the parasite in such preparations. In the case of amebiasis, the examination of freshly passed liquid or semiliquid specimens is essential. Our experience indicates that almost 50 per cent of the cases would be missed if we relied on the examination of casual specimens. The detection of E histolytica in the

stool requires more special experience on the part of the laboratory worker than any other procedure in the field of parasitology

To provide the practitioner with the necessary special laboratory and clinical assistance in the handling of tropical affections, the New York City Health Department has established the Tropical Disease Diagnostic Service This service has been of special value to veterans who have served overseas and civilians who have been in the tropics Special facilities for the handling of tropical diseases are useful in any large port where there is a constant flow of travel In addition to its value to the practitioner, it is of public health importance Prompt diagnosis and treatment of such diseases as amebiasis is one factor in limiting their spread

Under the conditions existing in New York State only a few tropical diseases can be transmitted Foodhandlers affected with amebiasis may infect other persons if they are careless in their personal hygiene. In suburban and rural areas, there are anopheline mosquitoes during the summer months and sporadic transmission or even small outbreaks of malaria are possible, if gametocyte carriers are present. Malaria may also be transmitted by transfusions of blood from donors with latent infections

Summary

Tropical diseases were encountered in 119 of 272 veterans examined specifically for them during 1945. The commonest diseases were malaria, filariasis, fungus infections of the skin, amebiasis, intestinal worms, and sprue. Special laboratory and clinical facilities are important for the proper diagnosis and treatment of these so-called tropical diseases.

PHYSICIAN AND DENTIST LEGISLATORS

In the 80th Congress there are eight physicians and two dentists, one more physician and one less dentist than in the 79th Congress—Stimulated by this knowledge, the A M A was curious to know how many physicians and dentists might be found in the legislative halls of the states, and addressed an inquiry to representative physicians in each state

As a result of this inquiry, it was learned that in thirty state legislatures there are fifty-three physicians and sixteen dentists, while eighteen states report no physicians or dentists in their legislatures Eighteen states have but one physician, while nine have two physicians serving this year, and three have four, five and six, respectively. The governor of one state is a physician. Twelve states have one or two dentist legislators.

An inquiry as to the number of osteopaths or chiropractors disclosed that but two states each have one chiropractor in the Senate One legislator holds a degree of D D S as well as that of M D

DIGITALIS AND EMBOLIC MANIFESTATIONS ASSOCIATED WITH RHEUMATIC AND ARTERIOSCLEROTIC HEART DISEASE

SAMUEL EPSTEIN M D, Brooklyn, New York

(From the medical services of the Coney Island Hospital)

R ECENT noteworthy publications in the treatment of aurucular fibrillation in arterioselerotic heart disease with cardiac infarction in the use of dicumarol in acute coronary throm bosis 2 and in the use of digitalis in congestive failure associated with cardiac infarction? have posed an interesting and important problem in the management of these conditions. The problem has become further complicated by recent work pointing out the thrombogenic effects of digitalis and digitalloids 4. Macht's recent contribution on the thromboplastic effects of mercurials is likewise noteworthy, as are the thrombogenic properties of theobromine and theophylline

In contradistinction to these facts is the material dealing with potentially hypoprothrombinemic drugs. The demonstration that 5 grains of
quinine sulfate taken orally daily for six to six
teen days may give a significant rise of prothrombla time seems to be of some potential clinical
value. Should thus be shown to be true of
quinidine sulfate and work is under way to
demonstrate this, we may find a ready explanation
for some of the contradictory results published 1-3
The role of sallcy lates and sulfonamides in
hypoprothrombinemm is also of significance

Askey and Neurath' have shown that the ad ministration of digitalis in auricular fibrillation associated with congestive failure (the usually unquestioned indication for digitalis) in myocardial infarction appeared definitely to increase the production of fatal emboli to the greater circulation On the other hand quinidine exhibition was not associated with an increased percentage of fatal emboli It would seem that in addition to the prolongation of auricular fibrillation by digitalis as contrasted with quinidine, with the increased opportunity for auricular thrombus formation, that the thrombogenic properties of digitalis also play a role. The shortened prothrombin time following cardiac infarction, together with the disturbed clotting mechanism occurring with bed rest which tends further to increase clotting tendencies also may be signifi-The question of prime importance here is the fact that quinidine administration was associated with a lowered incidence of embolic Peters et al.2 have been able to phenomena lower the incidence of embolism postcardiac infarction from 16 per cent of 60 control cases to 2 per cent (1 case) of 50 dicumarchised cases. This points the way for what must be attempted in handling the conditions under discussion, in order to lessen the astounding incidence of embolic episodes in medical cases ande from surgical cases

In a similar vein we may consider the frequent incidence of embolic manifestations in rheumatic heart disease, especially following the onset of auricular fibrillation and the attendent necessity for digitalis control of the ventricular rate Here, too, in addition to the previous classic conception of the mechanism of thrombus forma tion and embolism, we must again add the throm bogenic properties of digitalis Similarly, the mercurial diurctics, and vanthines may well be indicted along these lines. Therefore, we must conclude that the incidence of embolic manifesta tions under these circumstances might be lowered considerably, if we could counteract by anticoagulants now available and those soon to be available the thrombogenic effects of the nathologic physiology of the state itself of the enforced bed rest, and of our medication (digitalis, mercurials xanthines)

Summary

- 1 There is pointed out the recent contributions concerning the thrombogenic properties of digitalis, the xanthines and the mercurial diureties.
- 2 The contrasting hypoprothrombinemic effects of quinine (and possibly quinidine), salicyl ates, and the sulfonamides have been indicated
- 3 The significance of these facts in the embolic manifestations associated with rheumatic and artenosclerotic heart disease and in the attempt to lower the incidence of these manifestations has been discussed.

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A SEVEN AND ONE-HALF YEAR REVIEW OF PNEUMONIA THERAPY

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(From the Medical Division of The Wychoff Heights Hospital, Brooklyn, New York)

CHEMOTHERAPEUTIC agents were introduced to the medical practice as specific drugs in pneumonia therapy in 1938. The first case so treated at Wyckoff Heights Hospital, Brooklyn, was in May of that year, and it is with this case that the present study begins

During succeeding years, new and purportedly more definitely specific therapeutic agents against the pneumonias, both lobar and bronchopneumonia, were introduced, and the statistical value of each entity is analyzed in this study. Accordingly, a progressive annual decrease in mortality as well as morbidity, and, concomtantly, a decrease in the number of complications should be revealed. The following data present the yearly changes in the results from May, 1938, to December, 1945, with cases of pneumonia at Wyckoff Heights Hospital.

Annual Mortality

The number of cases of pneumonia per year, the sex distribution, along with percentage mortality is shown in Table 1 The columns are totaled to give succinctness to the data

Table 1 shows an increase in the number of cases during the years, with a peak of 106 cases in 1945. Lobar pneumonia is shown to be more common than bronchopneumonia in the ratio of 1 to 24. The sex distribution is nearly equal. The data show a very sharp decline in mortality in 1945, but the average mortality, in spite of the specific therapy, is approximately 1 of every 5 patients. This obviously high mortality is due to the nature of the diseases with which the pneumonia was associated.

Mortality by Age and Sex—The age incidence and mortality in the two sexes is presented in Table 2 (see top of page 1133) They show the number of cases as well as the mortality per decade of life per year The columns have been totaled to facilitate a quick grasp of the trend of events

The data of Table 2 present the mortality in 281 men, with a death rate of 22 0 per cent (62 cases), and in 258 women, with a death rate of 19 7 per cent (51 cases) The incidence of pneumonia in infancy and early childhood is demonstrated. The mortality, however, is greatest in persons past middle life.

TABLE 3 -- PNEUMONIA--PERCENTAGE MORTALITY

Year	Men	Women	Total
1938	28 0	25 0	26 5
1939	10 5	22 2	16 2
1940	23 5	23 5	23 5
1941	19 1	35 3	25 6
1942	23 4	9 9	18 P
1943	34 3	13 5	23 9
1944	38 2	20 0	25 8
1945	88	16 0	12 2
Average	22 0	19 7	21 0

Annual Mortality Rate -The percentage mortality in both sexes, and the average for the seven and one-half years, is shown in Table 3 vearly fluctuations and the low mortality for 1945 are noteworthy These figures contrast with reports by Buchanan and Ashley, who, while working at Coney Island Hospital, found a mortality of 34 per cent with nonspecific therany in cases treated for several years prior to They also reported² a mortality in 1934 of 14 per cent in all cases treated with antipneumococcal serum, the only truly specific therapeutic agent available at that time mortality reported in this present study of 537 cases, when completely analyzed, will show the value of the recent specific therapy

Mortality by Type of Pneumonia

The mortality per annum due to lobar pneumonia and bronchopneumonia is given in Table 4. This table shows considerable variations, but no definite conclusions can be drawn from data available.

TABLE 1 -- PNEUMONIA--INCIDENCE AND PERCENTAGE MORTALITY

Tear 1938 1939 1940 1941 1942 1943 1944 1945	Total Number of Cases 49 37 34 82 79 71 79 106	Lobar Pneumonia 26 27 31 63 66 65 40 61	Broncho- pneumonia 23 10 3 19 13 6 39 45	Men 25 19 17 48 47 34 57	Women 24 18 17 34 32 37 45	Number of Deaths 13 6 8 21 15 17 20 13	Percentage Mortality 26 5 16 2 23 5 25 6 18 9 23 9 25 3 12 2
Totals	537	379	158	281	256	113	21 0 (Average)

TABLE 2 -- PREUMONIA-INCIDENCE AND MORTALITY BY DECADES

									Мин									
Dea 1	1	938	Num	939	Num	940	V.m.	941	Num.	113	Num	1913	Nome	114	l Num-	945	Tot Num-	
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II	6	1	3		2		10	1	11	1	5	1	15	2	25	1	77	7
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TABLE 4 -- PREUMONIA-NUMBER OF DEATES

Year	Lober Pneumonia	Broncho- pneumonia
1938 1939 1940 1941 1942 1943 1944	8	10
1939	3	8
1940	5	3
1941	11	10
1942	11	4
1943	16	1
1944	7	18
1945	5	8
	_	
Total	61	52

Remonal Location -At this point, as a matter of interest, the particular lobes affected in lobar pneumonia are presented Lobar pneumonia is shown to be most common at the bases, and, in this study, more common at the right base (Table 5)

Typing of Organisms

May 15 1047]

The specific organism causing pneumonia was determined at one period of modern medicine in nearly all cases, but the general trend of today is shown in Table 6 The desirability of knowing

TABLE 6-PERCENTAGE OF SPUTA TYPED PER YEAR

1938	38 7	1942	13 9
1939	43 2	1943	14 1
1940	38 2	1944	8 9
1941	30 5	1945	11 3

the exact causative agent is as important today as formerly as the present therapy is effective against these causal factors. The atypical cases would be recognized promptly if bacteriologic studies were made early in the treatment of CASCA.

Confirming the Diagnosis

The clinical diagnosis of pneumonia should be confirmed by roentgenograms of the chest. This is just as important today as in an earlier period Table 7 reveals the need for more active interest. in confirming the diagnosis in each patient.

TABLE 7 —FREQUENCY OF X RAY TO CONTIRM CLINICAL DIAGRAMS

lear	Total Cases	Number X rayed	Percentage X-rayed				
1938	49	98	57 1				
1939 1940	97	13	35 1 70 6				
1941	97 34 53	13 34 45	54 9				
1942 1943	79	35	45 5				
1944	71 79	36 32 38	45 0 43 0				
1945	106	50	55 7				

Days of Hospitalization -A fair index of the morbidity of a disease is the number of days hospitalization required Table 8 shows the morbidity per year for the pneumonias, with the average number of days per case.

TABLE 8 - Mornidity Expressed in Number of Hosel Tal Days

Year	Lobar	Broncho-	Average
	Pnaumonia	poeumonia	per Case
1938	459	311	15 7
1939	378	147	
1940	405	20	14 2 12 4
1941	1021	400	17 3
1942	864	169	18 0
1943 1944	982 579	169 84 440	15 0
1945	896	512	13 3

TABLE 5 - LOBAR PREUMONIA-INCIDENCE OF INDIVIDUAL LOBE INVOLVEMENT

Lobe Right upper Right middle Right lower Left upper Left lower	1938 5 3 10 4 10	1939 4 3 11 4 14	1940 7 2 13 2 10	1941 10 8 34 8 30	1942 13 6 33 8 27	1943 13 12 30 6 34	1944 8 7 19	1945 11 10 31 6 27	Total 71 51 180 39 161	===

TABLE 9 -- Complications and Their Frequency

Complication	1938	1939	1940	1941	1942	1943	1944	1945	Total
Pleurisy	2		1	5	1		3	3	15
Pleural effusion	2		1	1	1	2	5		12
Empyema .	1	2		2	3	1	2		11
Congestive heart failure	1	1	1	1			2		6
Meningismus				1	1	1	1	1	5
Serum reaction	1	2		_					3
Drug dermatitis				1		2			3
Phlebitis				1	2				3
Anuria			_	1	1	_			2
Psychosis			1			1			2
Convulsion					1			_	1
Lung abscess	_							I	I
Abdominal distension	1								1
Multiple neuritis				1					1
Total	8	-5	4	14	10	7	13	-5	66

Such an analysis reveals that specific therapy has resulted in but a very slight decrease in the total number of hospital days per patient Prior to 1934, the average number of days hospitalization for pneumonia cases was 21

Complications—The medical complications which were associated with the pneumonias are analyzed in Table 9—This table shows pleurisy, pleurisy with effusion, and empyema to be the most frequent complications—The conclusion must be drawn that specific therapy has not significantly reduced the number of complications per year

Associated Diseases

Table 1 of this study shows the percentage mortality per year and the average mortality for the seven and one-half years (210 per cent) This figure, without an analysis of associated diseases which in themselves are a cause of mortality, might give the impression that the present therapy for pneumonia per se is not of great In order to demonstrate the reason for the high average mortality, the following data are presented The patients who died without treatment for a minimum of three days are not considered as having had sufficient therapy to indicate the value of such therapy The percentage death from these causes is deducted from the average mortality for the study period, and the actual mortality for pneumonia per se is thereby obtained These data are incorporated into Table 10

Of the 113 deaths, actually 95 can be attributed to other causes Excluding these 95 cases from our study, the total number of cases reviewed is 442 With 18 deaths due to pneumonia per se, the mortality is 4 07 per cent

Modern Trend of Therapy

Specific therapy has changed with the introductions of newer chemotherapeutic and antibiotic agents Table 11 (see page 1135) shows the year of introduction of these agents, the total number of cases in which the agent was used, either alone or in combination, as well as the mortality

Table 11 reveals that the specific therapy of pneumonia is now centered on the use of sulfathiazole, sulfadiazine, and penicillin Sulfathiazole has been used alone or in combination in a total of 260 cases of all types, with a mortality of 154 per cent

Sulfadiazine was used alone or in combination in a total of 92 cases of all types, with a mortality of 130 per cent. Penicillin has been used alone or in combination in a total of 90 cases of all types, with a mortality of 188 per cent. The only year in which a marked reduction occurred in the mortality in this study was 1945. This undoubtedly is attributable to the more frequent use of penicillin in large doses.

Summary

Detailed analysis of data presented demonstrates a mortality of 4 07 per cent for pneu-

TABLE 10 -Analysis of Mortality

Y ear	Total Mortality	Mortality with Surgical Condition	Mortality with Medical Condition	Mortality with Insufficient Therapy	Mortality with Sufficient Therapy
1938 1939	13 6	6 1	4	1 3	2 1
1940 1941 1942	8 21	2	2 9	3 11	1 1
1943 1944	17 20	2 5	3 3 8	3 8 5	ծ 4 2
1945	13	<u>ž</u>	4	5	2
Total	113	22	34	39	18

TABLE 11 -- RESULTS WITH THE SPECIFIC TRESAPPUTIC AGENTS

Agent	Num	1938 Deaths	\un		Nun		Num	Deaths	Nun ber	4 Deaths	Num- ber	3 Deaths	Num ber	14 Deaths	Num ber D	-
Optochin base Astipneumonia seru Sulfanilamide Sulfapyridine Proatosil Neoprontosil Sulfathiasole Sulfathiasole Praicillin	ım 4 12	3	13 5 9 3 8	2 2 2 1	31 1 1 1 2	6 1 1	1 23 60 1	3 17	3 4 2 55 19	3 2 1 9 3	1 1 4 58 10 1	1 12 3 1	1 55 17 21	11 2 7	30 45 68	1 4 0

monia per se This figure indicates that the present mortality undoubtedly is due to organisms which hitherto have been unidentified and necessitates the careful determination where possible of the causal organism in each case of pneumonia before treatment is begun

This is one means which will lead to the correct therapy for the small group of atypical

WHAT DOES THE MEDICAL SOCIETY OF THE STATE OF NEW YORK DO FOR ITS MEMBERS?

The Council Committee on Public Health and Education

The Council Committee on Public Health and Education is engaged in a considerable number of activities which require planning, organizing and directing. These activities are not confined to the Medical Society. A very close operating relationship with several government agencies the nine medical schools in the State and several other professional and research groups is necessary.

While a Committee of three has the responsibility of management, it is a large group of physicians subcommittee members and advisers who make the machinery work. In this brief statement, it is quite impossible to relate satisfactorily or in detail the numerous and important functions of the Committee.

impossible to relate satisfactorily or in detail the numerous and important functions of the Committee.

Postgraduate education is the best known of these functions. All of the members of the Society know something about it Few of them know about the work involved in the preparation of the Course Outline Book arrangements for financing the program, and the endless number of such things as complying with requests for speakers for county medical societies academies of medicine, and hospitals taffs. It should always be emphasized that postgraduate education is a cooperative endeavor of the Medical Society of the State of New York and many educational institutions, and that it is financed by the Medical Society and the New York State Department of Health Education is a common ground for cooperation and we are fortunate to have such a satisfactory arrangement

At the present time, the Council Committee on Public Health and Education has the following organization Council Committee—three members advisers—Commissioner of Health of the State of New York and Deputy Commissioner of Health of the State of New York Subcommittee on Maternal Welfare, Subcommittee on Child Welfare, twelve Regional Chairmen on Obstetrics twelve Regional Chairmen on Pediatrics Subcommittee on 4-H Clubs and Youth Health Activities Joint Committee on Dental Health—Modical Society of the State of New York and Dental Society of the State of New York Study Committee on Industrial Health, Subcommittee on Hard of Hearing and the Deaf Subcommittee on Cancer, Subcommittee on Rehabilitation Subcommittee on Mental Hygiene and advisers regarding classification of specialists.

CLINICOPATHOLOGIC CONFERENCES

FOURTH MEDICAL DIVISION OF BELLEVUE HOSPITAL, New York City

Date October 14, 1946

Conducted by MAXWELL L GELFAND, M D, and WILLIAM A LEFF, M D

PRIMARY CARCÍNOMA OF THE LIVER

DR WILLIAM A LEFF (Resident) The patient, P M, a 59-year-old colored man, was admitted to the Fourth Medical Division of Bellevue Hospital on February 15, 1946, with complaints of vomiting and swelling of the abdomen for twentyone days Until three weeks prior to admission he had been entirely well, but had noticed that his "eyeballs were slightly yellow" for the last few months During the three weeks prior to admission he had vomited once or twice daily small amounts of greenish fluid with recently He also had marked anorexia and eaten food He used laxatives daily but the constinution stools were small in amount and brown noticed gradual swelling of his abdomen along with increasing abdominal pain, weakness, and malaise Because of his occupation as a floor and woodwork cleaner, he came in contact with There was no history of various chemicals operations, allergies, or injuries He had had gonorrhea many years before with occasional dysuria since that time

On admission the temperature was 97 F, the pulse, 88, respirations, 16, and blood pressure, 100/60 The patient was a well-developed and well-nourished colored man of 59, lethargic and very weak, but in no real distress, lying still but crying out with pain upon any movement pupils reacted to light and accommodation conjunctivae were mildly icteric Fundoscopic examination was negative The trachea was deviated to the right slightly Examination of the chest revealed shallow breathing, dullness over lower one half of both lung fields, distant breath sounds over upper one half of lung fields and absent breath sounds in the lower quarter of both lung fields The heart was not enlarged to percussion, the sounds were of fair quality with regular sinus rhythm No murmurs were heard The abdomen was markedly distended and there was a definite fluid wave No organs could be palpated There was marked tenderness over the entire abdomen, especially in the umbilical and epigastric regions Rectal examination revealed two plus enlargement of the prostate which was firm but not hard There were no masses, blood, or stool on the examining finger The reflexes were physiologic

Course and Laboratory Data—Urmalysis showed two plus albumin, specific gravity of 1 024

and occasional hyaline casts, no bile but urobilinogen was present in concentration of 1 10 The white blood count was 17,200 with 77 per cent polymorphonuclears (of which 9 per cent were immature forms), 21 per cent lymphocytes, and 2 per cent monocytes The hemoglobin was 9 Gm, red blood count, 3,030,000 On the evening of admission he was seen by the surgeons and accepted for transfer with the opinion that he might have had a large bowel obstruction, probably carcinoma of the rectosigmoid It was the opinion of several other observers that the patient had cirrhosis of the liver and carcinoma with metastases to the liver A flat plate of the abdomen was reported negative, and a note by the surgeon stated "doubt there is a true obstruction here" Three days later, it was decided to do an abdominal paracentesis which yielded "bloody fluid" and blood oozed from the wound Several hours later he became incontinent, irrational, and slowly lapsed into a comatose state A neurologist was called who said "that it is possible he had a right middle cerebral thrombosis but in his state of unconsciousness neurologic localization is hardly possible" The blood nonprotein nitrogen was 95 mg per cent He was given intravenous glucose and saline, but lapsed into a deep coma and expired quietly on the seventh hospital day

Discussion

DR MAXWELL L GELFAND From the facts just presented, it appears that this 59-year-old colored man, a woodwork cleaner, had a short history of three weeks' duration of vomiting, anorexia, weakness, and increasing abdominal swelling with pain The most outstanding physical findings were (1) ascites of a bloody nature, (2) marked tenderness over the entire abdomen, (3) signs of diminished breath sounds in both bases, and (4) terminally, a comatose state The chest signs suggesting pleural fluid were not corroborated by fluoroscopy

The most common cause of ascites is cardiac disease, as shown by Cabot in 1912, in a study of 5,000 autopsy cases. However, inasmuch as there is no antecedent history of hypertension, lues, rheumatic fever, coronary artery disease, or physical findings referable to the heart, we may dismiss this. Diffuse glomerulonephritis may also cause edema with ascites. In this the eyelids,

face, back and thighs are involved in addition to the serous cavities. Elevation of blood pressure and oliguran precede the edema. Azotemia, anemia, and urinary findings help in the diagnosis. This patient, although there was no hypertension, presented an anemia and azotemia terminally. However, because of the high specific gravity and negative microscopic findings, intrinsic pathology as the cause of the latter can be excluded. The high specific gravity and azotemia can be explained by the prerenal azotemia mechanism as a result of the azotes.

Curhosis of the liver with portal decompensation is the next most important condition that can produce ascites. The latter may be the initial symptom without previous warning, as was shown by Snell in 18 per cent of 112 patients Gastrointestural symptoms as indigestion, flatu lence, nausca vomiting, and weakness are common symptoms of this disease Jaundice of slight degree occurs in between 50 to 65 per cent of these cases and enlargement of the liver is usually found Cerebral symptoms from confusion loss of concentration to come frequently occur as a terminal stage of this disease The history and physical findings of this patient can easily fit into this picture even though he did not demonstrate evi dence of collateral circulation spider nevi hemor rhagic tendencies and laboratory evidence of liver damage. However, the rapid course and hemorrhagic fluid cannot be explained merely on the basis of currhosis and brings to mind a more malignant process

It is well known that primary hepatoma of the liver is frequently associated with previous liver damage, particularly cirrhosis. This condition must be considered in men over fifty years of age who have a hemorrhagic ascites and an acute abdominal catastrophe, and succumb within a The bloody or serosanguineous nashort time ture of the abdominal fluid occurs because of thromboses of the portal vein Enlargement of the liver occurs in only about one half of the cases and frequently cannot be palpated until the abdominal distension is relieved by paracentesis Anemia and leukocytosis with variable iaundice and rarely disturbed liver function tests are characteristic

Malignant disease of the gastrointestinal tract can produce ascites of a bloody nature. The mechanism of ascites, we all know, is one of four, namely (1) peritoneal metastases (2) pressure on the portal vein, (3) involvement of the retroperitoneal glands and lymphatics, and rarely (4) by direct invasion of other the inferior vena cava or portal vein. In this condition one may find x ray evidence of a lesion and examination of the ascitic fluid usually reveals blood with a high protein content and tumor cells. Unfortunately, our data is lacking considerable important find

In Chiarris syndrome occlusion of the hepatic veins in addition to the arcites, rapid enlargement of the liver with abdominal pain and tender ness, high venous pressure, cyanosis and distension of the neck veins are important signs which our patient did not present.

A condition that is frequently overlooked, although rare, is hemoperitoneum. In this there is usually a history of trauma, although rupture of a mesenteric vessel or dissecting abdominal aneurysm may be the cause. Shook and other signs of hemorrhage depending on the extent of rupture and speed of bleeding, are usually present

In conclusion I would say, therefore that from the history physical findings, and the possibilities enunciated that the most likely diagnosis of this patient is

- 1 Primary carcinoma of the liver with under lying currhous
 - 2 Thrombosis of the portal vein

3 If the above is not found I should like to suggest the possibility of hemopentoneum as a result of an intra-abdominal vascular accident. However, on this basis I could not account for the jaundice noted before admission.

DR HARRY A SOLOMON From the data presented such as nonobstructive icterus, anorexia, weakness, and massive ascites it would seem that the underlying condition in this case was one of diffuse liver disease with sovere hepa tocellular damage and portal decompensation Because of madequate evidence the nature of the liver disease could not be determined the differential diagnosis of ascites no mention is made as to whether or not a venous hum was heard. As a diagnostic sign a venous hum heard over various parts of the body is of doubtful significance, but when heard over the abdomen in the areas below the xiphoid process of the sternum or above the umbilious, it is practically pathognomonic of portal obstruction

Careful auscultation is required to hear this low-pitched, continuous murmur which is due to the development of a collateral circulation in portal hypertension, as in cirrhosis of the liver It is an essential diagnostic feature, and the venous murmur may be quite loud and accompanied by a palpable thrill, in the Cruveillner Baumgarten syndrome Here the portal hypertension is due to congenital hypoplasia of the liver, and the excessive collateral circulation is associated with patency of the umbilical vain

In this case because of the rapid development of massive assites it is likely that the portal hypertension if present is due to thrombosis of the portal vein or its intrahepatic radicles, and that the bloody assitic fluid is due to rupture of small collateral veins Pleural effusion which may develop in cirrhosis of the liver and, like the venous hum, is due to the development of a collateral circulation may also be hemorrhagic in character

In the last two cases of Wilson's disease on our wards, a venous hum was heard in both, and in currhosis of the liver the hum can be heard, in my experience, in over 10 per cent of the cases

DR EMANUEL APPLIBAUM It seems to me that the most plausible diagnosis in this case is primary carcinoma of the liver The symptomatology and the relatively short clinical course are entirely consistent with this diagnosis While decompensated portal cirihosis of the liver may and often does present a similar clinical picture, it almost never causes a bloody ascitic fluid Of course, it is possible to have a primary carcinoma of the liver superimposed on cirrhosis

In this connection it is well to recall that from a pathologic point of view three types of primary hepatic carcinoma are recognized. First, there is the solitary nodule type, with one large tumor mass occupying a large portion of one of the liver lobes. Second, we have the multinodular form, in which the liver is studded with many tumor nodules of varying size. In the third type the primary carcinoma is superimposed on a pre-existing cirrhosis, from which it is often indistinguishable in the gross. The last type occurs in about one third of the cases.

It may also be of interest to mention that metastasis from primary carcinoma of the liver is frequently by direct extension along the veins in the form of neoplastic thrombophlebitis. In this manner the tumor may creep into the vena cava and invade also the heart and lungs. This is similar to metastasis from hypernephroma

DR MENNASCH KALKSTEIN There is ample evidence in this case to suspect the presence of hemoperitoneum. The grossly bloody abdominal fluid, the peritoneal irritation manifested by exquisite tenderness, and the presence of jaundice without bile in the urine support this

Trauma cannot be ruled out among the other possible causes of hemoperatoneum. The absence of such a history should not eliminate this possibility.

Discussion of Pathology

DR HENRY SPITZ The body showed marked cachevia. No leg edema was noted. A small recent paracentesis wound was found on the anterior abdominal wall just below the umbilicus. It was sutured with catgut and the tract through the left rectus abdominis mulcle was surrounded by hemorrhage. The sclerae were interior. The peritoneal cavity contained a yout 2,000 cc. of bloody fluid. The liver was small, nodular, and

weighed 1,100 Gm, the left lobe of the liver was covered by clotted blood When that was wined off, no tear or rent was found in the liver parenchyma Elevated above the nodular surface was one hemispherical mass, measuring 5 cm in diameter It was soft, white, and surrounded by smaller similar nodules The remainder of the liver was fawn-colored with areas of green section, complete distortion of the architecture The liver parenchyma was replaced by yellow and green nodules varying in size from 1 to 5 mm separated by grayish-red bands of In the left lobe the aforefirm fibrous tissue mentioned mass was found replacing the greater portion of the lobe Its center was reddishbrown and necrotic, its periphery firmer and white Scattered around this mass were several sımılar nodules varyıng in greatest diameter from 05 to 15 cm A few metastatic nodules were present in the right lobe of the liver

The portal vein was almost occluded by a The spleen was slightly enlarged, weighed 200 Gm, and showed no other gross abnormalities The esophageal veins in the lower one third were dilated but no point of rupture was seen The other organs, save for mild congestion, showed no important changes Histologic examination of the liver revealed the typical picture of portal cirrhosis with rather marked regeneration of liver cells These formed large nodules with extensive fatty infiltration and many areas of fresh necrosis The tumor nodules were composed of atypical liver cells The centers of the nodules were widely necrotic In many areas there was invasion of intrahepatic branches of the portal vein by tumor cells distant metastases were found in any of the organs examined The renal tubules showed mild degenerative changes No other important lesions were found

There is a striking discrepancy between the short clinical course of the disease and the advanced changes that were found in the liver However, portal curhosis may remain asymptomatic for a long period of time and often gastrointestinal hemorrhage or persistent ascites first induces the patient to seek medical aid case, the rapid course is well explained by the extensive fatty and necrotic change that supervened in the cirrhotic liver combined with the local and general effects of the carcinoma thrombosis of the portal vein was an important factor in the development of the rapidly mcreasing ascites No point of bleeding was found that might explain adequately the presence of frank blood in the peritoneal cavity Usually, extensive necrosis, hemorrhage, and rupture of the tumor are the causes of intraperitoneal hemorrhage in these cases These were not found

The hemorrhage into the rectus alxlominis muscle was slight and no clot was found attached to the paracentesis aite. It is conceivable that a vessel had been punctured during paracentesis causing considerable hemorrhage and had then retracted so that it could not be identified at autopsy as the source of bleeding. This, however, is only conjecture No definite explanation can be given on the basis of our findings.

A careful investigation of his hematologic status might have helped in determining the type of anemia that was present on It is not inconceivable that hemorrhagic ascites had been present

already on admission and was in part the cause of the anemia.

Anatomic Diagnosis

The anatomic diagnosis was as follows portal cirrhosis of liver, carcinoma of liver, hepatocellular type, with direct extension into branches of the portal vein thrombosis of portal vein with organization and recanalization splenomeraly mild, due to portal hypertension, ascites, dila tation of esophageal veins, jaundice, cachexia, paracentesis wound with hemorrhage into the left rectus abdominis muscle, and hemorrhage into peritoneal cavity

NEW METHOD TO REDUCE DEATH RATE FROM ACUTE APPENDICITIS

Use of penicillin and sulfadiasine has reduced the death rate the length of illness, and complications from acute appendicitis, according to four Chicago doctors writing in the March 29 issue of the Journal of the American Medical Association

The physicians are Drs. William D Griffin, Joseph Silverstein, Harry G Hardt, Jr, and Landon Seed from the Hektoen Institute for Medical Research of the Cook County Hospital Chicago They point to a mortality of approximately I per cent for the 108 patients with acute appendicities treated with the two drugs between March and October 1946 In the period 1944 to 1945 before these drugs were used in conjunction with the stand ard treatment, the mortality rate was 4.8 for 592

appendectomy patients

The average hospital stay also has been reduced as a result of the use of the drugs

In 1935 a patient had to remain in the hospital anywhere from 12 1 to 10 6 days, depending on the complication in 1944 he had to stay from 11 0 to 19 7 days, whereas in 1940 he stayed between 7 9 and 11 7 days

The drugs were administered in the following way Twenty thousand units of penicillin were injected into the muscles before operation followed by 20,000 units of penicillin every three hours for four days after surgery, totaling 660 000 units. The petients

also received 1 Gm. of sulfadiazine four times a day after the operation. Both drugs were used in order to obtain a greater range of protection against the

possible growth of bacteria.
The 108 cases were classified as follows (1) acute appondicitis producing pus, 62, (2) acute gangre-nous appondicitis 17 and (3) perforated appondicitis 29 There were 77 adults, of whom 55 were men and 22 were women, and 31 children.

Three cases of abdominal abscesses and 1 case of pelvic abscess were observed in this series. The authors state that these abscesses subsided spontaneously on the continuation of the routine ad ministration of penicillin and sulfadiasine. The masses became less tender smaller and then disappeared ' The temperature gradually dropped to normal, they report, and the patients were dis-charged by the twenty first day following operation.

"There were 9 instances of wound infection, according to the Chicago physicians In 5 of drains were inserted at the time of operation In 5 of these use of penicillin and sulfadiasine seemed to prevent development of severe infection in the wounds In the infected wounds there was also an apparent absonce of local tissue reaction as evidenced by a minimal amount of pain tenderness, heat, and swelling of the surrounding tissues'

NONSPECIFIC GRANULOMÁTOUS LESIONS OF THE INTRA-ABDOMINAL LYMPH NODES

ABRAHAM O WILENSKY, M D, New York City

THE presence of associated lymphadenitis in the appropriate lymph glands to neighboring foci of nonspecific granulomatous inflammation in the alimentary tract (ileitis, etc.) is, in its simplest forms, accepted without especial thought as a natural sequence of events. It is not, however, generally appreciated that the lesions in the lymph nodes may outweigh in their importance the immediate effects of the intestinal lesion, and that after apparently successful operations in which the affected loop is removed, the lesion may recrudesce in an aggravated form in the lymph nodes. A rather outstanding example of this having occurred in my experience, it is reported herewith

Case Report

In 1937 a 22-year-old man went through an episode of diarrhea lasting six months, following which a mass developed in the right lower abdominal quadrant. He was then operated upon by another surgeon, who realized that the condition was more than an appendicitis, but nevertheless, did no more than remove the appendix and drain the area. The patient then received some radiotherapy with temporary closure of the wound. Later, however, an abscess formed in the scar which necessitated secondary incision and drainage. Thereafter the resultant sinus never healed. The diagnosis of a nonspecific granuloma was certain and the patient was then operated upon by me. The operative record was as follows.

The general peritoneal cavity was negative area of the previous operation was well walled off and contained a fistula which led directly into the cecum The cecal pouch was very much thickened and had the usual appearance of a granuloma A moderate number of enlarged glands were present in the ileocecal corner of the mesentery Two loops of the cecal corner of the mesentery Two loops of the small intestines in the terminal ileum were adherent to the site of the fistula and each of them was occupied by a perforation from the granulomatous After the exploration was completed, a resection was made of the terminal ileum containing the two sites of perforation, the cecum and about three inches of the ascending colon, including also that part of the mesentery which contained the large lymph nodes The stumps of the ileum and the ascending colon were closed and the continuity of the bowel was re-established by a side-to-side anastomosis between the stump of the ileum and the stump of the ascending colon The opening in the mesentery and the peritoneal defect in the lumbar gutter were closed by suture There was an uneventful convalescence, and the patient was discharged from the hospital well

The pathologic examination of the specimen showed the usual picture of a nonspecific granuloma of the cecum

The patient remained well until 1944, at which time he again went through an episode similar to that previously experienced but without the depart of an absecss, or spontaneous or operative of the site of the previous operation. The gain subsided, and the man remained well arly part of 1946

Then the patient again developed pain in the lower right quadrant, with temperature going as high as 104 F. Various local measures were tried, including prolonged periods of treatment with the sulfa group and with penicillin. No therapeutic effect was noted, the symptoms continued, and the man was incapacitated for any work. These conservative measures were continued by the local family physician until everyone's patience was exhausted and surgery was again resorted to

The second operative exploration showed a large mass involving the entire area of anastomosis between the ileum and the colon and the adjacent coils of ileum and ascending colon All of the tissues were tremendously thickened and inflamed and the induration extended outwards into the mesentery and across the median line overlying the spine Numerous enlarged glands were included, and the entire mass was fused together by dense adhesions dissection was most difficult because of the danger of injury to the ureter and the duodenum Nevertheless, it was finally possible to free and deliver the entire mass into the wound and to resect it in toto Sulfanilamide powder was insufflated all over the operative field and the wound was closed with abundant dramage There was an uneventful convalescence and healing and the patient was discharged from the hospital well after three weeks

The pathologic study of the specimen was made by Dr Arthur Schiffin, who reported the following The specimen consisted of a mass of tissue aggregating in volume, the size of a honeydew melon. It included 30 cm of ileum. The mucosa of the latter up to the ileocolonic stoma was smooth and showed no ulcerations or polyps. The wall was very slightly thickened, mainly due to serosal adhesions. The specimen included the stump of the resected colon, which was free of any abnormality, and about 30 cm of the ascending colon. The lumen of the latter was wide, but its entire mucosa was delicate and

free of any ulceration or polyps

At a distance of 1 cm. from the intact stoma, in the colon, there were two flattened ulcerations. The edges were friable and reddened but not indurated. Simple probing of one of them penetrated the gut wall and ended in a blind indurated pericolonic area. The other opening led into a walnut-sized cavity whose edges were indurated and covered by dirty gray, friable material. This cavity was closed on all sides by the mesocolon. Sections through the mesocolon in this area showed it to contain indurated white fat tissue and lymph nodes. No foreign body was found within the cavity.

Sections Through the Fistulous Tracts—There was a broad ulcer at the site of the larger fistulous tract. It was devoid of a mucosal layer and its base contained no mucosal glands. The base of the ulcer consisted of granulation tissue which was in continuation with the granulation tissue undermining the submucosal and muscularis areas of the adjacent gut wall, and with the granulation tissue which lined the tract extending from the luminal side of the gut into the pericolonic tissue. Within this granulation tissue there were numerous foreign body types of giant cells, numerous polyps, numerous round cells, and numerous small and large congested capillaries lying within edematous stroma. Large polygonal

macrophagic cells were also present. There were foci of necrosis and necrobiosis, but no cascation was seen and no typical tubercle formation was found. Fibrosis was present and was limited to the area of

the sinus tract.

Study of the mucosa adjacent to the large fistulous onfice showed it to contain regular mucosal glands lined by mucinous columnar cells The mucosal stroms was rather delicate and showed infiltration by round cells and scant polype. The submucosa outside of the immediate area of the fistulous tract was also relatively intact, showing only moderate hyperemia and moderate infiltration by round cells and polymorphonuclears without remarkable fibrosis. The muscular layer was not especially broadened, but the serosal fat tissue and serosal area was widened and showed infiltration by round cells and polyps and necrobiosis and interstitual hemorrhage. No giant cells were found within this area of the serosa even where the infiltration by round cells was marked. This was in contrast to the granulation tussue on the level of the serosal layer lining the tract and showing marked infiltration by foreign body type of giant cells.

The small fistulous orifice in the colon near the ileocolonic stoms was lined by granulation tissue which was in continuity with the cavity within the submucosa leading into the gut wall through the muscularis to the pericolonic cavity. There were numerous foreign body giant cells throughout all the granulation to sue lining the wall of the tract The edges of this tract orifice contained overhanging glandular mucous membrane showing fibrosis and infiltration by round cells The mucosa and sub mucoea and wall of the gut at only a little distance from the sinus tract was not especially thickened. Fibrosis and round cell infiltration were shight There were small submucosa lymph folicles which showed mild hyperplasia. There was no caseation of tubercle formation.

Sections Through the Heocolonic Stoma -The mucosal area showed ulceration and mild polypoid elevations. Diffuse fibrosis with infiltration by numerous round cells and scant polymorphonuclears and plasma cells was present. Some of the glands were atrophic No foreign body type of giant cells were present here Several submucosal lymph follicles were present but no cascation or tubercle formstion was seen. Round calls infiltration and fibrosis extended into the perimuscularis connective tissue.

There was no especial thickening, fibrosis, or cellu lar infiltration of this portion of the serosal area. Sections Through the Wall of the Pericolonic Abscess Carity -These showed markedly hemorrhagic granulation tissue containing many foreign body grant cells and dense fibrosis. Several small lymph nodes within the wall of the cavity showed hyper plasia, but no cascation tubercle formation or giant cell reaction

Sections Through the Colon at a Lettle Distance from the Futulous Orafics.—These showed intact mucosal glands and moderate fibresis and round cell infiltration of the submucosa. The outer wall at this site showed a broad zone of cellular granulation tusue containing numerous foreign body type of giant cells. This area formed part of the wall of the pericolonic cavity

Sections Through the Ileum.-Through the juxta stomal portion these contained a flattened mucosa and showed slight fibrosis of the mucosa and submucosa with marked plasma and round-cell infiltration of the mucosal stroma, and broadening and flattening of the mucosal folds

Sections Through the Ileum at the Proximal End of the Specimen .- There was a thin mucosa and round cell infiltration of its stroms.

Summary of Pathologic Examination

Partial ileocolectomy included the ileocolonic stoma. Two fistulous onfices within the colon were 2

situated 1 cm. from the stoma.

Fistulous tract led from these sites into a pericolonic abscess whose walls were formed by colon and mesocolonic fat tissue.

4. Sinus tract and pericolonic abscess were lined by granulation tissue containing numerous foreign

body type of giant cells.

5 Chronic ulcerative, nonspecific, fibrosing inflammation of the ileocolonic stoma without foreign body giant-cell reaction was present at this site

Hyperplastic lymph nodes were present within the wall of the absects cavity

No evidence of caseation or tubercle forms tion was found in either the sinus tract or lymph

Discussion

In the present state of knowledge it must be assumed that all forms of intra-abdominal lymphadeni tis are secondary to a primary legion in the territory drained by the given group of nodes.1 Inasmuch as the nodes in the ileocecal angle are related to the terminal ileum the appendix, and the ascending colon one must necessarily look for the primary lesion there It is distinctly suggestive that in this part of the intestinal tract the lymphadenoid follicles are especially abundant and find their best developments in Peyer's patches. The suggested connection in the primary inception of the disease is strongly supported by the well-known course of i.e ulceration of the events in typhoid fever Peyer's patches mesenteric adenitis etc. The chain of events is further corroborated by similar phenomena which occur elsewhere in the body

My experience with intra abdominal mesen teric adenitis has been described on several previous occasions. The experience may be classified as fol-

lows

Acute Intra-abdominal Lymphadenitis —Cases occur in which the clinical picture resembles very markedly that of an acute attack of appendicitis and in which the pathologic anatomic findings con sist of moderately enlarged glands which microscopically show a simple hyperplasia. No gross changes are visible demonstrably in the appendix or in the neighboring coils of small or large intestine, and the entire process subsides in the operatively proved cases spontaneously

B Acute Suppurative Intra-abdominal Lympha denutes -The glands in a small number of cases are larger and go on to suppuration Drainage of the resultant abscess is necessary. I am sure that some of the cases in this group are recorded as cases of appendiceal abscess in which the appendix is

thought to have aloughed out.

O. Chronic Nonspecific* Granulomatous Form of Mesenteric Adenilis - Cases in which an excessive production inflammatory or granulomatous tissue is produced gluing together glands and adjacent loops of intestine. Fever continues indefinitely or

with periods of remission. Accumulations of pus break through into the intestinal lumen and/or break through and discharge from the abdominal wall Peritoneal irritation with and without frank peritonitis and/or peritoneal seropurulent or purulent evudate occurs

Rectal fistulas form frequently In bad and/or extensive cases, the patient becomes very anemic and the general condition deteriorates markedly and progressively, transfusions of blood are necessary repeatedly, and in the unfavorable cases death occurs from the debilitating effects of the long, drawnout illness. In any event, the various laboratory tests which are available are not productive of any diagnostic differentiating aid because in this group the tests all result negatively.

One of my earliest cases was remarkable because all the above bizarre manifestations occurred in this patient Within a space of four or five years there occurred (1) an ileocecal resection for the primary granuloma which followed a previous acute gangrenous appendicitis with abscess, (2) an acute pentonitis with seropurulent evudate undoubtedly due to a pinpoint perforation which defied discovery during the exploration, (3) a recurrence of the granuloma in the transverse colon which was successfully resected, and (4) several episodes of localized abdominal pain referable to the remaining large intestine accompanied by the development of a mass, 1 e, an abdominal abscess which spontaneously cured itself by discharging into the intestine Later there were numerous episodes of diarrhea which subsided and then recurred again During all these manifestations, while the patient was below par and much too thin, his general condition remained good

In those who are subjected to surgery, the pathology involves a large mass of tissue in which it is difficult to differentiate the individual parts. The mass must be resected in toto

The true nature of the pathology becomes apparent in postoperative examination of the specimen. The characteristic elements of the histologic picture include an overgrowth of chronic fibrosing inflammatory tissue and the presence of the foreign body type of giant cells

In both acute and, more commonly, in the chronic cases giant-cell systems are seen in the histologic sections. They approach and are frequently distinguishable with difficulty from those of tuberculosis, but the tendency to retrogress without excessive scarring and the absence of caseation and acid-fast bacilli in them contradict this. They are usually

*The term nonspecific as used in this communication is intended to convey the thought that the essential cause of the glandular enlargement under discussion is not specifically known at the time of writing. The term might be better paraphrased as nonclassifiable

found associated with severe infection of the alimentary canal accompanied by necrosis. Inasmuch as in the much milder form of nonspecific adentis only a hyperplastic condition is present in the lymph nodes, indicating a correspondence of intensity of process between the lymph-node picture and the picture in the intestinal tract, it must be assumed that the differences in anatomic pictures are caused by the different gradations of toxicity of the cause or of the size and intensity of the dose of the causal agent which is delivered

One must also assume that the so-called "tubercle" arrangement can be found not only in specific forms of infection, like tuberculosis and lues, but also in forms of nonspecific infection in which, up to the present time, no definite cause can be assigned

It might very well be that this sort of picture represents the anatomic progression between simple forms of lymphadenopathy on the one hand and those of definitely specific anatomic pictures, which are customarily correlated less often with lues and especially with tuberculosis Undoubtedly, this also explains the confusion which occurred, not only in the earliest historical period of this subject, but even in later times, in classifying all forms of enlargement of the mesenteric glands as tuberculosis

The cases in group C are well illustrated in the experience reported here, in which a characteristic histologic picture was demonstrable in the glandular and periglandular extracolonic mass. These histologic pictures definitely are similar to those seen in the intestinal granulomatous lesions.

It seems, therefore, that one must accept the conclusion that the lymph gland lesions are direct extensions of the one in the alimentary tract and that they are of a similar order and a pathogenic origin. In other words, we were dealing with a nonspecific granulomatous infection of the lymph nodes. The unusual feature is that the intestinal lesion has healed and has recurred and continued in the associated lymph nodes.

This conclusion is supported by the experience of Hadfield ¹ In regional lymphadenopathy occurring with regional ileitis, clear-cut specific formation of giant-cell systems identical with that found in the thickened submucosa was demonstrated. In the apparently older lesions, the giant-cell systems were more and more difficult to find and were replaced by a picture of a simple nonspecific lymphadenitis.

Summary

An experience is reported in which a nonspecific granulomatous lesion of the cecum and ascending colon was cured by resection of that portion of the alimentary canal with recurrence and continuation of the same nonspecific granulomatous lesion in the associated intra-abdominal lymph nodes

References

The term 'chronic' refers to a clinical syndrome which has lasted continuously for a relatively long time, or which has occurred as a succession of episodes interrupted by periods of lesser intensity and, perhaps at times almost completely disappearing. The appearance of such episodes must under such definition be interpreted as acute or subacute exacerbations of the underlying cause and disease. In actual clinical practice this is the commonest course of events following an initial 'acute' attack

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SPONTANEOUS RUPTURE OF THE UTERUS IN A FOUR MONTHS PREGNANCY

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THE rarity of spontaneous rupture of the uterus during the early months of gestation appears to warrant the report of such a case. It is well known that spontaneous rupture is more commonly seen in the latter months of pregnancy but the condition may occur at any time during it According to Stander 1 in the first half of pregnancy the accident is due usually to pregnancy in the interstitial portion of the tube or in a bicornate or infantile uterus, or to excessive invasion of the uterine wall by fetal elements. In the last months it is usually associated with the presence of scar tissue in the uterine wall Thus, the condition is seen in cases of previous cosarean section and in cases of uteri proviously per forated or otherwise injured during curettage or other operative procedure. Some consider lack of hypertrophy of the uterine wall in the region of the fundus to be a contributing factor

Gepfort reported a case in which the scar of a provious low cesarean section evidently ruptured early in pregnance as a result of trauma. Schaffer's case was reported due to diffuse adenomy emetritis a Baisch collected 70 cases of rupture of the uterus in which 31 occurred before the fifth month. Schenk and Rader in 1941 presented a case of spontaneous rupture of the uterus in the fourth month of pregnancy in which rupture took place in the region of the right cornu at the site of a salpingectomy performed six months previously in 1936 Jule reported a case of spontaneous rupture of the uters in the fourth month occurring in a uterus containing multiple fibromyomats.

Case Report

A 31 year-old married colored woman whose last menstrual period was June 18 1915, and whose expected date of confinement was March 25, 1946, entered the emergency room at 8t Vincent a Hospital on October 11 1945 complaining of severe generalized abdominal pain of five days duration. The pain began auddenly in the epigastrium five days before admission subsequently involved the whole abdomen and was accompanied by nauser and vomiting. The pain then abated and was almost absent for three days, only to return again in a more severe form on the day of admission when slie again vomited. She had noticed a mucoid vaginal discharge since the onset of pain. There was no vaginal intelligible and the substantial of the property of the substantial of the substantial that and the substantial of
The patient had had her has bady hine years before She gave no history of trauma or accident to herself and had never had an operation. About one week before the onset of her present illness, she visited her private physician for a routine prenatal check up. He reported that he had found a normal intrauterine pregnancy that the patients blood

pressure was 120 systolic, 80 diastolic and that her unnalysis was negative.

Physical examination revealed a well nourished well-developed patent, acutely ill. Her tempera ture was 98 8 F. pulse, 92 and blood pressure, 64 systolic 42 diastolic. The tongue was dry but dean and the extremites cold. The lungs were clear to percussion and auscultation. The heart was normal in size with regular sinus rhythm. No mur murs were heard. The abdomen was distended. There was generalized abdominal tenderness, more pronounced in the upper quadrants than in the lower with moderate rebound tenderness. It was impossible to outline the uterus or fetal parts. The fetal heart was not heard. Pelvic examination revealed a relaxed pelvic floor moderate tenderness in both fornices and in the cul-de-sac. The cervix was soft, patulous, tender on motion, mildly croded and lacerated bilaterilly. On rectal examination no masses were felt but there was tenderness throughout.

Blood studies showed 62 per cent hemoglobin (Salii) 3 400,000 red blood cells 18 000 white blood cells with a differential count of 94 per cent neutrophils and 6 per cent lymphocytes. Analysis of a catheterized specimen of urino (after an infusion of 5 per cent glucose in normal saline) revealed a specific gravity of 1 010 acid reaction, 1+ albumin 4+ sugar negative acetion occasional red blood cells, 8 to 10 white blood cells, and occasional hyaline and spithelial casts per high power field. Blood sugar was 115 blood type 0 and Rh factor, positive

Blood Kalin test was negative

A diagnosis of intra abdominal hemorrhage was made with a tentative impression of bleeding ab-

dominal pregnancy

X rays of the abdomen revealed the presence of a fetal skeleton in the early months of gestation in the normal position. While the x rays were being taken the patient fainted twice. She was treated symptomatically for shock and received 1,500 cc of a 5 per cent glucose solution in normal saline by slow infravenous drip while the blood typing and cross matching were being done. Following the infusion a blood count showed that the hemoglobin had dropped to 50 per cent and the red blood cells to 2 450 000.

A surgical consultation acknowledged the possibility of abdominal hemorrhage and also mentioned acute hemorrhage pancreatitis as a possibility However blood amylase determination was 73

Bodansky units (normal 40 to 170 units)

The patient's condition became worse and abdominal distention increased somewhat She was

dominal distention increased somewhat She was given 500 cc of whole blood intravenously Under cyclopropane and oxygen anesthesia laparotomy was performed by Dr Thomas Lavell chief of Service About two quarts of clotted and fresh blood filled the abdominal cavity. The uterus was enlarged to the size of a four months gestation. The tubes were inspected immediately and found to be normal. When a hand was passed around the uterus a rent was discovered on the posterior aspect near the left cornu. The rupture, which was about 6 cc in length included all layers except the amnotice membrane. A high supracervical hysteres.

Now a first lieutenant of the Army Medical Corps Aberdeen Maryland

tomy with a right salpingo-oophorectomy was per-The dead fetus was extruded through the uterine defect before the hysterectomy was done After the raw surfaces were reperstonealized, the

abdomen was closed in the usual manner

Toward the end of the operation, the blood pres-are and pulse were unobtainable. Ten cc. of sure and pulse were unobtainable adrenal cortate were given intravenously, the transfusion of whole blood which was being given throughout the operation was continued, and an additional infusion of 5 per cent glucose in normal saline was The patient remained in Trendelenburg position and was kept in the operating room for one and a half hours At the end of this time, she was returned to the ward in fair condition—with a pulse of 104 and a blood pressure of 130/70

She received 560,000 units of penicillin to counteract the possibility of pneumonia All sutures were removed on the ninth postoperative day thirteenth postoperative day, a small furuncle on the right buttock was incised and drained patient was discharged in good condition on the sixteenth postoperative day The blood count showed 75 per cent hemoglobin and 3,200,000 red blood cells

Pathologic Report -The specimen was an enlarged. irregular uterus weighing 495 Gm and measuring 15 by 6 by 7 cc Present in the fundal region was a large rent in the wall through which the fetal surface of the placenta could be seen, and through which an umbilical cord protruded The placental site extended from the perforated portion down to the lower portion of the uterus The myometrium varied in thickness, being thin about the site of rupture and gradually increasing in thickness as it approached the lower portion of the uterus. The overy was enlarged and its surface wrinkled

Microscopic Examination —Microscopic section through the myometrium at the site of thinning revealed considerable round cell infiltration of the

musculature

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HISTAMINE AND ANTIHISTAMINIC AGENTS

The recognition of the role of histamine in the mechanism of anaphylavis and its probable role in allergy has led to various attempts to diminish the action of this poison That an increase in tolerance to histamine cannot be expected from injections of histamine is supported by the preponderance of experimental evidence in animals and man

The enzyme histaminase lacks an inhibiting or neutralizing effect on histamine in the living animal and does not evert a specific action on anaphylaxis The evidence for an increased tolerance to histamine and for a resulting specific antiallergic action from the injection of histamine-azoprotein is

doubtful

In the last few years histamine antagonists of various types have been tried in histamine shock, anaphylaxis, and allergy The amino acids, histidine, cystine, and arguine, were found too weak in their action and too toxic. The early French synthetic compounds proved fairly active in histomine and anaphylactic reactions but were too touc for clinical use

The more recent antagonists of histamine are chemically related and have some degree of clinical usefulness These are the French compounds, antergan (n'phenyl-n'benzyl-n-dimethylethylenediamine) and neoantergan (N-p-methoybenzyl-Ndimethylaminoethyl a aminopyridine) and the American compounds, benadryl (B-dimethylamino ethyl benzhydryl ether) and pyribenzamine (n'pyridil - n'benzyl - n - dimethylethylenediamine) Benadryl and pyribenzamine are useful sympto-

matic remedies in the treatment of the urticaria dermatoses, atopic dermatitis (flexural and infantile atopic eczema), reactions to penicillin and sulfonamide, some other types of dermatitis, and seasonal hay fever. In the latter syndrome the order of effectiveness of the antihistaminic drugs 18

pyribenzamine, neoantergan, and benadryl
The usefulness of benadryl and pyribenzamine against perennial vasomotor rhinitis and asthma 18 The evidence thus far indicates that more limited pyribenzamine is the more effective of the two drugs

against these manifestations

Both drugs give a high incidence of side reactions, among which sedation and drowsiness are most com-monly observed These reactions are more frequent and of greater intensity in the case of benadryl

The use of these histamine antagonists should be tempered with the following considerations. A cure or lasting improvement is not to be anticipated as a result of the action of these drugs, at best they evert only a temporary palliative action in allergic condi-Many manifestations and many patients will fail to respond to them, and others will be helped by the employment of additional palliative measures The specific allergic methods (elimination and desensitization) should not be abandoned, as at present they constitute the sole means of achieving lasting In addition to precautions against immediate toxic reactions, it should be remembered that the remote toxicity from these drugs has not been sufficiently ascertained up to this time-J A M A, November 23, 1946, p 714

ABSTRACT OF MINUTES OF THE COUNCIL OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

AT ITS meeting on April 10 1947 the Council considered various matters, taking final action or directing further study and reports as indicated under the following headings

Secretary a Report

Remission of State Assessments —The remission of State assessments was voted on account of service with the armed forces for 240 members for 1947, 171 for 1946 and 4 for 1945, also on account of illness for Drs Wallace B Dukeshire Leo Batell, Raymond Gettinger and Elsie McPeak. The refunding of dues of 24 members was authorized Dr William F Shaw's State assessment for the years 1944 and 1945 was remitted and he was restored to good standing as a member of the Medical Society of the State of New York.

On March 10 I had an interview with Mr Ralph E Smiley of Messrs Booz Allen and Hamilton Management Council to the Kenny Foundation We discussed the relationship of the National Foundation for Infantile Paralysis the Kenny Foundation and practicing physicians in regard to combating infantile paralysis.

Two days later it gave me pleasure to attend a dinner at the Hotel Commodore in honor of the rething Deputy Commissioner of Motor Vehicles, Mr Markvart.

On April 8 I had a conference with Mr Victor R. Donatelli, Assistant Field Supervisor U.S Railroad Retirement Board He explained that from Maine through the District of Columbia, with the exception of eleven western counties of Pennsylvania, their business is administered from the Regional Office at 341 Ninth Avenue New York City This Railroad 341 Ninth Avenue New York City Retirement Board grants sickness and retirement benefits to railroad employees, working through the United States Government There will be blanks The doctors will be paid for their services by the injured or sick employees

Mr. Donatelli left me copies of regulations with specimen blanks which have been given to the Journal so that the in formation can be published for the members of the Society

On Army Day April 7 with the permission of the President, I represented the Society at the Army Day Quartermaster Corps luncheon at the Hotel

Astor New York.

During the past month, your Secretary has also attended committee meetings handled correspondence and helped with reports and other matters pertaining to the Annual Meeting.

Memorial to Dr James M. Flynn

Dr Floyd S Winslow read the following resolu tion

"Wheneas our friend and colleague, James Murray Flynn, after years of loyal service to his beloved profession died on Saturday December

14, 1946 and Wheneas his was a colorful career—roentgen ologist-soldier-leader in organized medicine his ability in his chosen field of roentgenology was unchallenged, and his long years of service as chief of the x-ray departments in various Rochester hospitals brought a feeling of great comfort and security to these institutions and to their patients whom he served and

WHEREAR, he served with distinction in his special field with Base Hospital No 19 during the entire period of the First World War, and

WHEREAS, in his passing organized medicine loses a staunch worker, loyal friend and dis-tinguished leader He was President of the Medical Society of the State of New York in 1940, prior to that he had been President of the Medical Society of the County of Monroe and also of the Rochester Academy of Medicine, indicating the high esteem in which he was held by his brother practitioners and

WHEREAR his vigorous mannerisms characteristic of him covered a sympathetic and understanding nature, and over the years he became the friend and confident of countless physi-

cians, and
WHEREAS, he was a stalwart champion of the honor and exemplified its duties and responsibilities in his own daily conduct and

"Whereas his religious scal and devotion to his family were well known, and he leaves an honored name to those who survive him, therefore, be it Resolved, That the membership of the

Medical Society of the State of New York loces a distinguished servant in his passing, and mourns our loss and be it further

"Resolved That these resolutions be published in the New York State Journal of Medicine,

and that a copy be sent to Mrs Flynn.

The memorial was adopted by the members rising and standing with bowed heads in memory of their departed colleague.

Treasurer & Report Was Accepted

Report of the Executive Officer

Dr Robert Hannon reported that the legislative session ended on March 19 that the Legislative Committee had followed a large number of bills, of which 32 were sent to the Governor as thirty-day bills 15 were signed, three that we opposed were vetoed and 14 were still in the Governor's hands.

The three Griffith bills pertaining to partnership, group practice at ceters, have not been been acted on by the Governor and during this last week, through arrangements made by Dr Lottler, of Brooklyn a hearing was held with Mr Beitel, Governor Dewey's counsel. Great effort had also been made during the period following adjournment of the Legislature to place further opposition before the governor by telegraphing all of the county societies to express themselves

Activities of Committees

Committee on Legislation.-Dr H. Aranow, Chairman reported on two matters. He had re-Chairman reported on two matters. He had received a telegram and long letter from the Association of American Physicians and Surgeons William P Howard M.D president, asking for a hearing and urging us to appear against US Sonate Bill 140 He took no action on this as he felt any request of this nature should come from the American Medical Association.

The other matter was a letter and statement from Victor R Wolder, attorney and counselor at law, 521 Fifth Avenue, New York He requested that a statement entitled, "Urging the Committee on Ways and Means of the House of Representatives to Enact Legislation to Eliminate Certain Basic Inequities Existing under the Internal Revenue Code," be published in our Journal He would like us to send a representative to a joint meeting of representatives of various professional groups, such as, medical, legal, accounting, engineering, the purpose of which would be to back an organization in an endeavor to effect appropriate legislation that would eliminate certain discriminatory features of the Income Tax Law, largely caused by the fact that these professions are not permitted to incorporate After discussion,

the Chair was empowered to appoint a Committee to study the matter and report Dr Bauer appointed Dr Aranow, Mr William F Martin, and

Dr Fenwick Beekman

Committee on Constitution and Bylaws—The Council acted on two requests in regard to proposed amendments, one from Albany County, which they approved, and one from New York County, which they disapproved

Finance Committee —Dr Louis H Bauer appointed with the approval of the Council, a new Committee Dr Albert F R Andresen, as Chairman, to succeed Dr Bauer, Dr Charles M Allaben, to succeed Dr Sullivan, deceased, and Dr J Stanley

Kenney
Malpractice Insurance and Defense Board —Dr
J Stanley Kenney, Chairman, submitted the Committees' Annual Report which was discussed and approved with minor alterations

Committee on Medical Publicity —News releases concerning teaching days and other events sponsored by the Committee on Education and Public Health

were sent to the papers in 14 counties

The Seelye-Coville Bill which would have licensed chiropractors in New York State did not emerge from committee

To implement the Council resolution to recognize doctors practicing medicine fifty years or more, a questionnaire and letter was distributed. To date, over 50 doctors have stated they will attend the annual meeting banquet at Buffalo to receive the certificates. Two hundred and twenty-five others wishing to receive the certificate will be unable to attend

Routine preparations have been made for annual meeting publicity. Teaching day schedules and a condensed program were sent to county bulletins, deans of medical schools, superintendents of hospitals in New York State, and members of the Society in the Fifth, Sixth, Seventh, and Eighth District Branches

A letter from the Advisory Council of the Woman's Auxiliary requesting cooperation with county auxiliaries was sent to the Advisory Board to the Woman's Auxiliary and to secretaries of county medical societies

Committee on Medical Service and Public Relations—Dr H Aranow, Chairman, reported that a meeting had been held on March 29, 1947, of the A.M A Executive Committee of the Middle Atlantic States Conference on Medical Service, that there will be a meeting in Philadelphia on May 22 The following topics will be discussed the Present Status of the United Mine Workers Medical Health Program, organized medicine's relationship with various cancer drives, the Taft-Ball-Donnell Bill,

what is going on in the various states under the Hill-Burton Act Dr Joseph Lawrence will give "The Washington Horoscope" during luncheon The last topic will be "The Changes in the Medical Policy of the United States Veterans Administration" All those interested are invited to attend

Committee on Nursing Education—Dr W Guernsey Frey reported that the Committee on Nursing Education had its second meeting on March 20, 1947, with representatives of the State Hospital Association, the New York State Nurses Association, and two representatives of the Practical Nurses of New York, Inc (by invitation)

The meeting was devoted largely to considerations of practical nursing. A definition of a "practical nurse" was adopted as follows: "A practical nurse is a person trained to care for subacute, convalescent, and chronic patients requiring nursing service at home or in institutions, who works under the direction of a licensed physician or a registered profes-

sional nurse"

It was pointed out that in caring for the ill, especially in institutions, there is a place for nurses of all degrees of educational training, from the very highly trained professional technician down to the practical nurse, that the solution to the problem lay in employing the proper grade of nurse in the

proper role

A letter was read from the Board of Regents indicating that Regents Scholarships are available for nurses in training only if they are candidates for a bachelor's degree Mrs Kuster mentioned that the Practical Nurses' Association had a scholarship fund two or three years ago, and that it had helped recruit candidates who otherwise could not have afforded to give up work while undergoing training

It was stated that at the present time licensing of practical nurses is optional, but that such licensing will become mandatory in another year, when only one holding a license may be called a practical nurse. It then will be possible to identify all licensed practical nurses, and educational requirements may be standardized

The Council then adopted the following resolu-

tion

"Resolved, That this Coordinating Council on Nursing Problems approves the employment of practical nurses for qualified nursing duties, in hospitals, under supervision of a registered professional nurse"

Planning Committee for Medical Policies—Dr J Stanley Kenney, Chairman, reported that the Committee had drafted its report for the House of Delegates with one or two omissions which would have to be filled in after this morning's meeting of the Council

At the last meeting, the Council voted to table the recommendations made on streamlining the Council Committees until the April meeting The matter was discussed, and

It was voted to accept the following recommendations of the Planning Committee, to take effect in May, the next Society year

1 That the Committee known as the National Casualty and Indemnity Insurance Committee be discontinued

2 That the Committee on Revising the Principles of Professional Conduct, having functions parallel with the Committee on Questions on Ethics, have these functions transferred to the Committee on Questions on Ethics

That the Subcommittee on Woman Medical Student and Intern set up by the House of Delegates at the time of the war emergency, does not have any special function now and it is recommended that this subcommittee be transferred to the Committee

on Public Health and Education

4 That the Advisory Committee on Ophthal mological Problems set up a few years ago when special legislation concerning optomotrists was being pressed be discontinued and it is recommended that a suggestion be sent to each scientific section that it set up a committee to be available for consultation with Dr Hannon, if and when legislative problems arise

That the name of the Council on Medical Service and Public Relations be changed to the

"Committee on Medical Service

6 That the Committee on Public Relations and Economics be known as the "Committee on Economics.

That the name of Committee on Medical Publicity be changed to Committee on Public Relations.

Committee on Public Health and Education -Dr O W H Mitchell, Chairman reported as fol

Saturday March 29, 1947 In New York City a meeting of the Council Committee on Public Health and Education and the Subcommittee on Mental Hygicne was held Present at this meeting in ad dition to the Committee members were some of the officers of the Medical Society of the State of New York and the Commissioner of Mental Hygiene of the State of New York

On motion of Dr Mitchell seconded by Dr Aranow it was voted that the Public Health and Education Committee and its Subcommittee on Mental Hygiene prepare a report on the mental hygiene program now developing in New York State to be submitted to the House of Delegates at the May meeting in Buffalo

Wednesday April 9, 1947 In New York City a meeting of the Council Committee on Public Health and Education and the BCG Advisory Committee to the Medical Society of the State of New York and the New York State Department of Health was held In addition to the Committee members, officers of the Medical Society of the State of New York and representatives of the New York State Department of Health were present

A report is being prepared to be submitted to the House of Delegates

Also on this same day in New York City the Council Committee on Public Health and Education met with members of the Maternal Welfare Subcom mittee. Representatives of the State Department of Health and some of the officers of the Medical Society of the State of New York were present

The question of colored movies and the building of a film library in connection with our postgraduate education program was discussed. The idea is to develop if it can be done a good film library in which the State Society and the Department of Health

would participate

A meeting of the Council Committee on Public Health and Education and the Council Committee on Legislation was also held on this day to consider the training and licensing of physiotherapists in the State of New York. Present at this conference in addition to the Committee members, were some

of the officers of the Medical Society of the State of Now \ ork and representatives of the State Departments of Health and Education.

After discussion.

It was decided to recommend to the Council that a carefully selected committee be appointed a Subcommittee under the Committee on Legisla tion and Public Health and Education to study the law and prepare material to assist the State Department of Education to frame a bill

The Council discussed this recommendation and roted to appoint a Subcommittee on Physical Medicine of the Committee on Legislation and the Committee on Public Health and Education, the appointments to be made in May in Buffalo by

Dr Bauer

Child Welfare.—The Chairman of the Subcommittee on Child Welfare Dr Paul W Beaven, has submitted a report with a considerable number of suggestions regarding the care of premature children. In the near future a meeting of the Council Com-mittee on Public Health and Education and the Subcommittee on Child Wolfare will be held to consider these suggestions.

Postgraduate Education.-Postgraduate instruction has been completed in the following county medical societies Cattaraugus Chenango Clinton Fulton Onondaga, Richmond and Rensselaer

Postgraduate instruction is being given in the following counties Cortland Jefferson, Madison Nassau, Oneida, Rockland St. Lawrence Sullivan, Tioga, Ulster and Wayne.

Requests for instruction have been received from Oswego Tompkins, and Steuben and arrangements are being made

Arrangements are being completed for the follow ing Regional Teaching Days to be given

County	Genesse	Subjects Miscellaneous	Date Giren April 9 1947
Region	Geneses, Orleans, Livingston Wyo- ming		
County		Miscellaneous	April 23 104"
Region	Broome, Chemung,		
	Schuyler Steu- ben Tompklus, Tlogs		
Cunty	Broome	Cancer	May 14 1947
Regi n	Brooms, Chemung Chenango, Cort land, Delaware		•
County	Otsego, Schuyler Tioga, Tompkins Queens	Cancer	M y 16 1947
Region	Kings Nassau	Cauter	MI 7 10 1997
	Queens, Suffolk		

Committee on Public Relations and Economics.— Dr Carlton E Werts Chairman, requested Mr George P Farrell, Director Bureau of Medical Care Insurance, to report on activities of the Bureau which he did as follows

March 19, 1947 Mr Farrell met with Dr A H Aaron Chairman of the Subcommittee on Medical Expense Insurance in Buffalo to make arrangements for the Subcommittee meeting to be held in New York April 4 Final details were completed for

New 10th April 4 Final details were completed for a display sign at the Annual Meeting March 24, 1947 The Director attended a forum on 'Shall Medicine Be Socialized' held at the Bellerose High School Bellerose, on invitation of Dr Frank R. Burberg of Queens County March 25, 1947 Mr Farrell conferred with Mr Handalth accounts meeting of the

Thomas Hendricks, executive secretary of the

Council on Medical Service of the A M A, regarding seal of acceptance for medical care plans in New York State

March 27, 1947 Mr George Smith, director of Associated Medical Care Plans, discussed with the Director, membership of New York State plans in AMCP

A meeting was held with Mrs Michael Schultz, Chairman, Program Committee, Woman's Auxiliary, concerning the work done by her committee for the

Bureau during the past year

A meeting was held with Dr Van Etten, Chairman of the Board of Directors, United Medical Service, and Mr Frank Smith of A M C P, regarding affilia-United Medical Service in Associated tion by

Medical Care Plans

April 2, 1947 On invitation of Dr Robert Hannon, Mr Farrell attended a hearing in Albany at the office of Counsel to Governor Dewey, Mr Charles D Breitel, on Senate Int bills 740, 741, and 742 Also present were Dr Aaron Kottler and Mr Whelan, legal counsel for Kings County Medical The Bureau is particularly interested in these bills as they have to do with an amendment to the Education Law in relation to the right of corporations organized under article 9-c of the Insurance Law, to employ or contract with physicians to provide medical services to insured persons

Mr Farrell presented a report covering the progress of the New York State voluntary nonprofit

medical care plans for the year 1946

Dr Wertz presented standards to be required of voluntary nonprofit medical care plans in order to obtain approval by the Medical Society of the State of New York After discussion,

It was decided that these standards be incorporated in Dr Wertz's report to the House of Delegates, for final action

Dr Wertz presented an analysis of the Health Insurance Plan of Greater New York, made by Mr Farrell, and

It was decided to incorporate this report in the

Council Minutes

Publication Committee -Dr George W Kosmak, Chairman, reported that the Committee had its regular meeting on April 3, there had been several meetings of the Editorial Committee to discuss editorial and allied matters, that the Publication Committee was very happy to have had Dr Bauer present at their regular meeting, as he would gain a more thorough acquaintance with the activities of the office and publication matters than could be secured from re-Dr Kosmak hoped the Directory would be ready for distribution by the first of June, and that it might be possible to have some unbound copies at the Annual Meeting, that the Committee had decided to develop an exhibit similar to that of last year, and to provide a box for comments by visitors, and that there would be an attendant at the exhibit throughout the Annual Meeting

Committee on Liaison with Veterans Administration —Dr Anderton reported that Dr Bauckus was unable to attend the Council meeting, and read a letter from him which gave instructions regarding the comparative fee schedules being prepared at the State Society's office Dr Anderton stated that these schedules would be ready in a day or so, and would be sent to Dr Hawley in Washington

Woman's Auxiliary —Dr James R. Reuling, Chairman, Advisory Committee to the Woman's Auxiliary, reported that the President, Mrs Madden, and Mrs Galster, had attended organization meetings of Richmond, Allegany, Steuben, and Tompkins county auxiliaries, that Bronx County was not ready to be organized, that Cheming County did not wish to take up the question at this time, that no response had been received to letters sent to Clinton, Franklin, Schoharie, or Otsego counties, that twelve counties had been fully organized this year

Mrs Madden conferred in Rome with Mrs Bradford F Golly, Press and Publicity Chairman, on material to be used in the new Auxiliary publication The Distaff, and conferred in Buffalo with Mrs Kenneth & Jahraus, Convention Chairman, and Mrs Arthur L Bennett, Exhibits Chairman The President and Mrs Harry F Pohlmann, Presidentelect, attended the Pennsylvania State Conference of County Presidents in Harrisburg, Pennsylvania. Much valuable information on the subject of councillors and branch auxiliaries was gathered "We are also pleased to report that they are enthusiastic over 'Check and Double Check,' and apparently are using it extensively" The President addressed Kings County Auxiliary in Brooklyn, and the

Chautauqua County Auviliary in Jamestown
The Legislative Chairman, Mrs Gerald C
Cooney, Syraguse, has talked before five county auxiliaries Most of the auxiliaries have had Legislative minutes Letters were sent by the different county auxiliaries to their representatives in the Legislature protesting against the Chiropractic Bill, the Podiatry Bill and the Medical Partnership Bill

A recommendation Competent speakers in the Auxiliary be utilized under the State Society's new Public Speaking Program (They can be used in small spots, and if their expenses were paid, they might be willing to do it) Mrs Gerald C Cooney, of Syracuse, and Mrs Luther H Kice, of Garden City, are excellent, capable, and trustworthy speakers, and it would pay the State Society to keep them in mind

Many auxiliaries worked on the Pediatric Survey

Committee on Workmen's Compensation -Dr M J Dattelbaum, Chairman, reported as follows An examination in radiology for candidates in the metropolitan area was held on March 25

Your Director participated in arbitration of medical bills in White Plains on March 28, 1947

Increase in Fee Schedule The Committee appointed by Miss Mary Donlon, Dr Nathan B Van Etten, Chairman, to consider the proposed fee schedule held a meeting on Thursday, March 27 The committee heard representatives of the insurance carriers organization and of the Associated Industries of New York State present their views concerning the effect of the proposed fee schedule on the cost of workmen's compensation medical_care and on premiums and other related matters Chairman and Director discussed these matters, and arguments for the adoption of the fee schedule were presented The Committee gave special consideration to the first few items in the fee schedule, namely, the first office visit, the first home visit, subsequent office and home visits, leaving for later discussion the various operative and special fees and also the question of the period of after-care to be included with operative fees A strong plea was made by your representatives for a report by the Committee before the Annual Meeting in May Committee scheduled another meeting for Thursday, April 17, 1947

Albany County Resolution On March 10 1947, we received a resolution adopted by the Medical Society of the County of Albany in part reading as follows

"WITEREAS, the Medical Society of the County of Albany and numerous other county medical societies of the State of New York have repeatedly, and without success sought an increase in the Workmen's Compensation fee schedule of the State of New York to bring it more in harmony with the sharp rise in costs of the practice of

'Therefore, be it resolved That the members of the Medical Society of the County of Albany do hereby agree that on and after May 15 1947 they will consider the existing fee schedule as a mini mum schedule only and that on and after May 15 1947, they will make charges in all new compen sation cases coming under their care after that date, based upon the present day standards of medical costs. They further agree to submit to arbitration all such bills as are disputed by the

And be it further resolved That the delegates from this County to the annual meeting of the House of Delegates of the Medical Society of the State of New York to be held in May 1947 be instructed to aid in every way the State Compen sation Bureau in its efforts to secure the proposed

changes in the fee schedule

Since the adoption of this resolution we have had inquiries from many county medical societies as to what policy they should pursue in relation to the delay in the promulgation of a new fee schedule have advised them that your committee and your Director have taken all necessary steps to forward the interests of the medical profession in relation to the fee schedule A chronologic review of the ac tivities of this Bureau will show that steps have been taken and recommendations made to the Depart ment of Labor for an increase in the fee schedule and for the removal of the 5 per cent discount for pay ment of medical bills within thirty days of their sub-mission since 1940 1941 Recommendations have also been made to the House of Delegates which resulted in resolutions calling upon the Department of Labor to increase the fee schedule and to remove the five per cent discount. Surveys of fees throughout the United States have been made and material collected from every county in the State to support our request for an increase in fees.

The insistent demand on the part of the profession and more particularly on the part of county medical societies for a more adequate fee schedule should not o unheeded and should be made known to the Chairman of the Workmen's Compensation Board.

The determination of the Albany county phy sicians to submit bills in excess of the minimum fee schedule after May 15 1947 and in accordance with present day standards of costs and to 'submit to arbitration all such bills disputed by the carriers and employers will bring up for consideration the provisions of Section 18 of the Workmen s Compen-sation Law This section states The amounts payable by the employer for such treatment and services shall in no case be less than the feet and charges established by such schedule Nothing in this schedule however shall prevent voluntary payment of amounts higher than the fees and charges fixed therein but no physician rendering medical treatment or care may receive payment in any higher amount unless such increased amount has been authorized by the employer or by decision as

provided in section thirteen-g herein Section 13-g provides for arbitration of medical bills. If said bills are objected to within thirty days after their submission to the employer or insurance carrier in a compensable case the employer or carrier is entitled to an impartial examination of the fairness of the amount claimed It would seem that a physician would be within his rights in requesting authoriza tion for a fee in excess of the minimum, and failing to receive such authorization to submit to arbitra tion the issue as to the fairness of the amount of the The failure of the employer or insurance carrier to authorize or to pay voluntarily a higher amount than the minimum would not debar the physician from having the fairness of the amount of his bill decided by an arbitration committee

State Employed Physicians We wish again to bring to the attention of the Council that we were advised by the Chairman of the Workmen a Compensation Committee of the County of Livingston on October 12 1946 that the Chairman of the Workmen's Compensation Board had refused to authorise a physician in said county who was em ployed by a State institution, on the ground that the physician was employed by the State of New York and it was the policy of the department that no physician be authorized to render medical care under the Workmen's Compensation Law while he is in the employ of the State "because physicians who treat compensation claimants are required to appear and testify at referee and board hearings, a duty that might and doubtless would conflict with

State duties and responsibilities

We addressed a letter to Miss Mary Donlon on October 21 1946 asking for information concorning the reasons for her failure to authorize a physician recommended by the Committee on Workmens Compensation On October 25 1946 Miss Donlon replied that there was no professional opprobrium attached to the failure to authorize these physicians. She stated 'there is a duality of duty that could interfere with the most satisfactory performance of both and, in their case, both duties are owed to the State which therefore has a direct concern in the matter A State doctor has exacting duties to those for whose care the State engages his services and the exactions of workmen's compensation practice and attendance at referee and board hearings. sometimes in distant points might involve such a conflict of duties as to be detrimental to the highest standard of professional responsibility in either or both connections.

An opinion by the Attorney General in 1943 stated that any employee of the State has a right to work for employers not connected with the State and receive compensation therefor provided such outside work does not interfere with the performance of his duties

At about this time we received a communication from Dr Irving M Derby Director of Laboratory at the Newark State School Wayne County who was also affected by this decision and who was refused an authorization of SI. (pathology etc.) by the Chairman of the Workmen's Compensation Board Dr Dorby stated, among other things that for the past twenty years while working for New York State he had appeared and testified before referees and at board hearings a duty which did not conflict with his State duties or responsibilities and a procedure which met with the approval of his superior officers. His duty as laboratory director required him to act as a clinical pathologist for

physicians in Wayne County As laboratory director in the county the physicians in the county frequently must rely upon him for laboratory services in private and compensation cases. The refusal to grant him SK rating necessitates the physicians of Wayne County sending patients outside of the county for laboratory work. He protested the ruling. On March 7, 1947, a letter was addressed to Miss Donlon referring to the consequences of failing to authorize and qualify Dr. Derby and asking for a conference with Miss Donlon to discuss this matter.

A similar letter refusing authorization was received by Dr H G Hubbell, acting director of the Newark State School, in Newark, New York school is a subsidiary of the Department of Mental Up to the present date, Miss Donlon has Hymene

not replied to our letter

On February 20, 1947, a letter was addressed to Dr Frederick MacCurdy, commissioner of mental hygiene, requesting him to outline the policy of his department in relation to physician employees of the State examining or treating compensation claimants and referring to the action taken by the Chairman of the Workmen's Compensation Board in refusing to authorize such physicians. On April 1, 1947, Dr. MacCurdy replied stating that he had a conversation with Miss Mary Donlon and that it was not very conclusive It was for this reason that he delayed making a statement as to his attitude pre-It was his opinion that the physicians in the employ of the State in his department should be permitted to participate in compensation work particularly in the upstate areas where no other psychiatrists are available. The position of the Department of Mental Hygiene being clarified, it becomes essential to take up the matter with Miss Donlon in view of the position she has taken in denying ratings to employed physicians of the State of New York

New Business

Dr Bauer presented Dr Henderson of the Board of Trustees of the American Medical Association, and stated that he and the doctor were flying to London that afternoon

The Council by a rising vote wished President

Bauer and Dr Henderson a bon voyage

STATE CRIPPLED CHILDREN'S PROGRAMS

Care for the crippling conditions many of the children suffer from accidents is provided under the State crippled children's programs, for which Federal funds are granted under the Social Security Act These programs are administered by State crippled children's agencies under plans approved by the US Children's Bureau Many of the children so treated are the victims of burns, and plastic surgery is sometimes necessary Some who have been crippled or maimed are fitted with artificial arms or limbs, or with crutches

The treatment is often given over long periods. and includes medical, hospital, and nursing care Often, arrangements have to be made for occupational training of the boy or girl whose opportunities may be limited as the result of the permanent handicap from the accident Sometimes, a home problem has to be dealt with, in which case a medical-social worker may be called on for assistance In some cases, special arrangements have to be made for the child's schooling, and, in such instances, the crippled children's agency assists

A diagnosis of the case is arranged for at a crippled children's clinic Some of these clinics are so-called "permanent" clinics held in the same place—a hospital or health center—at regular intervals clinics are "itinerant"-the clinic staff goes into rural areas If a child is acutely in need of care, the physician may provide care in the child's home

In all instances the examination and diagnosis of the injured child is made without charge and without regard to the family's financial circumstances After it is known what care is needed and what it is likely to cost, then, as the program is operated by the State, consideration may be given to the ability of the family to pay for the recommended treatment Usually the cost of care for children with crippling conditions is too high for families of even moderate means to pay for and the State agency furnishes the needed services from State and Federal funds

One of the problems, the Children's Bureau states, is to find these children, for often their parents do not know that the service is available Security Act, under which these programs have been developed, specifically lays upon the administrating agency responsibility for locating "all children who are crippled or who are suffering from conditions that may lead to crippling"—an unusual injunction—Federal Security Agency, Social Security Administration, U.S. Children's Bureau

DEPARTMENT OF MEDICAL CARE INSURANCE

CONDUCTED BY GEORGE P FARRELL, DIRECTOR

United Medical Service, Inc., New York City

This is the third in a series of histories of nonprofit voluntary medical insurance plans operating in New York State

THE rapid growth of United Medical Service now second in size among the nations nonprofit medical and surgical plans Indicates increasing public acceptance of the voluntary way of pre-paying for medical care Established in 1944 as a result of the union between Community Medical Care and the Medical Expense Fund of New York the doctor's plan has more than doubled its membership in each succeeding year and has gained the cooperation of at least six out of ten physicians in the area it serves.

From the standpoint of progress UMS has more than fulfilled the promises made to the public by The most outstanding deits original sponsors. velopment has been the agreement of its partiel pating doctors to accept UMS payments as full compensation for services to members in the low income brackets. The recent increase in Indemni ties toward doctor a fees for surgical and maternity care was another milestone in UMS progress. To more than 325 000 subscribers covered by the surgi cal plan the increase was particularly welcome

UMS statistics alone present an impressive record of accomplishment. With a nuclous of approximately 30,000 members carried over from the parent organizations, the plan was able to achieve a total enrollment of 79,404 by December 1944. At the end of 1945 the total was 161 128 By December 1946, it had risen to 405 744, an increase of 152 per cent over the previous year's enrollment, and according to present estimates the public continues to join the organization at an equally impressive rate

join the organization at an equally impressive rate. Further evidence of progress is apparent from the fact that 18,866 bills amounting to \$800,641 00 were paid in 1946 on behalf of members for medical surgical, maternity, and specialist care, as against 7,277 bills amounting to \$434,826 65 the previous year. Since the plan was reorganized, 27,098 bills amounting to \$1,320,318.26 have been paid. United Medical Service is approved by the Medical Society of the State of New York and seven-ten causely medical societies in its apprentice are

teen county medical societies in its operating area. Nearly 12 000 physicians participate—In four of the ounties covered participating physicians represent 100 per cent of the medical profession engaged in active practice. This wide-scale cooperation of the medical profession eneans that practically all UMS members are able to retain the services of their fault. family physicians while reaping the maximum benefits the plan provides.

From the beginning UMS has operated under the guidance of Howland H. George president and board member The board of directors comprises Dr. Nathan B. Van Litten chaltman, Dr. Charles Gordon Heyd, vice-president Dr deWitt Stetten secretary John S. Linen, treasurer and ten other physicians including Drs. Harry Aranow Thomas M. D'Angelo Chester O Davison. M. J. Frin physicians including Drs. Harry Aranov Thomas M D Angelo Chester O Davison, M J Fein Milton J Goodfriend, David J Kaliski, John J Masterson M deM Touart, I Ogden Woodruff and Irving Wright Nonmedical members of the board are William C Breed Jr Edwin S. Burdell, Arthur Huntor John S. Linen Rev Francis P Lively, Walter Mitchell, Jr. Stanley Resor, Jane Todd and Charles A. Vos. Dr Frederic E. Elliott is director of medical services. Vice-presidents are Frank Van Dyk, Harry Sesan Paul Drescher and Alan B Thompson

At the end of 1946 UMS had assets of \$1 500 000 represented almost entirely by each or government bonds After liberal reserves were set aside to meet the requirements of the Insurance Department of the State of New York the not surplus totaled approximately \$775 000

UMS offers persons covered by Associated Hospital Service, New York's Blue Cross Plan, three different types of insurance—the surgical plan, the surgical medical plan and the general medical plan for home office, and specialist s care

The low-cost surgical plan most widely patron ized of the three pays specified amounts up to \$225 toward physician's fees for surgical operations, maternity care, and the treatment of fractures and dislocations for members who are hospitalized. Monthly rates for this service are forty cents for an individual, \$1 00 for a husband and wife and \$1.80 for a family

The surgical medical plan provides all the benefits of the surgical plan plus payment of specified fees for medical care in the hospital and the payment of \$10 toward a specialist s consultation fee when the patient is referred by his doctor to a qualified spechalist. UMS defines a specialist as a physician who has been certified by an American Board of Specialists or by a county medical society, or a phy sician who is chief of a special service of an approved hospital. Monthly rates are sixty-four cents for an individual, \$1 36 for a husband and wife and \$2 36 for a family

The general medical plan provides all the benefits described above, and, in addition, payments toward doctor's fees for medical care in the home and office. When a member of UMS visits the doctor's office an allowance of \$2 a visit will be made toward the fee When the doctor visits the patient at his home or in the hospital \$3 a visit is allowed. In either case allowances will be made for as many as twenty visits for each single injury illness or pregnancy Additional visits may be authorized by UMS. The general medical plan also provides for scheduled amounts toward the fees of qualified specialists in cases where UMS members are referred to them

by participating physicians.

This plan costs an individual member \$1 60 a month and a family \$4 a month It is available only to employed groups of five or more persons in organizations where the employer contributes to

the subscription costs.

Through arrangements with medical societies in the seventeen counties covered by UMS, participating physicians have agreed to accept payments made by the plan as full compensation for services to an individual with an income of \$1,800 and families with an income up to \$2,500 The physiclans may make an additional charge to members with a higher income

> ALFRED L. GOLDEN Public Relations Director United Medical Service

POSTGRADUATE MEDICAL EDUCATION

Programs arranged by the Council Committee on Public Health and Education of the Medical Society of the State of New York are published in this Section of the Journal. The members of the committee are Oliver W H Mitchell, M D, Chairman (428 Greenwood Place, Syracuse), George Baehr, M D, and Charles D Post, M D

Queens County A Cancer Teaching Day will be sponsored on Friday, May 16, by the Queens County Cancer Committee, the Medical Society of Queens County, the New York City Department of Health, the Medical Society of the State of New York, and the New York State Department of Health. Division of Cancer Control

A clinical program will be given from 1 00 until 2 30 r M Friday afternoon at Queens General Hospital, 164th Street, Jamaica Dr Leonard Goldman, chairman of Tumor Conference, Queens General Hospital, will speak on "A New Method of

Teaching Cancer "

The afternoon and evening meetings, beginning at 3 00 PM and 8 30 PM, respectively, will be held at the Queens County Medical Society Building, in Forest Hills Chairman of the afternoon meeting will be Dr Goodwin A Distler, and speakers will be Dr Albert F R Andresen, professor of clinical medicine, Long Island College of Medicine, Brooklyn, whose topic is "Gastrointestinal Cancer," and Dr Howard C Taylor, Jr, attending surgeon, Memorial Hospital, New York City, who will speak on "Recognition and Treatment of Pelvic Cancer"

At the evening meeting speakers will be Dr Sture Osterlind, director of Cancer Research, Swedish National Cancer Institute, whose subject will be "Cancer Control in Sweden", Dr Maurice will be "Cancer Control in Sweden", Dr Maurice Lenz, professor of clinical radiology, College of Physicians and Surgeons, Columbia University, "The Role of Padrition The "The Role of Radiation Therapy in the Treatment of Cancer and Allied Diseases", and Dr Lloyd F Craver, assistant professor of clinical medicine, Cornell University, Medical College, "Recent Advances in the Treatment of Lymphomas and Leukemias"

Advance reservations for the dinner, to be served at the Queens County Medical Society Building at 6 30 PM, should be made with the Society The memberships of the medical societies of Kings,

Queens, Nassau, and Suffolk counties are invitattend the meeting

Cayuga County A symposium on hyperte: will be held at 8 00 P M on Wednesday, May : the Osborne House, in Auburn Medical treat will be discussed by Dr Herman O Mosenthal, Graduate Medical School, Columbia Universand Surgical Treatment by Dr J William Hi clinical professor of surgery, College of Physic and Surgeons, Columbia University, and asso professor of surgery, New York University, Co of Medicine

On Thursday, June 19, at 8 00 PM at the borne House in Auburn, Dr Albert D Kaiser, fessor of child hy giene at the University of Roche School of Medicine and Dentistry, Rochester, speak on "Preventive Medicine as a Part of

General Practice of Medicine

Saratoga County "Rheumatic Fever-R matic Heart Disease," will be the subject of a lec presented to the Society by Dr J G Fred E professor of clinical medicine at Syracuse Univers College of Medicine, Syracuse, on May 22 instruction will be given at 4 00 PM at Newman Lake House, Saratoga Springs

Seneca County Dr Ferdinand J Schoen professor of clinical obstetrics, Syracuse Univers College of Medicine, will lecture on "Gynecolog General Practice," on May 15, at 2 00 PM meeting will be held at the Armitage Tea Rc Seneca Falls

Tompkins County Dr Leo E Gibson, profess clinical surgery, Syracuse University, College Medicine, will speak on "Infections of the Courmary Tract," on Monday evening, May 1! 8 30 o'clock. The lecture will be given at Tompel and Court May 1. Tompkins County Memorial Hospital, Ithaca

AMERICAN HEART ASSOCIATION

The annual meeting of the American Heart Association will be held at the Hotel President, Atlantic City, New Jersey, on June 6 to 8, 1947, prior to the annual session of the American Medical Association Members of the medical profession and other interested persons may attend the scientific sessions on June 6 and 7

-PROTEIN

The existence of a mother substance of all pro has been suggested by a leading scientist

christened the substance, proteinogen.

In recent experiments with rats, tests shithat the protein of dehydrated pork, beef, my and dried skimmilk were about the same in grand dried skimmilk were about the same in grand. promoting value -Food and Nutrition, April, ---



The weight curves represented above are to be found in actual hospital (name on request) records of 75 consecutive infants fed on Similar for six months or longer Not once in this entire series of 75 cases was it necessary to change an infant's feeding because of gastro intestinal upset.

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MEDICAL NEWS

New Research War Opened on Poliomyelitis

A NEW battle against poliomyelitis (infantile paralysis) and other virus diseases will be waged in the laboratories of the New York Botanical Garden, in the Bronx, where investigators will start a search for an antibiotic capable of destroying or inactivating such viruses

The new research program, announced jointly on April 14 by Basil O'Connor, president of the National Foundation for Infantile Paralysis, and Joseph R Swan, president of the New York Botanical Garden, will be financed over a five-year period with \$225.-000 in March of Dimes funds

The study will be supervised by Dr William J Robbins, director of the garden, who is considered one of the nation's leading authorities on antibiotics

It was also explained that the Botanical Garden investigators do not expect to test any substances against poliomyelitis itself or against other diseases, but will turn over information to others who work where facilities permit animal investigation

Capt Vorwald Heads Research of Trudeau Foundation

APT ARTHUR J VORWALD, Medical Corps, United States Navy retired, and head of the medical sciences division of the Office of Naval Research, has been appointed director of research of the Trudeau Foundation Captain Vorwald succeeds the late Dr Leroy Upson Gardner, world famous authority on silicosis and allied pulmonary diseases His appointment becomes effective July 1

Captain Vorwald joined the staff of the sanatorium in 1932 and was closely associated with Dr Gardner In 1942 he was called to active duty as chief of pathology in the Hospital of the United States Naval Academy at Annapolis In 1944 and 1945 he served as the United States medical attaché in London and later that year was appointed head of the medical sciences division

As director of research, Dr Vorwald will guide the research efforts of the biochemical, the bacteriolog, and the Saranac laboratories

The research program involves study in tubercu losis and respiratory diseases including those due to hazards in industry

Advance Medical Study in U S Open to Chinese Students

FORTY-FIVE of the 125 Chinese doctors, dentists, public health experts, and nurses to whom fellowship awards will be made annually, are presently in this country engaged in advanced studies at leading American universities in 14 states, it was announced recently at United Service to China headquarters, 1790 Broadway, New York City

The fellowship awards were bestowed by the American Bureau for Medical Aid to China, a cooperating agency of United Service to China, as part of a three-year program under which six national medical colleges in various parts of China will receive aid designed to elevate their standard of medical education to that of the best institutions in the United States, the announcement stated

The recipients of the awards are given an opportunity to learn recently developed methods and technics from which they were cut off during the

On their return to China after a year's study they will join the faculties of the six national medical colleges which were selected to receive this assistance

ABMAC's new long-range program has been launched to help supply China's pressing need for more and better-trained medical and public health personnel, the announcement stated, pointing out that China has only about 13,000 qualified doctors for its 450,000,000 population, and should have at least 266,000 if the Chinese people are to have anything approximating adequate medical care

Personalities

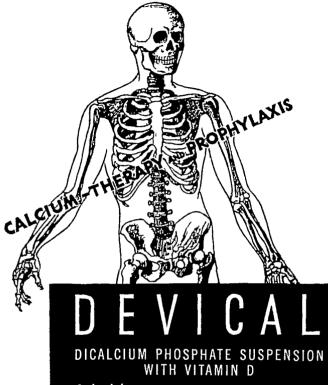
Dr Frank A Calderone of Great Neck, director of the headquarters office of the World Health Organizations, United Nations, is heading a group of specialists from the headquarters office who sailed in March for a meeting of the Interim Commission at Geneva, Switzerland, March 31 to April 15 than 100 leaders in medicine and public health in all parts of the world participated in the Geneva conference

health nurses of Fulton and Montgomery counties in March and related his experiences in World War II, as chief physician in charge of 121 prisoners, including high ranking Nazi leaders at Nuerenberg Families of these prisoners were also guarded during the trial period and were numbered among the His observations of the chardoctor's patients acters of outstanding Nazi personalities included those of Goering, Doenitz, Schacht, Keitel, Ley, and Hımmler *

* Asterisk indicates that item is from a local newspaper

Dr R. H Juchli, of Amsterdam, spoke to public

[Continued on page 1156]



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FORMULA

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Decalcium Phosphere 100 grains (6 5 GM5) Vitamin D 2000 USP muts [Continued from page 1154]

Dr Horace C Montgomery, of Watertown, president of the Jefferson County unit of the American Cancer Society, served as associate State chairman of the 1947 cancer campaign in seven of New York's northern counties

Dr Montgomery supervised campaign activities in Oswego, Jefferson, Lewis, St Lawrence, Franklin, Clinton, and Essex counties Goal of the campaign

in the 54-county upstate area was \$650,000

Dr Montgomery, a veteran of the first World War, has for many years been interested in cancer research and recently was elected to the board of directors and the executive board of the New York State division of the Cancer Society *

Dr James C Walsh, superintendent of the Nassau County Sanatorium, Farmingdale, was cochairman at the joint meeting of the New York Tuberculosis and Health Association and the Tuberculosis Sanatorium conference of Metropolitan New York recently held at the Hotel Pennsylvania, New York City *

Dr Sidney L Raymon has opened his office for general practice of medicine in Huntington.

He was recently discharged from the U S Public Health Service after serving for three years with units of the Navy and Coast Guard as medical of-

ficer

Prior to his entry into the armed forces, Dr Raymon served an internship at Knickerbocker Hospital in New York City and a residency at the Norwalk General Hospital in Norwalk, Connecticut *

Dr James C S Carter, who started practicing medicine in Merrick in 1930, has returned from service in the Army Medical Corps and resumed practice in Freeport

Dr Carter's army service included three years in various military stations in the South Pacific as a major. He is a graduate of the school of medicine

at Tulane University *

Dr Joseph M Hill, a former Buffalo resident and graduate of the University of Buffalo, School of Medicine, recently was given the first Marchman award for notable research in medicine by the Dallas Southern Chinical Society of Texas

Dr Hill is professor of chinical pathology at Southwestern Medical College and director of the William Buchanan Blood, Plasma & Serum Center at Baylor

University Hospital

Dr Hill was named winner of the award for his investigation of the Rh blood factor *

Dr Mark Hardy Young, who recently was separated from the US Navy with the rank of a full commander, has opened an office in Irondequoit Dr Young was one of the small number of sub-

Dr Young was one of the small number of submarine surgeons and served overseas for over two years before being stationed at the submarine base at New London, Connecticut A service injury kept him hospitalized throughout his last year in Navy service Last August he received a commendation for meritorious service at the New London base

A graduate of Alfred University and Northwestern Medical School, Dr Young served his internship at Deaconess Hospital in Buffalo from where he entered the Navy almost six years ago *

Guest speaker at a meeting of the Seneca Falls Rotary Club recently, Dr Don M Griswold, Geneva, district State health officer, outlined prospects for a new hospital for Seneca County *

Dr Richard Kovacs, of New York City, conducted a postgraduate course in physical medicine at Meharry Medical College, Nashville, Tennessee, April 21 to 24, 1947

Dr Lynn Dodge, long a practicing physician in Fairport, has accepted a position at Iowa State College and has taken up his duties in the medical

department of this institution

Dr Dodge, who before the war was a major in the Medical Reserves, began active duty in the Army in November, 1940 and served until December, 1945. He was retired from active duty February 28, 1946, having served in Great Britain, France, Luxembourg, and Germany. He was Chief of Public Health for the Grand Duchy of Luxembourg under the Military Government and held the same position in the Province of Wurtemberg. When he was retired from the Army he held the rank of heutenant colonel.

Dr Dodge is a graduate of the University of Buffalo He interned at Genesee Hospital, Rochester, and was a member of the medical staff of that Hos-

pital *

Dr Peyton Rous, member emeritus of the Rockefeller Institute for Medical Research, delivered the eleventh annual Adam M Miller Memorial Lecture at the Long Island College of Medicine March 19

The lecture was established in 1936 by the Phi Lambda Kappa Fraternity in honor of Dr Adam M Miller, former professor of anatomy and dean of the College Its purpose is to present an annual lecture or series of lectures on some subject relating to the medical sciences to the undergraduate body, the faculty, and the profession Dr Rous spoke on the subject of "Cancer as an End Product"

Dr Rous is a member of the National Academy of Sciences, a member of the New York Academy of Medicine, and a foreign member of the Royal So-

ciety of London

Dr J D Sheeran, of Hempstead, Long Island, has opened an office in the town of Berlin, which has been without a physician since the death of Dr Ruben Ryvkin in February Dr Sheeran served five years in the Army Medical Corps *

Dr Julian I Gilliam, recipient of the first in a [Continued on page 1158]



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[Continued from page 1156]

series of fellowships to be awarded by the Virginia Cancer Foundation to provide medical care for Virginians suffering from cancer, has begun a year of training in cancer work at Bellevue Hospital under supervision of New York University College of Medicine doctors, it was announced by the College recently

The young Negro physician, who will return to Virginia to enter a proposed state-wide cancer center in Roanoke for the benefit of Negroes, is receiving the training as a postgraduate student at New York University College of Medicine The Virginia fellowships are open to both white and

colored doctors

Dr Gilliam is specializing in diagnosis of cancer and treatment of the disease by radium and x-rays (radiation therapy) He is the fourth Negro doctor to be trained at Bellevue by New York University College of Medicine for work among Negroes af-

flicted with cancer

Working with Dr Gilliam as fellow trainees of New York University College of Medicine are 15 Army and Navy veterans, some of them being paid by the City of New York, some by the government under the G I Bill of Rights, and some by the National Cancer Institute All the trainees are doc-One of them, financing himself, came to New York University and Bellevue from South Africa and will return there to practice among the cancer sufferers in his country

County News

Albany County

"Carcinoma of the Stomach" was the subject of a talk presented to the County Medical Society at its April meeting by Dr Samuel F Marshall, of Boston, Massachusetts Dr Marshall is associate in surgery at the Lahev Chnic in Boston He discussed some of the problems of etiology and operability in the disease as well as the end results of surgery The experience of the Lahey Clinic in regard to the relationship of gastric ulcer and malignancy was also presented The discussion following his talk was opened by Drs S E Alderson, E A Stapleton, and S Church

Broome County

A cancer teaching day was held on May 14 at the Charles S Wilson Memorial Hospital in Johnson Speakers of the afternoon meeting were Dr Cushman D Haagensen, assistant professor of surgery, College of Physicians and Surgeons, Co-lumbia University, whose subject was "Breast Tu-mors", Dr Gray H. Twombly, assistant professor of cancer research, College of Physicians and Surgeons, who spoke on "Recognition and Treatment of Pelvic Cancer", and Dr David A Karnofsky, research fellow in medicine, Sloan-Kettering Institute, New York City, whose subject was "Clinical Results from Nitrogen Mustard Therapy" Chairman of the meeting was Dr W E Aitken, chief of staff, Binghamton City Hospital

At the evening meeting Dr Frank G Moore, chief of surgical service of the Hospital, was chairman The program included the following lectures and lecturers "The Diagnosis and Treatment of Cutaneous Cancer and Precancerous Lesions," by Dr Anthony Cipollaro, assistant clinical professor of dermatology and syphilology, New York Post-Graduate Medical School, and "Cancer of the Esophagus," by Dr John H. Garlock, clinical professor of surgery, College of Physicians and Surgeons, Columbia University

The memberships of the counties of Chemung, Schuyler, Steuben, Tioga, and Tompkins were in-vited to attend the meeting

The annual joint dinner meeting of the Broome County Medical Society, the Binghamton Academy of Medicine, and the Binghamton Psychiatric Society was held recently at the Binghamton Club

Dr Jerome Conn, associate professor of medicine at the University of Michigan Medical School, spoke on the subject, "Spontaneous Hypoglycema"

The three organizations were guests of the Endicott Johnson Medical Department In charge of arrangements were Dr J C Zillhardt, president of the County Society, and Dr Edward M Jones, president of the Academy

Chemung County

A spring teaching day was held under the auspices of the Chemung County Medical Society and the State Medical Society at the Mark Twain Hotel in

Elmira on April 23

The afternoon meeting consisted of two lectures by Dr Mildred W Wills, director, Airborne Infection Study, Westchester County Department of Health, and Dr W J Merle Scott, associate professor of surgery, University of Rochester, School of Medicine and Dentistry Dr Wells spoke on Michael of Albert Life 1972. "Control of Airborne Infections," and Dr Scott's subject was "Vagotomy for Peptic Ulcer" Dr William R Phillips was chairman of this meeting

In the evening, Dr Paul L Boisvert, associate professor of pediatrics, Yale Medical School, New Haven, Connecticut, presented the second annual Elliot T Bush Memorial Lecture His topic was "Streptococcal Infections and Post-Streptococcal States" Dr Boisvert was formerly consultant to the Secretary of War and a member of the Commission on Hemolytic Streptococcal Infections, United States Army
Dr Donald J Tillou, president of the County

Society, was chairman of this meeting

Dutchess County

Dr Ralph Adams, of the Lahey Clinic, was the speaker at the March meeting of Dutchess County Medical Society He presented a paper on "Diagnosis and Treatment of Empyema, Lung Abscess, and Certain Other Thoracic Surgical Cases"

The April meeting of the County Society was held in the Pavilion at Hudson River State Hospital on April 9 Dr Eldridge H Campbell, neuro-surgeon, of Albany, spoke on "Brain Abscesses" Speakers at the May meeting were Dr Harry Ungerleider, director of medical research of the Equi-

[Continued on page 1160]



table Life Assurance Society of the US, and Dr Richard Grubner, assistant medical director of the same organization Dr Ungerleider spoke on "Cardiac Enlargement," and Dr Grubner discussed "Interpretation of Symptoms and Signs in Cardiovascular Disease "

Genesee County

A four-county clinic day was held April 9 at the Hotel Sheraton, Rochester, under the auspices of the Genesee County Medical Society, the New York State Department of Health, and the State Medical "Gynecol-The program was as follows ogy in General Practice," presented by Dr Chester ogy in General Practice, "presented by Dr Chester E Clark, Syracuse University, College of Medicine, "Plasma Therapy in Medicine, Surgery, and Emergencies," by Dr Samuel Standard, New York University, College of Medicine, "Tumors of the Gastrointestinal Tract," by Dr Ralph Adams, Lahey Clinic, "Diagnosis and Management of Rheumatic Fever," by Dr Albert D Kaiser, University of Rochester A dinner was held at 7 00 p at for the decrease and their moves. doctors and their wives. Speaker at the dinner was Dr Konrad Birkhaug, of the New York State Department of Health, whose subject was "Immunization with BCG "

Kings County

A joint meeting of the County Medical Society and the Academy of Medicine of Brooklyn was held April 15, with Drs Herbert Pollack and H. D Kruse speaking at the scientific program Dr Pollack, associate physician and chief of metabolic clinics, Mt Sinai Hospital, spoke on "Clinical Observations in the German Concentration Camps" Dr Kruse, of the Milbank Memorial Fund, New York, discussed "Modern Methods in the Diagnosis of Deficiency Diseases"

Monroe County

M H Petersen, associate administrator of the National Physicians' Committee, discussed 'Medicine Accepts the Collectivist Challenge" before the Medical Society of the County of Monroe in the Academy of Medicine on March 18 Members of the Seventh District Branch of the Medical Society and the Seventh District Dental Society were invited *

Nassau County

Dr Claude E Heaton, associate professor of obstetrics and gynecology, New York University, College of Medicine, spoke to members of the County Medical Society on April 29 at the Elks Club, Hemp-stead His subject was "Gynecologic Problems in the Adolescent Patient." This instruction was provided by the State Medical Society with the cooperation of the New York State Department of Health.

Dr Stockton Kimball, assistant professor of medicine and dean of the University of Buffalo, School of Medicine, addressed the County Medical Society on March 18 on the subject of the treatment of disorders of the liver

f. 5 Oswego County

"The Diagnostic Approach to Diseases of the Anus, Rectum, and Sigmoid" was the subject of a postgraduate lecture presented to members of the Oswego County Medical Society on April 15 Dr John C M Brust, associate professor of surgery,

Syracuse University, College of Medicine, was lecturer

Ontario County

The Second Quarterly Meeting of the Onte County Medical Society was held on April 8 at Sanitarium, Clifton Springs The scientific ses consisted of a clinical program presented by The scientific sess staff of the Sanitarium.

Otsego County

Dr Leslie A. Osborn, assistant professor of p chiatry at the University of Buffalo, School of Me ome, addressed the Otsego County Medical Socie March 12 at the Tunnichff Inn Dr Osbor topic was the recognition and management of p chiatric problems in general practice. This pi graduate instruction was provided by the Medi Society of the State of New York in cooperat with the New York State Department, of Healt

Oueens County

A panel discussion on endocrine disorders v held at a meeting of the County Medical Society The speakers were Dr Charles Byn April 16 The speakers were Dr. Charles Byling associate visiting physician, Queens General H pital, chief of Endocrinology Service, and associate Metabolism Service, Jewish Hospital of Brookly and Dr. Abner I Weisman, assistant visiting in a stetrics and gynecology, Metropolitan Hospital and adjunct gynecologist, chief of sterility, clinical Momental Hospital Jewish Memorial Hospital.

Dr Saul Schapiro, proctologist at the Jewish Ho pital of Brooklyn, gave a talk entitled 'Proctolo in General Practice' at the April eleventh meeti of the County Society

A section on aviation medicine was held by t

Queens Medical Society in March.
Dr Louis H Bauer, of Hempstead, president
the State Medical Society, and Col Thomas C Ge try, medical director of American Airlines, were the speakers

R1chmond County

Three subjects of interest to physicians and de tists were discussed at a joint meeting of the Richmond County Medical Society and the Richmon County Dental Society in March

Comdr F R. Jackson, senior surgeon of the U. Marine Hospital, discussed the latest methods wiring fractures of the law bone, with special en phasis on the "pin fixation" method types of law bone fractures were shown.

Dr Joseph F Worthen, attending physician ! Staten Island Hospital, enumerated diseases which first affect the gums and teeth

Dr Enrique Soldini, attending physician at S Vincent's Hospital, told of the relation between vit min deficiencies and the teeth.

At a business meeting of the medical group befor the joint session, a health and accident insurant policy being taken by members of the Society Wi read by a representative of the insuring firm

Steuben County

Through the Council Committee on Public Healt and Education of the Medical Society of the Stat

[Continued on page 1162]



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[Continued from page 1160]

of New York and the State Department of Health, Dr George H Koepf addressed the Society April 10 on "The Treatment of Thyrotoxicosis with Thiou-racil and Other Agents" Dr Koepf is associate in physiology and instructor in medicine in the University of Buffalo, School of Medicine

Washington County

The County Medical Society held its quarterly meeting on April 18 at the White Swan Hotel in After the business meeting the follow-program was presented "Endocrine ing scientific program was presented Control of Various Functional Disturbances," by

Dr Lyle A Sutton, of Albany, "Vaginal Smear Method of Diagnosis," by Dr Arthur Hengerer, of Albany, and "New Angles in the County Welfare Program," by Lawrence Barsaloux

Westchester County

Dr Frank B Berry addressed the members of the Society at the April meeting held at the New York Hospital-Westchester Division, White Plains Dr Berry, who is assistant professor of clinical surgery, College of Physicians and Surgeons, Columbia University, and visiting surgeon, Bellevuc Hospital, spoke on the subject "Thoracic Surgery of Today"

SALIENT POINTS IN REPORT OF ATOMIC BOMB CASUALTY COMMISSION

A number of interesting facts relating to the Japanese who survived at Hiroshima and Nagasaki were disclosed in the report of the Atomic Bomb (asualty Commission released by the War Department at a recent press conference held in the Office of the Surgeon General

The report carries no spectacular data or stories on freakism or physical anomalies among babies born to persons who were exposed to the bomb It does not deal in the sensational Based upon a study which was relatively short—about six weeks—the report simply gives a direct, unpretentious picture of work which is under way to evaluate the results, upon human beings of a massive dosage of radiation, in combination with the heat and concussion generated by nuclear fission

Following are some highlights of the commission's report, which was reviewed and cleared by the

Atomic Energy Commission prior to issuance "Members of the commission have been impressed during their observations of atomic bomb survivors by the fact that many of the burns have healed with accumulations of large amounts of elevated scar tissue, the so-called keloids," said the report

"The striking feature noted is the large number of burns that have healed with excessive quantities of scar tissue, having a relatively flat surface elevated above that of surrounding skin Margins of these above that of surrounding skin Margins of these lesions are sharply defined. The area involved varies very much, some being as small as one centimeter in diameter while others may involve most of the face or the back. The maximum growth of such tissue evidently was reached about eight to ten months following the injury

"The assay of possible genetic effects is much more readily performed in plant and animal material than in man with, however, the important qualification that in man and, to a lesser extent, plant material, it is often impossible to be certain of position at the time of the bombing," says the report "The Japanese efforts to utilize animal material have been completely nullified by the chaotic conditions and poor food situation

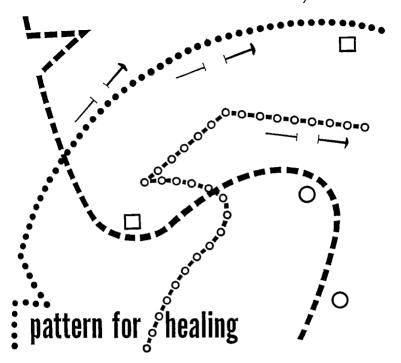
"It is already experimentally proved both in botany and zoology that there is a possibility of producing a malformation of descendants when the sexual cells are affected in some degree by radioactive energy

"The guestion, if this fact is applicable to the human beings or not, will be made clear by further

"In the survey of spermatocytes, it was noticed that they decreased not only in their number but they showed also some structural abnormalities This problem must be, therefore, taken up and carefully followed further

"The problem is one of detecting the changes and recording the events as they occur It is the view of the commission, furthermore, that with the possible exception of genetic recessives (physical monstrosities which might not crop out for several generations), the various changes can be successfully This presupposes, of course, detected and recorded the proper cooperation with the Japanese and a reasonable expenditure of funds"

General, -From the Office of the Surgeon April, Technical Information Division, 1947



Designed for maximum protection and repair of gastric ulcer Malcogel* offers a therapeutic pattern in which

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- 2. demulcent protection of inflamed and eroded mucosa and both combine to heighten
- 3 uninterrupted healing by virtue of continued relief

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NECROLOGY

Joseph E Blasenstein, M D, 50, of the Bronx, New York, died on April 3 He was attending pediatrician at Sydenham and Morrisania hospitals. and for the last twenty years had been an official of the contagious diseases division of the New York

City Public Health Department

Dr Blasenstein was graduated from the College of Physicians and Surgeons at Columbia University in 1921 with high honors. He was an intern at the Brooklyn Jewish Hospital before beginning private practice He was a member of the Bronx County Medical Society, the Bronx Pediatric Society, and

a diplomate in pediatrics

Alfred G Doust, MD, 83, of Syracuse, died on March 15 A graduate of Syracuse Medical School in 1887, Dr Doust also studied at Post-Graduate School and Hospital in New York City He first practiced medicine at New Hartford, Connecticut. where he remained for three years, two years of which he served as public health officer From 1890 until his retirement in 1943. Dr Doust practiced medicine in Syracuse, serving as city and county physician for the Thirteenth Ward

Dr Doust was on the staff of the Crouse-Irving Hospital, a member of the Syracuse Academy of Medicine, and the State Medical Society and

Onondaga County Medical Society

Joseph J Dunnigan, M D, of Syracuse, died on March 16 at the age of 55 A native of Auburn, he was graduated from New York Homeopathic Medical College in the class of 1917 He served in the Army Medical Corps in France during World War I For the past twenty-five years he has been a practicing physician and surgeon in Syracuse and a member of the staff of Syracuse General Hospital

Dr Dunnigan was a member of the Syracuse Academy of Medicine, the Onondaga County Medical Society, and the State Medical Society

Ulysses S Kann, M D; 74, of New York City, and long resident of Binghamton, died on April 7 A native of Switzerland, Dr Kann studied at the University of Geneva and was graduated in 1901 as a physician from the University of Paris In 1902 he came to the United States and practiced in New York City until he went to Binghamton in 1915 He was director of radiology at Binghamton City Hospital from 1919 to 1938 He served as a medical officer with the National Guard on the Mexican Border in 1916 and with the Army Medical Corps in France in World War I

Dr Kann was consulting radiologist at the Binghamton State Hospital, the Broome County Tuberculosis Hospital, and the Tioga Hospital He was a former president of the Broome County Medical Society and the Binghamton Academy of Medicine He was a member of the American Roentgen Ray Society and the Radiological Society of North

Charles E Lambert, M D, of New York City, died on April 7 He was 80 years old Until his retirement four years ago, Dr Lambert had been in the general practice of medicine in New York since He was graduated from Bellevue Medical College in 1893

Raymond V Lawrence, M D, 57, of Rochester, died on March 12 He was a member of the St Mary's Hospital staff After graduating from the University of Buffalo, School of Medicine, in 1913. Dr Lawrence interned at St Mary's Hospital and then entered private practice. He was a member of the American Medical Association, the New York State and Monroe County medical societies, and the Rochester Academy of Medicine

Howard D MacFarland, M D, 59, of Utica, died on March 6 A specialist in urology, Dr MacFarland received his medical degree in 1910 from the Baltimore Medical College and began practice in Westernville Later he moved to Rome, where he was a member of the Rome Hospital staff and was Rome city health officer Since 1929 he had been practicing in Utica He was on the Faxton Hospital staff, of which he was president for a number of years He was also a consulting physician at Broadacres Sanatorium, St Elizabeth Hospital, and Memorial Hospital

Dr MacFarland was a member of the American Medical Association, the American Urological Society, the Utica Academy of Medicine, the Society, the Utica Academy of Medicine, the Medical Society of the State of New York, and the Oneida County Medical Society, of which he was president last year and treasurer for sixteen years

James T Pilcher, M D, 67, of Brooklyn, died on April 6 He was editor of Annals of Surgery, monthly publication of the American Surgical

Society, since 1934

Dr Pilcher was graduated from the College of Physicians and Surgeons at Columbia University in 1904, and was an intern at Bellevue Hospital for the next two years After continuing his medical studies abroad, he became resident surgeon at the Mayo Clinic, Rochester, Minnesota, in 1909 Two years later he established an office in Brooklyn with During the first World War he served his father eighteen months in France and Germany with the Army Medical Corps

Dr Pilcher was a consulting surgeon at the Eastern Long Island Hospital, at Greenport, the Evangelical Deaconess Hospital, Brooklyn, and the Jersey City Medical Center He was a member of the American Gastro-Enterological Association, the American Medical Association, the American College of Surgeons, the New York Surgical Society, the Brooklyn Surgical Society, the Brooklyn Urological Society, and the New York State and Kings County medical societies

Harold E Stedman, M D, of Hempstead, died in 1945 when the USS Pinckney was bombed He received his medical degree from the University of He was a member of the New Michigan in 1928 York Urological Society, the American Medical Association, and the New York State and Nassau County medical societies

Frank A Teepell, M.D., 76, of Russell, died on March 17 He had been a practicing physician in Russell since 1905, serving also as town health officer and school physician He was graduated from the New York University, College of Medicine, in 1899, and practiced medicine in Watertown until

Teepell was a member of the New York Health Officers' Association, the American Medical Association, the Medical Society of the State of New York, and the St Lawrence County Medical So-



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HOSPITAL NEWS

Cornerstone Laid for Cancer Research Institute

ORNERSTONE of the Sloan-Kettering Institute for Cancer Research was laid April 7 by Alfred P Sloan, Jr, chairman of the board of the institute and donor of the \$2,000,000 building

The institute, a part of Memorial Hospital, New York City, will occupy a sixteen-story structure on the west side of the hospital Occupancy is ex-

pected in the early fall

The ceremony, which was presided over by Reginald G Coombe and attended by 300 persons, followed a brief program in the Memorial Hospital auditorium in which speakers stressed the urgency for research in cancer and the importance of such benefactions as Mr Sloan's in helping make possible such research, but cautioned against assuming that the physical equipment and modern facilities will necessarily produce a magical cure overnight

Speakers were Mr Sloan, Charles F Kettering. vice-president in charge of research, General Motors Corporation, Dr C P Rhoads, director of Memorial Hospital and the Sloan-Kettering Institute, and Mr Coombe, president of Memorial Hospital

Other speakers at the auditorium ceremony included Brig Gen John Reed Kilpatrick, chairman of the management committee of the New York City Cancer Committee, and Dr Lewis 'H Weed, chairman of the division of medical sciences." ences, National Research Council At the cornerstone ceremony the Rev Harry Emerson Fosdick gave the invocation and Francis Cardinal Spellman offered the benediction

New Hospital Plan on Convalescents

UTLINING new concepts of convalescent care to aid patients in more rapid recovery from illness or injury and more continuous medical supervision, the Hospital Council of Greater New York on March 31 recommended additional facilities for general hospitals

In a statement on its master plan recommenda-tions for development of New York facilities, the council said that military and civilian hospital ex-

perience showed favorable results

"Recent developments in convalescent care indicate that medical supervision and active medical programs should continue from acute illness through

convalescence without interruption," the council re-"Under active and continuous medical suported pervision the restorative processes are hastened "

Modern concepts of care include emotional and psychologic, as well as physical readjustment, as a necessary part of the program, the council explained However, development of convalescent services in

all general hospitals will take time, it advises
By 1950, it estimates the following population distribution among the boroughs Manhattion distribution among the boroughs 1,900,000, Bronx, 1,485,000, Brooklyn, 2,000, Queens, 1,638,000, and Richmond, tan, 2.792,000,

185,000

News Notes

An important step toward the construction of a 50- or 75-bed hospital in Mechanicville was taken on March 5 when members of the Hospital Plan-

ning Committee decided to incorporate

Dr Joseph Lebowich, county pathologist, who was the guest speaker at the committee's meeting, told the group that the installation of a 75-bed hospital would be more advisable than a 50-bed one, masmuch as it would not cost any more to operate and would unquestionably bring in more revenue to ne used in the maintenance of such a project. He also stated that should the community raise \$200,000 toward the construction of the hospital, additional aid from the Federal and State Governments would be forthcoming

He also urged that the committee consider the installation of a laboratory which the State would equip without additional expenses *

The only medical library in Rensselaer County has been instituted at Samaritan Hospital, Troy, for the use of every doctor, student, or citizen The library already has been admitted to membership in the Medical Library Association, and thus has an exchange of valuable literature with other medical libraries all over the world

The library is open, with an attendant in charge, for eight hours a day every weekend but is available to any qualified person at any other time Local physicians have been helpful in contributing journals and textbooks so that the medical library is growing steadily *

Having raised \$500,000 of the \$600,000 required by its building program, the Wyckoff Heights Hospital in Queens hopes to break ground this year for its six-story, 150-bed extension on the Stockholm Street side of the present hospital It is expected that the remaining \$100,000 will be raised this year during the continuation of its fundraising campaign

This was disclosed at the annual meeting of the

Hospital society in March
It is expected that a large portion of the new wing will be used for matermity care, for the report showed that 1,055 babies were born in the hospital in 1946, a record of 99 more than in 1945

* Asterisk indicates that item is from a local newspaper

[Continued on page 1168]

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No wonder so many doctors recommend NESTLÉ'S Milk by name

[Continued from page 1166]

Hospital inspectors from the State Department of Social Welfare have cited the Jamaica Hospital in Queens for its commendable efforts in meeting the community health needs, it was revealed recently

by Clarence A Ludium, president
Inspectors of the Social Welfare Department gave the hospital a high rating from the standpoint of its personnel practices, its child guidance clinic, and its Queens Social Hygiene Clinic of the City Department of Health, in addition to its regular hospital services *

When building materials become more abundant, Brooklyn will have a modern, air-conditioned State Hospital replacing the present structure and providing more than four times the bed capacity of the

present institution

The present hospital has a bed capacity of 360 Plans for the new structure provide facilities for The proposed new hospital will be the 1,650 beds first completely air-conditioned hospital in the city Plans and funds for the building have been approved *

St Vincent's Hospital in New York City has purchased a four-story building to be occupied by

The auditorium on the ground floor of the enlarged North Country Community Hospital at Glen Cove, Long Island, will become a memorial to the deceased members of the hospital's medical and surgical staff, through subscriptions being made by present members of the staff, it was announced re-cently by H Irving Pratt, chairman of the hospital's \$1,750,000 building fund

At least \$48,000, the carefully estimated cost of building and equipping the auditorium, is considered assured as the total of the doctors' group subscription In voicing the thanks of the committee to the doctors on the hospital's medical staff, Pratt explained that the total may go considerably beyond this figure The additional amount, he said, will be used to increase the endowment fund *

Dr Louis C Kress, of Buffalo, was guest speaker at a dinner-meeting of staff members of St James Mercy Hospital in the Hotel Sherwood in Hornell on March 11 Dr Raymond Kelly was in charge of the meeting Dr Kress spoke on cancer About twenty members were present

The opening of a "Rh factor" testing laboratory was announced March 19 by the Kew Gardens General Hospital

\$5 charge, and free to those who cannot afford to pay *

B L Lurie, superintendent of Kew General, said the services of the laboratory will be available at a at City Hospital in Binghamton have been submitted to the State Post-War Public Works Plan-

ning Commission

The plans, approved by the Board of Managers of the hospital, call for a new six-story building on Mitchell Avenue, a new third-story addition to Kilmer Memorial Laboratory, and extension of surgical, admitting, and storage facilities *

Dr Edward M Bernecker, commissioner of hospitals, has designated Sea View Hospital on Staten Island as one of five New York City hospitals benefiting from a voluntary civilian blood bank service

Blood will be donated for free use in the city hospitals through American Red Cross blood banks The program was announced in Manhattan by the City's five Red Cross chapters, representatives of the Departments of Health and Hospitals, and the coordinating council of the medical societies of the five boroughs

While the plan calls for just one hospital in each borough to receive the blood at first, it is planned to extend the aid as soon as the number of donors is

sufficient to meet the needs *

The clinical conferences held at Mount Sinai Hospital on April 25 consisted of "Differential Diagnosis of Solitary Nodular Shadows in the Lungs, by Dr C B Rabin, "Factors Influencing Choice of Method of Treatment in Cutaneous Cancer," by Dr W Harris, "Mechanisms of Action of Ionizing Radiation on Biological Material," by Dr B S Wolf, "Pharmacology of the Nitrogen Mustards," by Dr N Kurmek, "Clinical Results with Nitrogen Mustard During 1946–1947," by Dr S Yohalem, and "Nucleoproteins and Cancer," by Dr I Snapper This was the last conference of the season

Establishment of the Joint Committee for Research in the Problems of Cerebral Palsy was announced by its chairman, Dr Phillip D Wilson, surgeon-in-chief of the Hospital for Special Surgery ın New York Cıty The committee was formed to spur medical research and to correlate and intensify the development of diagnostic and treatment pro-Dr Wilson said that his cedure for this condition own hospital, New York Hospital, Bellevue Hospital, Presbyterian Hospital, and the City Health Department were participating in the program, and that deans of three important medical colleges had joined forces to encourage the committee *

Establishment of two blood donor centers to supply banks in five municipal hospitals was announced at a meeting of the New York chapters of American Red Cross and the co-ordinating council of the Five Counties Medical Societies of New York. Donors will receive credit for each pint of blood given and this may be withdrawn from the blood bank if needed by the donor or any member of his family '

The Rensselaer County Board of Health, to ac-

[Continued on page 1170]



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commodate the increased requests for treatment at Pawling Sanitarium, has announced the addition of four new beds and plans for a survey of possible new expansion

The increase in the number of beds is required by the long waiting list of patients for treatment at the Pawling Sanitarium, he explained A survey will be undertaken to determine what other expansion can be made in providing more beds for the persons

requiring treatment *

Last year's campaign netted the United Hospital Fund of New York \$1,756,191, a gain of \$99,199 over the previous year, according to a recent announcement

Roy E Larsen, president of Time, Inc, re-elected president of the fund for the sixth term, told the sixty-eighth annual meeting at the fund's head-quarters, 370 Lexington Avenue, New York City, in March that the new campaign, conducted in the interest of eighty-six member voluntary hospitals, showed an increase in public interest in health

He also reported some progress on several studies made to improve hospital services. Mrs Frank Adair, vice-president and general chairman of women's committees, revealed plans for an all-year program for auxiliaries and medical social service

committees *

A survey of county hospitals and recommendations for formation of a county health board and construction of a new hospital at Wellsville and a 25bed addition to the Cuba Hospital have recently been made

Dr Daniel P McMahon, Hornell, district health officer, presented the findings of the survey at a

meeting in Belmont on March 4

The survey recommends construction of a new 100-bed hospital in Wellsville at a cost of \$750,000 and a 25-bed addition to the Cuba hospital, to cost \$187,500 A federal grant would provide \$312,500, a state grant for architectural planning, \$18,750, state aid, \$303,125, and the country would have to raise \$303,125

It also recommends the setting up of a county hospital board with a personnel of workers that would be paid a minimum of \$72,000 annually, when such workers are available, or at salaries get by the Board of Supervisors. The hospital board would be selected by the Board of Supervisors from county board members, county physicians, and residents.*

In an effort to secure additional nursing help, New Rochelle Hospital is inaugurating a program of enlisting a corps of paid nurses aides, Alex E Norton, superintendent, has announced

Mr Norton said the hospital is especially interested in securing the service of those women who worked as aides during the war or on a voluntary basis and may now wish to perform a similar service

for compensation *

The Fillmore Hospital in Fillmore has been assured of State and County aid if the Allegany County Board of Supervisors adopt a plan recommended by the State Health Department

The plan in brief calls for the formation of a County Board of Health consisting of one commissioner, three physicians, and three others, all of whom must be residents of the county. The functions of this board will be to deal with all county health problems. It is mandatory that this board be appointed by the supervisors before county operation of the hospitals can be assumed. With the hospitals operating through this Board of Health, the operating deficit will be shared jointly by the state and county.

Recommendations in the proposed plan called for the erection of a new 100-bed hospital in Wellsville and an expansion program for Cuba to make it a 50-bed hospital Fillmore was not mentioned in the building program, although it was pointed out that it could be a branch of another hospital *

An approximate 33 per cent increase in oxygen service at the Niagara Falls Memorial Hospital during 1946 over that during 1945 was reported by Dr W J Irwin, chief of physical medicine, in his annual statement for 1946

Continued high achievements in the v-ray department were listed by Dr W R Scott, roent-genologist, and the return of twenty-three physicians from military service was listed by Dr Grant Guillemont, as president of the medical staff during 1946, in their yearly reports *

The second regional session of the Council of Rochester Regional Hospitals, Inc., was held March 10 in the Nurses' Home at the Veterans Administration Hospital in Canandaigua

Dr Earl Koos, professor of sociology at the University of Rochester, spoke on "What Society Demands of the Nurse in the Future"*

The need for additional hospital facilities in Nassau and Suffolk counties was discussed at a meeting of officers of voluntary hospitals in the Nassau Hospital Auditorium in Mineola on March 18 Dr John J Bourke, survey director of the postwar public works planning commission, Joint Hospital Board, presented the State-wide program outlined by the

Other speakers were Dr John B Pastore, evecutive director of the Hospital Council of Greater New York, who discussed "Hospital Problems and the Need for Regional Planning," and Dr Philip J Rafle, district health officer, New York State Department of Health, who spoke on "The Relationship Between Hospital Services and Public Health Services"*

A new series of tours of New Rochelle Hospital were begun in March Dr Manville W Norton conducted the visitors through the various departments

Guests were shown the case history room, where records of all hospital patients are maintained, the physiotherapy department, including a view of the therapeutic pool and several new deep therapy machines, the x-ray department where Dr John Fran-

[Continued on page 1172]



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TARBONIS

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[Continued from page 1170]

cis Miller explained the equipment and its operation,

the operating room, and the solarium

The Sunday afternoon tours of the hospital were mangurated in 1944 and are being resumed this year as a part of the program to acquaint the public with the facilities and equipment in use at the hospital *

The Dansville General Hospital will serve as one of the sponsors of the Red Cross Civilian Blood Donor Program, in response to a request from Herbert M Ellinwood, chairman of Clara Barton Chapter No 1

Action to this effect was taken at the Board of Directors meeting on March 11, after it had been explained that similar requests were being made to the Hospital Medical Staff, the Dansville Village-Town Health Board, the director of the Livingston County Laboratory, and the Livingston County Medical Society The American Red Cross policy requires that such a program be undertaken not only with the support of local health agencies but because of their expressed desire *

Children's Hospital in Buffalo may have to close its Cerebral Palsy Chinic if it does not receive financial aid, Mrs John McW Reed, hospital president, has notified Governor Dewey in a recent letter

Because Children's Hospital pioneered in the treatment of cerebral palsy, or birth injury, it should receive a share of any funds appropriated for such a purpose, Mrs Reed asserted She pointed out that the Hospital does not object to the Rochester plan, proposed by the New York State Commission for the Study of Cerebral Palsy, but feels that Children's Hospital also should receive state and *

A special committee to investigate the possibilities of creating a system whereby blood transfusions may be reduced in cost and eventually be free of charge has been formed at Ellis Hospital in Schenectady

has been formed at Ellis Hospital in Schenectady
Dr James E Fish, Hospital director, said the
plan, if found workable, would be made available to
patients at both St Claire's Hospital, when construction of that institution is completed, and at
Ellis A tentative plan would provide that volunteers be listed and called when needed Such a
plan, Dr Fish pointed out, would require cooperation
of Schenectady fraternal, church, civic, and labor
groups in recruiting volunteers

Last year, he said, the hospital gave 1,926 blood transfusions, an average of 5 2 daily In addition, 897 units of plasma were administered Relatives and friends replaced 1,076 of the total transfusions, while professional donors provided the remaining

850

The Cuba Memorial Hospital Auxiliary has released figures showing increased operating costs for the institution and other figures of general interest

In 1939 the operating expenses of the hospital amounted to \$18,000, in 1942, \$29,000, and in 1946,

The number of patients admitted to the hospital is rapidly rising, too, as shown by the following figures. In 1939, the report states, there were 403 adult patients cared for and 58 babies born at the

hospital, in 1942, 723 adults were admitted and 125 babies born there, and in 1946 there were 1,398 adult patients and 225 babies

Of the total number of adult patients treated in 1946, 603 were from Cuba, 304 from Friendship, 69 from Belfast, 58 from Rushford, and the rest from other surrounding towns *

Clinic visits at Beth-El Hospital in Brooklyn totaled 11,166 in the six months ending with February, against 8,430 in the similar 1945–1946 period, it has been announced. The more recent figure, however, remained below the 14,167 in the same six months of 1940–1941, the last similar prewar period Samuel Strausberg, president of the hospital's board of directors, said that the trend now was toward more patients who could not afford private medical care. The hospital is conducting a \$2,500,000 building fund drive.*

A committee to study the possibility of establishing a county health unit and county hospital has been named by Dr John Hollis, president of the Chenango County Medical Society Initial presentation of the idea was made by Dr C W Chapinat a meeting of the medical society held at the Norwich Club

Pointing out that the idea is in an exploratory stage and subject to much investigation, Dr Hollis stated that the preliminary report of the committee

is not anticipated before June or July

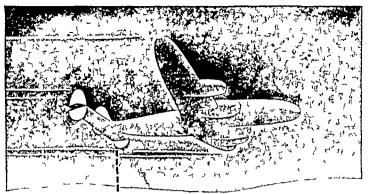
The plan for a county health unit and hospital would embrace the present Chenango Memorial Hospital in Norwich with the addition of a 40-bed unit and a 20- or 30-bed hospital in Greene as a subsidiary unit Under the county unit health plan, state and federal aid would be available for establishing of the county hospital as well as for maintenance The State and Federal and County governments each would pay one third of the costs of establishing the hospital, while deficits in main tenance would be underwritten to the extent that the County would pay one-fourth and the State three-fourths *

The New York Foundling Hospital, New York City, has been sold and a new home for the institution, which has been run at its present site by the Sisters of Charity of Mount St Vincent since 1873, may be made on the old Rhinelander block, on the west side of Seventh Avenue between Twelfth and Thirteenth Streets, as an addition to St Vincent's Hospital This, however, it was said, is not yet in a definitive stage

The New York Foundling Hospital is the receiving station in the city for abandoned and neglected children of all creeds and colors, and during its history is reported to have cared for more than 100,000 children. It had its beginning in a small house at 17 East Twelfth Street, where it was founded by Sister Irene and Sister Teresa Vincent, of the Sisters of Charity, on Oct. 11, 1869

By 1870 the institution had outgrown its facilities and moved to 3 North Washington Square, where it remained until November, 1873, when it was moved

to its present extensive home *



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WOMAN'S AUXILIARY

TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Report of the Woman's Auxiliary to the Medical Society of the State of New York to the American Medical Association

IN THE current year, New York State has stressed organization. Under the direction of the organization chairman, twelve new counties have been added to the New York State Auxiliary, bringing our total to 38 out of a possible 61 A large part of the success of this effort was due to personal contact with the presidents of county medical societies which have no organized auxiliary

A mimeographed pamphlet entitled "Your Questions Answered About a Woman's Auxiliary" has Our constitution does been made available not permit members-at-large, but these new counties have already brought an increase of over 500, which will show in next year's treasurer's report This makes our present membership about 2,500

April of this year saw the publication of the first six-page issue of The Distaff Edited by the press and publicity chairman, it is our first effort to produce a news bulletin. Sent to the homes of our members, it will, we hope, stimulate Auxiliary activity and promote a spirit of friendliness throughout the State A page of Auxiliary news has appeared in the New York State Journal of Medicine A scrapbook of county newspaper clippings and other interesting material has been made up

In public relations, each organized county auxiliary offered its assistance to its local medical society in the work on the National Pediatric Survey mailing list of thousands of homes of prominent, influential people was compiled by the organized auxiliaries for the use of the Public Relations Bureau of the State Medical Society In addition, each county has adopted its own project to fit in with the Medical Society's wishes and its own community needs Work with tumor clinics, eradication of tuberculosis campaign, diphtheria, inoculation, and active participation with other women's groups in the various national health drives Then there has been much accomplished in placing speakers before the public in various health and legislative topics county medical society took over a booth at the local county fair for a display on medical care insurance. Then Auxiliary members, after studying the available material, manned the booth and answered questions on the plan versus socialized medicine as put to them by the public

A program survey conducted by the State chairman showed the auxiliaries interested in a wide variety of topics Programs under four headings were stressed legislation, public relations, educa-tion, and social Carrying on with the project from last year of informing ourselves on voluntary medical care insurance, a total of 15 counties presented a speaker on that subject, and 10 have had the talk

given before lay organizations

The State legislative chairman works under the guidance of the State Medical Society in keeping the auxiliaries posted on pertinent legislation county presidents, chairmen, and members of the legislative committee receive the State Legislative Bulletins, the same as the State Medical Society's legislative committees Nearly all the counties held meetings devoted to legislation, and three counties have had study groups At the request of the State Medical Society, we opposed the chiropractic bill, podiatry bill, and the corporate practice bill by writing and wiring our legislators and registering our opinion with the governor that these bills were detrimental to the public welfare Study of the National 10 Point Health Program of the American Medical Association has been encouraged

In the interest of intelligent Auxiliary leadership. 150 handbooks have been sold throughout the Realizing the importance of the National Bulletin as a means of awaking Auxiliary enthusiasm, we have redoubled our efforts to urge that the officers of each county auxiliary and the members of The result has each executive board subscribe been a rise of over 100 subscriptions since last May

In the *Hyggia* contest, Chautauqua County re-ived honorable mention We have to date over ceived honorable mention

300 subscriptions reported

Our historian has endeavored to give us an overall picture of the activities of the Auxiliary archives chairman has weeded out our files and set them up anew on a businesslike basis to handle an enlarged organization

Our contributions to April 1 to the Physicians' Home amounted to \$539 The State chairman re-

ports donations are still being received

We are presenting several additions to our Constitution, including a provision for district councilors. Inquiries into the duties and value of such officers in other states have made it seem a worthwhile suggestion for revision

At the State convention this year we presented an exhibit showing Auxiliary organization and Auxiliary

activities

In order to foster a firmer bond between the county society and the auxiliary, each auxiliary has been urged to have at least one meeting of the executive board with the advisory board from the Medical Society It was felt that if the doctors understood more clearly how the Auxiliary functioned and where it could be of service, they would use it more often and to better advantage

Through our Advisory Council, Dr James Reuling, chairman, Dr Nathan B Van Etten, and Dr Clement J Handron, the Medical Society of the State of New York appropriated \$1,000 to help promote Auxiliary activity We are more than grateful for the first beauty and the state of the first beauty activity. ful for the further opportunities this money opened We deeply appreciate the close cooperation and complete backing of the State Medical Society

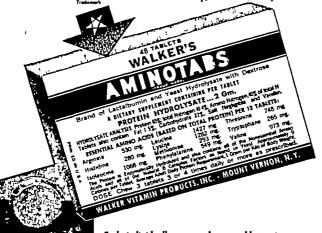
given the Auxiliary in its work This year, each officer, chairman, and county president received a mimeographed booklet on the The theme was outline and plans for the year "Teamwork County Medical Society and County Auxiliary" These books contained the suggested plans for each State chairman for the county presi dent to choose the layout of her year's work eliminated the necessity of letters to the president

[Continued on page 1176]



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and kept everything under one cover. A separate copy of each State chairman's proposals was sent directly from the State chairman to the respective county chairman. We also mimeographed copies of our yearly reports of the State Convention. In this way we hope that the incoming county presidents will be assisted in finding ideas and suggestions from these reports. Following a National Auxiliary idea, we invited the county presidents-elect or vice-presidents to attend all State board meetings. They received invaluable stimulus and information from this contact.

The State president attended the National Convention in San Francisco, California, and the National Board meeting in Chicago, and a Pennsylvania State Auxiliary conference in Harrisburg, held private conferences with 25 of 26 county auxiliary presidents in May and June, trekhed 13,000 miles about the State and visited with 26 doctors, presidents of county medical societies without auxiliaries, addressed the doctors' meetings of the eight district branches of the State Medical Society, 24 of 26 organized Auxiliaries, and also 11 of the 12 newly or-

Three meetings were held with the Advisory Council, and a written report made to the Council

each month

Mrs Harry F Pohlmann, president-elect, has been an invaluable help to me in much of this work.

Our Convention charman worked diligently to prepare an interesting, smooth-running Convention. We had the pleasure of having Mrs Jesse D Hamer, our National president, with us at that time In the interest of cultivating a spirit of neighborliness between states, we invited the State Auxiliary presidents of the surrounding states, Connecticut, New Jersey, Pennsylvania, and Ohio

I would like to express my gratitude for the friendly help and suggestions that have come to me from other State presidents

New York State has profited from the advantages of these contacts. Some of my fondest memories of this year are en twined with generous cooperation of these many

State presidents

It has been a great opportunity to have worked with the officers and chairmen of the Woman's Auxiliary to the American Medical Association and to have served New York State as its president. The success we have enjoyed has been the direct result of the splendid cooperation and un tiring work of the State chairmen, county presidents, and individual members.

Respectfully submitted, Mrs Alfred L Madden, President

County News

Queens County The Woman's Auxiliary to the Queens County Medical Society recently celebrated its fourteenth anniversary by having a party and a membership reception, the last in a series of three At the Auxiliary meeting Mrs Helen Metzler spoke on "Current Plays" Mrs Thomas d'Angelo, chairman of legislation, requested all members to send telegrams to their State representatives urging the defeat of the chiropractic bill A vote of thanks was extended to Mrs Michael Schultz, chairman of the membership committee, and her district representatives

A dessert bridge was held by the Auxiliary on May 13 Mrs James De Sane was in charge

At the meeting of the Executive Board on April 1 reports were given and a donation sent to the Red Cross by the Auxiliary

Schenectady County At the April meeting of the Woman's Auxiliary to the Schenectady County Medical Society, Mrs Harry Van Wagenen, State chairman of cancer control, was guest speaker Mrs William Jameson has been named chairman of the cancer control program for the Auxiliary for the coming year

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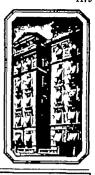
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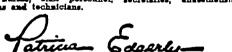
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VOLUME 47 **IUNE 1, 1947** NUMBER 11

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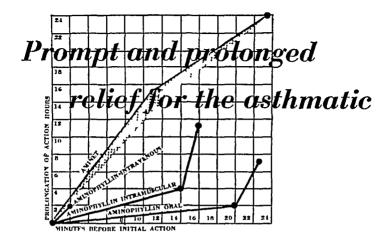
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5 CANTAROW A. RAKOFF, A. E. et al. Preliminary Studies of Dienestrol (Tentative Title) to be published
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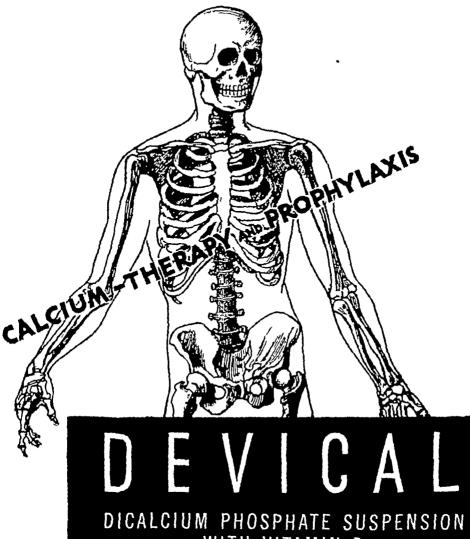
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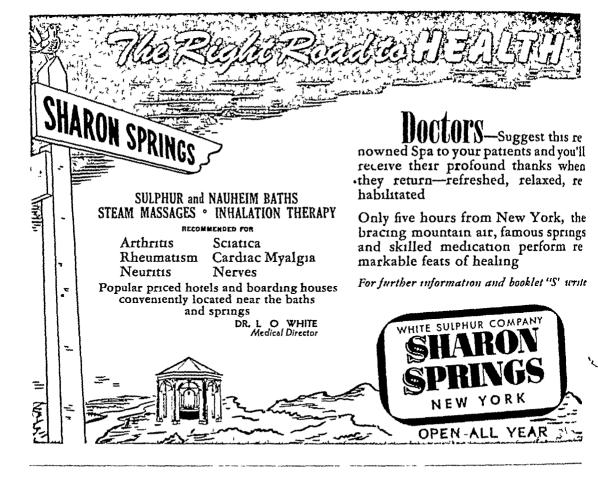
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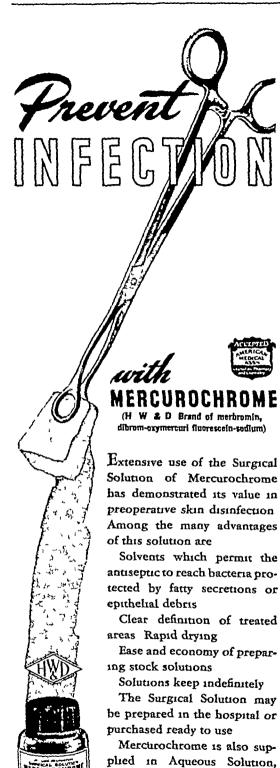
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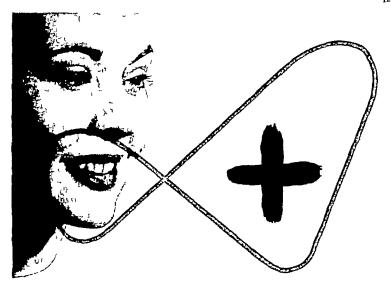
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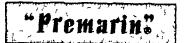
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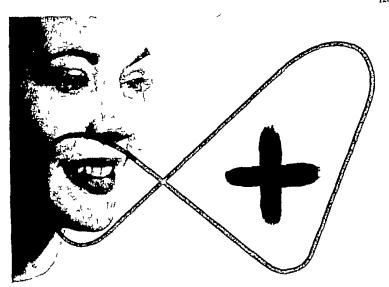
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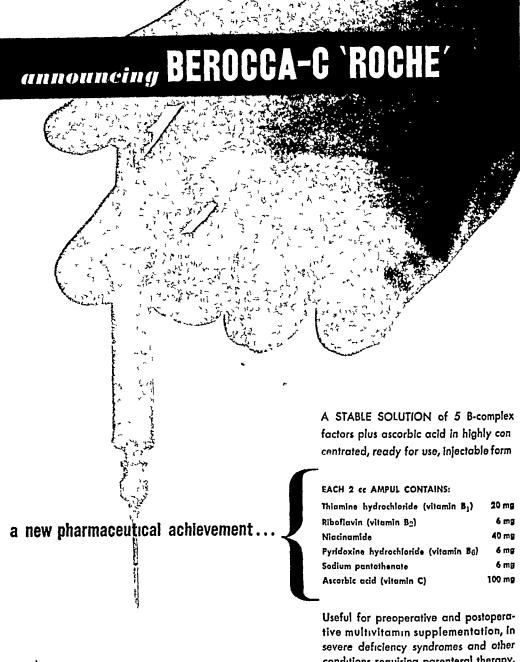
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+Gold et al., J Pharmacol 82 137 1944

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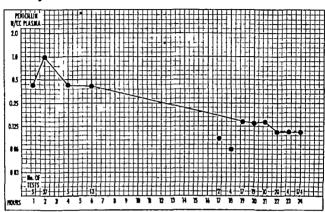
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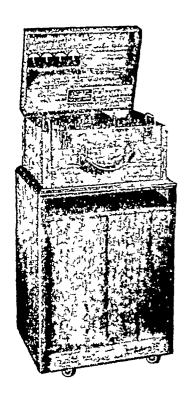


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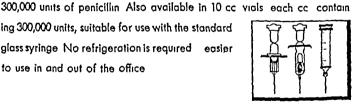
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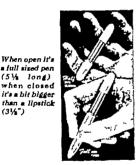
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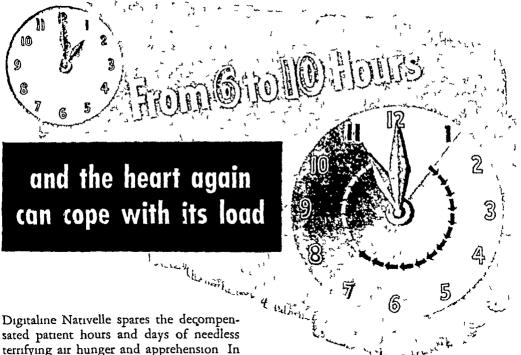
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VOLUME 47

JUNE 1, 1947

NUMBER 11

Editorials

Poliomyclitis

Poliomyelitis is a widespread, usually mild, general systemic infection which probably belongs to the respiratory group, but which in rather rare instances is complicated by involvement of the central nervous avatem. It is somewhat analogous to measles, but milder and lacking, of course, a rash. Measles is occasionally complicated by encephalitis, poliomyclitis sometimes is complicated by involvement of the motor cells of the central nervous system usual mode of transmission appears to be by droplets, the virus entering the body through the cells of the upper respiratory tract However, poliomyelitis is a general systemic infection in which virus gains access to most body secretions and appears in the feces. Theoretically, any of these secretions, or excreta, might serve to spread the infection Poliomyelitis resembles measles also in its

epidemiologic aspects. It is a "arowd" or "herd" infection and is constantly present in the community Epidemics occur when a sufficient number of susceptible persons have accumulated in the community However, even during epidemic periods most of the infections are indistinguishable, clinically,

from other mild, nondescript illnesses, but these infections, though mild, confer immunity upon the respective subjects.

The reason for involvement of the central nervous system in occasional cases is unknown, but seems to depend upon characteristics which at the time are peculiar to these particular persons. Because of the epidemiologic characteristics, it is obvious that isolation of cases with central nervous system involvement is useless as a means of controlling the spread of the disease.

Poliomyelltus is a virus disease, and primarily an intracellular infection, once the cells have been "invaded," there is no known effective therapy

Care of cases with central nervous system involvement, then, is not a matter of therapy directed against the virus, rather it is a matter of preserving the usefulness of muscle fibers which have not been deprived of nerve supply

Control of the disease falls entirely within the realm of preventive medicine. Vaccination should be of considerable value, once the technical obstacles to the production of a satisfactory vaccine have been overcome.

The Full Circle of the Hospital

We have been reading the Bulletin of the Hospital Council of Greater New York ¹ The March number is devoted to "Care of Convalescent Patients Now Seen as an Important Hospital and Medical Activity" It is so good that we should like to have it read in its entirety by every member of the State Medical Society

It seems to us that it represents a very inspiring rounding out of the full circle of the hospital. The original definition of a hospital was "a friendly place for the reception of guests." Such as the Alpine Hôpital de St. Bernard, we suppose. From such a friendly wayside inn the hospital degenerated into the pest house, the alms house, Bedlam—the waste basket for the reception of such unfortunate human beings as society no longer cared to harbor.

As medicine, psychiatry, and surgery advanced, doctors, always on the prowl for clinical material, give increasing attention to the hospitals as their most readily available stock piles

What curious mixtures combine to produce that hybrid called a doctor! He springs from the humanitarian anxious to relieve human suffering From men like that soft-hearted addlepate Pinel-so his contemporaries regarded him-who knocked the chains from the demented confined in the dungeons of La Salpétriere autopsy hounds like Rokitansky, who, with ghoulish curiosity, only concerned themselves with the demonstrable physical changes that had brought about death, with the pathologic specimens that enabled them to demonstrate the fallibility of the clinician From the clinicians like Laennec and Osler. interested in correlating their observations at the bedside with the final findings in the dead house

Progress went on slowly The hospital became a place for the most scientific treatment of disease Wonders came out of it Medicine and surgery made great strides with the assistance of the human material it provided But how far it wandered from

being a "friendly place for the reception of guests" Its guests became cases As the mania for surgery waxed, cases of acute or chronic appendicitis, of gastric or duodenal ulcer, of gallbladder disease, of hemorrhoids, were hustled into and out of the hospital at breakneck speed

We blush, we toss uneasily at night, thinking of the "chronic appendices" removed from love-sick virgins. Of the gastric ulcers we cured by operation and at the end of three weeks' convalescence bithely sent back to their scolding wives, or their miserably underpaid jobs, or their ever-increasing families. It was not thoughtlessness, it was, as Dr Johnson said, "Ignorance—sheer ignorance"

Then social service slowly and painfully wormed its way into the hospital and, chiefly guided by a discerning and humanitarian man named Richard Cabot, gradually made doctors conscious of factors in the background of a human being that had slowly changed him from an individual to a patient, to a case, to a convalescent

We ask our readers, if they can, to obtain and read the *Bulletin* That is our test. We spoke of the full circle of the hospital We have sketched it very briefly

If we have interpreted the article correctly, the hospital is still a friendly place for the reception of guests, but a place in which its guests should remain for as short a time as possible is there, the patient's friends are interested in finding out as much as they can about the factors in his background that may have made him sick. They get him out We pass of bed as fast as possible over statistics that prove that the sooner a man is on his feet the less liable he is to thrombophlebitis or phlebothromboss. Far more important than statistics is the fact that the place for a man is on his feet

He then goes to a convalescent home, in which he has every variety of treatment, from physiotherapy, occupational therapy, to psychotherapy, which is directed, not to getting him out of the institution, but to

¹ The Bulletin of the Hospital Council of Greater New York, Vol 3, No 3, March 1947

restoring him to normalcy and, much as we hate the phrase, to getting him back on the

What interests us chiefly is the new and ultimate responsibility placed on the shoulders of the doctor. He is no longer the magician called in for a brief moment to wave his magic scalpel over the man momen tarily laid low by a surgical emergency.

From now on he is supposed, and we use the term advisedly, to catch his patient from the moment he shows the first signs of deviation from the normal, and to stay with him until he is not only out of the hospital but back on his job

Hitching our wagon to a star? Frankly, yes. What is man's reach for, but to exceed his grasp?

Justice for Public Employees

Governor Dewey of the State of New York on March 27 signed the Condon-Wadlin bill which outlaws strikes by public employees and fixes dismissal as a penalty for violations. The Governor ments thereby the heartiest thanks and congratulations of the whole people of the State whose interests and safety he has promoted with sincerity and courage

The profession of medicine, charged with the responsibility for maintenance of the public health without regard to the affairs of any minority groups whatsoever, has seen in the recent past the grave threat to the accomplishment of that duty implicit in the alleged right of public employees to strike. Anarchy and constitutional government cannot coexist. Governor Device and the Legislature have lived up to their responsibilities to the whole people of the State.

It is now distinctly up to the whole people to exercise their obligation to the public employees in a just and equitable manner. That is surely implicit in the denial of the right to strike. Public indifference to wage scales adequate to maintain a decent standard of hyms, and, in the case of teachers,

public failure to accord them the right to live and act like human beings is a sour mess of pottage to offer in trade for a strike right Public employees do not cease to be human beings when they become public servants Unrealistic attitudes toward them by the whole people can only produce an inevitable reaction of resentment and inferiority

The number of physicians who have become public servants has increased through the years as public health departments have grown and as more doctors have gone from private practice to an employee status, many entering government service in this capacity Doctors, therefore, will be appreciative of both sides of the story, whether as public servants themselves or as citizens who, being physicians, have renounced voluntarily the right to strike.

It is to be hoped that doctors personally and through their professional organizations will support actively any action to obtain for public employees fair wages, good working conditions, and, above all, recognition as human beings doing an important work for the public interest, safety, and instruction

Common Fear and Universal Survival

The British Medical Journal has published an article under the title, "The Internal Combustion Engine and the Spread of Disease" "There is evidence that in the past few years in Africa yellow fever, cerebroepinal fever, trypanosomiasis, intestinal bilharxiasis, and gonorrhea have all been spread by those who used the roads in

their search for work or trade A few generations ago, few Africans dared to wander from their tribal lands If they did so it was at the risk of death or at least enslavement."

We think that is wonderful Stay at home and mind your own business. Why? Because if you don't, you risk death or en-

slavement The statement is so simple and so true that we know there is not the slightest possibility of the human race abiding by its logic

1228

The prevention of transport by aeroplane of the insect borne diseases, though a comparatively simple problem, is of greater magnitude than at first appears. The measures which are necessary to prevent the spread of insect borne diseases by aeroplanes are, of course, well known, and if they are carried out properly should make the risks infinitesimal. These measures are the sanitary control of (a) aerodromes, (b) aeroplanes, and (c) air passengers, crews, and ground staff.

The organization which dealt with the sanitary control of aerodromes and aeroplanes during the war has now largely been dispersed, but peace has not brought a solution of these problems, which remain as urgent as ever

There can be no doubt that the measures re-

quired can be adequately carried out only by an international organisation 1

But if, as we obviously must, we establish quarantine stations at every international border, the border guards will, and must. fraternize There is, thus, a chance, just a chance, that individual citizens of various countries will find that their opposite numbers are not the unspeakable barbarians that their leaders would like to have them believe We have often thought that fear. rather than sex, is the most common and compelling urge of life Thus, from common fear of disease, we may see the burgeoning of true internationalism It is a practical aspect of the Crusade for One World that appeals to us most strongly

¹ Brit M J No 4486, pp 979-982 (Dec 28) 1946

Current Editorial Comment

New York's Vacation Lands With the oncoming summer, the thought of the doctor turns to plans for rest and relaxation from his work and duties He may enjoy travel and sightseeing but need not necessarily consider going far away from home He has in his own State many and varied opportunities. The lakes, the rivers, the mountains, the beaches of New York can meet his demand

The opportunities are many and varied and are well described and illustrated in an admirable booklet, issued by the Division of State Publicity, which may be had for the asking by addressing 112 State Street, Albany 7, New York Its contents constitute an invitation to make use of the facilities which New York offers to vacationers, for the beauty spots are manifold They must be seen to be appreciated

Nephrectomy for Hypertension with Unilateral Renal Disease Among the many known (or suspected) causes of hypertension are lesions of the kidney. When the lesion is confined to one kidney, and the other organ is normal, the resulting hypertension may in some cases be relieved by nephrectomy. The difficulty lies in determining in advance which cases of unilateral renal disease are most likely to respond favorably to surgical treatment. To select out of the great body of hypertensives, those

few with the offending kidney lesions involves a tremendous amount of work. Every hypertensive patient must be suspected until eliminated by extensive and expensive examinations. The effort is probably worth while, even if the great labors in so large a field yields, numerically, a small harvest

Ratliff et al ¹ report their experience at the University of Michigan Hospital over a period of six years (1940 to 1945), during which they studied 2,055 hypertensives in the urologic clinic. For hypertensive patients, pyelography is routine, and also for those patients receiving the following special examinations: eyeground, electrocardiograph, orthodiagraph, renal function, and (when excretory urograms are not satisfactory) cystoscopy with split phenolsulforphthalein and retrograde pyelogram. In addition to those tests, one authority suggests aortography

Renal abnormalities were found in 183 patients, or in about 9 per cent. Of the 2,055 pyelographic studies completed, 1,350 had no symptoms (except hypertension) or urinary findings to indicate the need of pyelography. With only 9 per cent (183 patients) showing renal abnormalities, less than 5 per cent were considered appropriate for nephrectomy, and still fewer came to

¹ Ratliff, Rigdon K J.A.M A 133 296 (Feb 1) 1947

operation In the period of eleven years (1934 to 1945), 49 patients were treated by nephrectomy The results were as follows

		Per cent
Good	17	34 6
Improved	6	12 2
Failure	26	53 0
	_	
Total	40	

Of the 49 patients treated surgically, 32 had some complaint or abnormality referable to the unnary tract, and 17 had none, as determined by simple clinical examination. The following table shows the results of nephrectomy in the various pathologic groups.

	Num	-	Im- Tai		
	ber	Good	prov	ed w	
Pathologic change					
Chronic pyclonephritis					
(renal hypoplasia)	8	2	2	4	
Chronic pyelonephritis					
without hypoplasia	11	5	1	5	
Hydronephrosis	11	4	2	5	
Renal tuberculosis	4	1	0	3	
Hypernephroma	1	1	0	0	
Pyonephrosis	G	1	0	5	
Pyonephrosis with cal					
culus	7	3	1	3	
Post-traumatic healed					
infarct, with chronic					
pyelonephritis	1	0	0	1	
Total	49	17	ß	26	

From the foregoing it will be seen that of 49 hypertensive patients treated by nephrectomy, the results were good in 17, and there was improvement in 6, making a total of favorable results in slightly less than 50 per cent. The figures are faulty, however, in that the 2,055 cases of hypertension were studied during a period of six years (1940 to 1945), while the 49 cases treated by nephrectomy covered a period of eleven years (1934 to 1945) Figured on the number (2,055) of hypertensive patients studied, the favorable results of nephrectomy are only 1 119 per cent, which is indeed a meager The best results were achieved in cases of adult chronic pyelonephritis, hydronephrosis, and calculus pyonephrosis results, however, justify the large amount of work done by the authors, if only to emphasize the magnitude of the problem of separating so few from so many, and to discourage immoderate claims.

Ponce De Leon, 1947 We had recently under our eye an ordinary advertisement from an ordinary daily newspaper It read "Estrogenic Hormone Cream in part This ingenious preparation contains natural estrogenic hormones, the equivalent of a substance abundant in youth, but unfortunately decreasing with the years. These hormones help your over-thirty skin retard the appearance of aging "

The harmonious phrases of the polished advertising writer had a reminiscent ring Why yes, we thought, it's only a change in gender A short time ago we had been reading-and writing-about the same thought applied to the male sex alive, ever-like hope-springing eternal in the human breast Ponce de Leon was no fool At least, in his quest for the fountain

of youth he stumbled over Florida

Four hundred years later males and fe males are embarking on the same quest but the risks they run for the attainment of their ambitions have been whittled down from transatlantic voyages in a wind blown cockleshell to hypodermic injections and

toilet preparations

"Hormone preparations" The phrase brought up vague but simister recollections Charges, law suits, a million dollars Anxious to avoid any such costly blunder we, through our reliable channels of information, called an expert and this is what we were told "It," (the advertised prod uct) "dilates the superficial vessels and increases the avidity of collogens for water, leading to a more youthful appearance of the skin" We were also assured that the quantity of USP hormones contained in the face's daily ration was so small that it could have no constitutional effect

It is interesting, is it not, to reflect upon what the slightest bit of charlatanry will Indeed we are surprised that the majority of the medical profession has been so successful in avoiding it We have been told that the man who put the glands of internal secretion on the therapeutic map marked out a small area on his patient's body in indelible ink He then told his patient to take as much contment as could be spread upon her little fingernail and rub it carefully into the territory outlined. If an infinitesimal portion of the precious stuff were to spill over the border, he would not be answerable for the consequences

It is such meticulous attention to detail that gots results We would venture the statement that there is scarcely a woman in the United States who has not at some time or other spent more than she could afford upon some facial, vanishing, stimulating, cleansing cream, used it more and more carelessly in constantly increasing quantities, and finally thrown the empty jar disgustedly into the waste basket

Here is where our advertiser comes in "Hormones-where have I heard that word before? Something about a million dollar law suit, wasn't there? The stuff must be I'd best be careful with it" dangerous And the lady uses exactly the specified quantity, she rubs in the prescribed way, for the precise time, until her elbows are ready to drop off

But that is only the half of it Her husband enters the boudoir waving the bill from the store "What's this?" says he "Twice as much as you've been paying for

cold cream!"

She explains the situation to him zac remarked that any man who chose to enter his wife's boudoir was either a fool or a philosopher This husband invades it for a sounder reason than either folly or resignation He is a businessman and he wants to be sure that he is getting his money's He sits on the side of the bed watching the very last atom of that expensive goose grease worm its way into the wrinkles of his wife's face and neck cannot observe "the increased avidity of the collogens for water," but he does see "the dilation of the superficial vessels" As he watches he begins to appreciate the drudgery that the little woman through twice a day on his account doesn't grudge a cent that he has spent for this new stuff over the cost of the obsolete cold cream

Not being Balzac we cannot ask you to accompany us further But we would not doubt that the next morning the husband feels that his money has been well spent, that his wife's complexion the next morning is rosy and more youthful, and that his wife reflects simultaneously that it's the first morning in years that George at the breakfast table has looked at her before grabbing for his newspaper

Eye Bank for Sight Restoration, Inc

A little more than a year ago¹ this organization was concerved by Dr R Townley Paton and ably promoted and executed by Mrs Henry Brecking dee, the executive-director of the Eye Bank, both of New York. American Red Cross and the airlines lovally contribute their services without which the plan would collapse So says Dr Derrick Vail in the June, 1946, issue of the American Journal of Ophthalmology The collection and distribution of eyes, the corneas of which are to be used as material for transplant operations, is a major problem in logistics

There is no question of the need for this service. When there is urgent necessity for material with which to perform a transplant, says Dr Vail, all that one needs to do is to get in touch with the Eye Bank and an eye, sterile and preserved, is immediately shipped by an or messenger within a relatively few hours

In the past the surgeon has had to wait until he had a suitable donor lined up, or material from a stillbirth available when needed When the operation was performed by less than a handful of pioneers (who deserve and receive great credit for their contributions) working in very large communities, this problem was not difficult however, more and more ophthalmic surgeons are competent to do this type of surgery, and many more are becoming trained in its meticulous though relatively simple technic

It, therefore, is becoming increasingly unnecessary for patients to travel great distances, at considerable expense, in order to have the operation performed donor's cornea is made available as near to the patient's domicile as possible

Regional branches are needed to complement or augment the work of the National Eye Bank Such a branch has recently been established in Chicago to serve the Midwest

The Branch enjoys the support and the legal backing of the Eye Bank itself and, in return, takes an active part in its

great humanitarian purpose

The Journal heartly endorses the work of the Eye Bank and refers interested readers for more exact and detailed information to the Eye Bank for Sight Restoration, Inc. Hospitals 210 East 64th Street, New York and the members of local ophthalmologic societies are uiged to become affiliated with this movement so that more surgeons can obtain more material to make more blind to



LEO F SIMPSON, M D

The President Elect

Dr Leo F Simpson was born in Rochester, and educated in the parochial schools, graduating from the Rochester Free Academy. In 1905, after graduation from the University of Buffalo School of Medicine, he began his internsh at St. Mary's Hospital where he served for two years, after which he est. I hed his practice in Rochester.

Dr Simpson is president of the medical staff of St Mary's Hospital and chief of the surgical department. He is a consulting surgeon on the staff of the Strong Memorial Hospital of the University of Rochester, and, until recently, was director of surgery at the Monroe County Hospital. He is also a consulting surgeon on the staff of the Park Avenue Hospital.

He is a diplomate of the American Board of Surgery, a Fellow of the American College of Surgeons, and of the International College of Surgeons, as well as a member of the American Medical Association

In 1934 Pope Pius XI made him a knight of the Order of Pope St Sylvester in recognition of his many humanitarian services

Dr Simpson is a past-president of both the Medical Society of the County of Monroe and of the Rochester Academy of Medicine He is a delegate from his County to the State Society

He has served our State Society for many years in many capacities, prominent among which are membership on the Legislative Committee, the Planning Committee for Medical Policies, the Committee on Medical Service and Public Relations, and the Medical Expense Insurance Committee

Scientific Articles

ELECTRIC CONVULSIVE THERAPY IN GERIATRICS

ALFRED GALLINER M.D., New York City

(From the Department of Neurology Columbia University, College of Physicians and Surgeons and the Neurological Institute)

LECTRIC convulsive therapy for psychotic Conditions during the semium (sixty years and over) is still recommended and carried out on a limited scale. Family physicians, as well as neuropsychiatrists not actively engaged in electric convulsive therapy, are usually hornfied if this form of treatment is recommended for pa tients in the age bracket above 60 The hesitancy to submit patients of advanced age to this form of treatment can be traced to two objections First, the risk which is assumed to be far above average, and second, the belief that psychotic conditions in patients of advanced age are necessarrly the results of cerebral arteriosclerosis or senile dementia. Since these allegedly underly ing conditions are known to be irreversible and progressive by their very nature, a therapeutic approach to the mental condition is deemed to be hopeless and futile These objections are as easily understandable, seemingly only revelations of good common sense, as they are erroneous

Those objectors to electric convulsive therapy for the advanced age group who hase their objections on the high risk can claim also the support of publications of experts in this therapy. These statements, however, were made during the first years of the therapy, while the necessary experi-

ence was not yet available

Impastato and Almansi originally had set an age limit of 40 years which they extended in 1942 to 60 1 One was particularly under the impression that ambulatory (office) treatment was out of question for older patients Increased risk in patients of older age was assumed to be caused by the presence of vascular pathology of corebral as well as of extracerebral site. According to Wartman 200 per cent of men and 80 per cent of women have marked arteriosclerosis by the age of 60 However in 1941 Myerson' had treated cases with heart disease, believing that mental suffering and extreme anxiety were more harmful to the patient's general condition than cleetric convulsive therapy In 1942 Glueck reported on a series of patients ranging in age up to 73 years who had been treated with it.4 In 1943 Evans treated 17 patients over 60 5 of them being over 70 with an average number of 14.9 electrically induced convulsions with remarkably few complications and untoward results. The same author in 1945 described his experience with electric convulsive therapy in 38 cases with known cardiovascular disease. His group included 19 cases with presumptive to positive coronary artery disease. He also treated 5 patients who had auricular fibrillation during the presence of this abnormality also included 9 patients with hypertension with a systolic blood pressure above 200 mm, of mer-Evans concluded that electric convulsive therapy could be given with remarkably little danger, even in cases with serious organic disease of the cardiovascular system. Diabetes pernicious anemia, spastic paralysis, pregnancy. hyperthyroidism, carcinoma, coronary disease. hypertension, cerebral thrombosis all of them seen in association with severe depressions or manic states, were treated with this therapy by Bennett7.s and full recovery without organic com plications took place. Only cardiac decompensation and active pulmonary lesions or systemic infections were considered to be contraindical tions.7.8 Kalinowsky and Hoch have found it unjustified to reject patients for treatment on account of arternal hypertension, when the hyper tension is partly caused by the mental condition They stress the close interrelationship between the mental condition and hypertension, particularly in agitated depressions, and have observed lowering of the pressure as result of improvement of the agitated depression produced by the therapy They also have never seen aggravation of pre-existing heart disease under it.

It is noteworthy that, although it has to be admitted that slight temporary myocardial changes may occur during electric convulsive therapy, probably due to apnea which accompanies the seizure no permanent electrocardiographic changes are caused by it. Foster kennedy treated elderly patients up to the age of 80 successfully. It describes cases of acro-

	Ambula- tory or Hospital-	Н	V	V	A	V V	A	H and A	P	A	н
	Complications	None	None	Мове	Suicide	None	None	None	None	None	Arthrifte spur torn off upper poster jor mrigin of patel and lodged inquadricops tendon
	Results	Complete recovery for 9 months then relapse	Complete recovery	Complete recovery	Unimproved	Complete recovery	Marked improve- ment	Temporary recovery with permanent improvement of agitation	Complete recovery	Unimproved	Complete recovery at the present maintained for two years
	Time in Fractions of Second and Voltage	³/₁₀—150 V	3/10—135 V	³/₁₀—120 V	³/₁₀─110 V	3/10—100 V	3/10─105 V	3/10—130 V	1/10—120 V	²/₁₀─140 V	3/10—140 V
TABLE 1	No of E C T*	в	9	4	1	6	го .	3 series of 5 treatments each within-tervals of 6 weeks and 4 months	7	-	œ
	Duration of Present Mental Illness Prior to Treatment	12 months	6 months	2 weeks	1 month	4 months	Insidious on- ret, years	nonths	2 months	15 months	13 months
	Psychiatrio Pathology	Paranoid state with agitation	Manio-depressivede- pression, agrated fourth episode	Depression of senile character	Agitated depression	Manic depressive de- pression twenty- first episode	Neurotio depression	Agitated paranoul state of ser e character	Depressive stupor	Senile dementia, agi- tated depression with paranoid fea- tures	Agitated depression
	Blood Pressure Prior to Treat- ment	150/90	165/100	160/100	105/80	190/100	210/110	120/72	145/90	190/110	130/80
	Cardiovasoular or Other Somatio Pathology	No gross pathology	Generalized arterio- sclerosis	Generalized arteriosolerosis retinul arteriosclerosis abnormal E E G without focal signs	Exhaustion marked cardiova cular pathology with E. G. ohanges retinal and perphenal arterlosses	Generalized arteno- selerosa myocar- dal damage sys- tolic aortic mur- mur E K G	10-year history of hypertensive vas-	Generalized arterro- solerosis left axis deviation	No gross pathology	Hypertensive cardiovascular disease, generalized artenosclerosa	Severe arterlosclero- tio Parkinson syn- drome
	Age	64	73	₹	09	27	90	35	99	64	2
	Name and Sex	M MoL	J C P	ಬ ಚ	д н в	R L F	F M	Ф	8 74	FB W	44 8
	Case Num- ber	1	2	°	4	ю	8		œ	O	ç

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None	Compression frac- ture of fifth dor- nal vertebra siter first freatment. Treatment con- tinued with cur- are	None	None	None) one	None	Mone
Much improved	Unimproved	Complete recovery	Temporary recor	Temporary improvement followed by relapse	Complete recovery	Improved	Complete resultselou repert verter repert verter repert on mainte nace treatment
1 0₀ I −¶/	√u−108 \	1/s—103 1	√ ₄ 1151	/a-1501	1/H-130 V	*/µ—130 \	1, -1,0,1
1 0	10		First sories 10 Second series 4 Third series 4 Fourth series 4 Intervals of 2 2 and 4 months	4	•	n	œ
14 months	18 months	5 months	6 months	S years	15 months	12 months	6 months
Manie-depressivede- pression fourth episode	Hallochatory para- noid state mild depression	Depression	Paranold depressive state of senilo character nectur nal agitation	Paranoid state	Depromion noctur	Manie-depressive de- pression second episodo	Parased sizes with settletions and most crats depression
240/140	140/80	140/78	165/90	240/120	160/100	115/85	345/135
Hypertansive cardlo- vacular dasase	Mild generalized at the flow of a rosis; ratinal arterios sciences a read evidence of action arterioscierous	No gross pathology	Mild generalized ar tarloscierosis	Hypertensive vasco- lar disease	Cerebral artarioscle- rous with focal cerebral and cere- beliar pathology	Diabetes cerebral arterios elerosis with definite neu rologie symptomatology	13 R. M. 63 Hypermate action Vaccular directs ethic E. A. O ethic E. C. O ethic E. O
8	5	8	88	8	8	11	3
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::	n	2	2	12	16	11	13

tated depression accompanied by very high blood pressure. The latter seemed to be part of a hypothalamic storm and disappeared temporarily after successful electric convulsive therapy

It can be assumed, however, that occasionally arterial hypertension may become aggravated by it and that myocardial insufficiency even may lead to a fatal outcome ¹¹ Nevertheless, fatalities altogether are an exceedingly rare occurrence in this therapy. The few ones which have been reported ¹²⁻¹⁷ do not allow definite conclusions, although it has to be conceded that the majority seemed to be of cardiovascular origin ⁹

The argument that mental conditions above the age of 60 are not accessible to treatment due to their underlying pathology also cannot be Careful investigations 18 19 have maintained proved that there is no real correlation between the pathologic changes found in senile brains and semile dementia Patients with advanced semile dementia have been demonstrated to show few plaques and vice versa. Severe cerebral changes of the type of arteriosclerosis and senile dementia have been found in the brains of mentally healthy persons 20 Metabolic and toxic factors²¹⁻²⁴ have been held responsible for a considerable percentage of psychotic conditions during the semium. They are not necessarily Neurotic conditions also irreversible if treated have been proved to be responsible for many of the difficulties of later life Their dynamics do not principally differ from neurotic conditions in younger persons,26 and among them we find the neurotic depressions which form the group of psychoneuroses best approachable by electric convulsive therapy 26 There is no reason to assume that manic-depressive equivalents should not occur during the senium 27

With these factors in mind, it is not surprising that good or excellent results from the use of this therapy in the older age group have been reported recently. Kalinowsky and Hoch⁹ treated successfully a woman patient, 76 years old. Bennett's^{7 8} oldest successfully treated patient was 83 Kino and Thorpe²⁸ found the recovery rate in the senile group higher than in the involutional and presentle patients and Mayer-Gross²⁹ found recovery and improvement in treated patients above sixty in 80 per cent. Palmer reported good results in patients above 65, who were suffering from manic-depressive and so-called late involutional depressions.

Notwithstanding these favorable experiences, the majority of physicians continue to be opposed to application of electric convulsive therapy during the semium. A recently published study dealing with its therapeutic efficacy shows that among 100 treated patients, there was only 1

above 70 years and only 7 between the age of 60 and 70 31. Another recently published survey, analyzing three years of electric convulsive therapy administered to 276 patients in a state hospital, does not mention any patients in the semile age bracket 12-14. Among 116 consecutively treated private patients, this author has treated 18 patients of the age of 60 or above

In Table 1 (See pages 1234 and 1235) patients rated as completely recovered are those who have stayed well for at least eighteen months and have shown no sign of relapse during that time They have returned to their routine mode of life and activities

Laboratory studies, like x-ray studies, electroencephalograms or electrocardiograms were not done as a routine procedure, but only if there was definite clinical evidence of organic path-Cardiologic consultation was asked for only exceptionally, since it was felt that the responsibility should not be shifted to a specialist not acquainted with the particular details of electric convulsive therapy 32,33 The indication was made only when the risk connected with a continuation of the psychotic situation seemed to be severe and greater than the risk of a possible aggravation of the pre-existing organic condition In no case was it recommmended or given before more conservative methods—sedatives, vitamins, dexedrine, psychotherapy—had been tried and had failed

Only patients with well-cooperating families were accepted for treatment. It goes without saying that good cooperation by members of patient's family, particularly in an ambulatory case, is even more necessary in electric convulsive therapy than in other forms of psychiatric treatment.

An important part in the relation between the physician and patient's family is that relatives should be prepared for the undesired but unavoidable sequelae of this form of therapy, the immediate postconvulsive confusion and the organic reactions, particularly memory defects and "blurring" 19 22 33 The relatives have to be taught to differentiate between the original psychosis and the organic sequelae, and have to be prepared for their appearance beforehand

If the treated psychiatric disorder was of recurrent nature, the number of the present episode has been mentioned under the heading "Psychiatric Pathology" in Table 1—In all other cases the disorder had occurred for the first time in life—The technic used did not differ materially from that described in numerous articles by Kalinowsky, and his coworkers, and recently summarized by Kalinowsky and Hoch. A Rahm machine was used

Our experience shows that age per se never

constitutes a contraindication to electric convul sive therapy. Our oldest successfully treated ratient was 84 years old (Case 3). Arterial hypertension also does not constitute a contrain dication. The highest blood pressure observed in a treated patient prior to treatment was 240/ 140 (Case 11). None of our patients was in a state of cardiac decomponsation, and such a patient would not have been treated. However, in most of the patients there was ample evidence of generalized arteriosclerosis, as well as of myocardial damage, retinal, and cerebral arteriosclerosis, electroencephalographic changes attributable to corebral arteriosclerosis were noted

The age or the presence of cardiovascular pathology did not require any material change in the technic The majority of the patients were treated in the office on the table but hospitalized patients were treated in their beds. Hyperex tension of the back with the pillow placed on the level of the midthoracic spine, was used uni formly in all cases Many of the patients, at least at the beginning of the treatment, were on sedatives, particularly barbiturates, and we did not have the impression that this resulted in a considerable raising of the threshold In accord ance with the findings of Kalinowsky and Hoch! we found the average threshold in our aged women patients to be high We have not seen any con siderable raising of the threshold in the course of the treatment. Also in accordance with Kalınowaky's experiences, we have made it a strict rule to avoid subconvulsive dosages and responses

Occasionally, sedatives were given in order to allay the fear of the treatment. Although in younger natients we have occasionally resorted to administration of electric convulsive therapy in pentothal sleep (sleep electroshock therapy), 24-12 we have never found this necessary in the old-age bracket Curarisation prior to treatment, in our opinion should never be used as a routine procedure. It may be used if a special indication is present. One patient (Case 12) suf fered a compression fracture of the fifth dorsal vertebra at the first treatment, and although her pains apparently were not too severe, treatment was continued with intravenous administration of curare. In view of the ranty of bone injuries and their usually harmless character in the rare instances when they occur it is hard to under stand why in many places curare still continues to be used as a routine procedure *1.1.1.14 How ever, it seems to be justified to use it in patients who previously have suffered fractures. We have not observed that administration of the treatment in an ambulatory manner was in any way inferior to treatment in the hospital.

The handling of the old patient during the shock did not differ in any way from the technic used with younger patients. Only mild restraint was applied during the attack. The lower jaw always was kept firmly in place. Artificial respiration was used as a routine procedure, as recommended by Kalinowsky and Hoch ! Shaking of the head, using the gag still clenched between the jaws of the patient as a handle, was also used as a routine procedure and seemed to be a more powerful stimulant than artificial respiration No postconvulsive apnea of disturbing degree was seen in our elderly patients Those patients in whom the apnea at the first treatment seemed to last longer than desirable were given coramine prior to the subsequent treatments, we have the impression that this resulted in a shortening of the appear period

The postconvulsive confusion, even in patients of advanced age and with some mental deterioration, did not seem to last materially longer than in younger patients, although we have the impression that older patients are more inclined to sleep after the therapy than younger patients

However, the ambulatory patients without exception were able and fit to leave the office an hour or an hour and a half after administration of the shock. The frequently observed postconvulsive complaints (headaches. nausea) were not more, possibly even less, frequent and marked than in younger age groups The impairment of memory and other organic reactions like intellectual "blurring," 12,22 usually becoming noticeable after repeated convul sions, did not seem to be more marked, but seemed to occur earlier than in the average younger pa tient As in younger patients we have used the appearance of marked memory defects and blurring as the indication to lengthen the intervals between treatments

Whereas patients are started usually on three treatments per week, the frequency should be reduced to two or one per week with the appearance of marked memory defects. As Table 1 shows, the average number of treatments was low, lower than in younger patients No hard and fast rules as to the number of treatments can be established. According to Foster Kennedy. 10 \$ patients should be treated until they get well Improvement usually occurs earlier than in younger patients. Keen judgment, has to be used in order to decide when the moment has arrived to stop treatment. Occasionally the affective disorder for which the patient is treated is obscured by the "blurring" sideeffect of the treatment We, therefore, sometimes do not know whether the emotional

disturbance already has really disappeared, or is only cloaked by blurring. If the blurring side-effect is not marked, we apply the same guiding principle which is used in younger patients, i.e., to give two or three treatments usually with longer intervals, after recovery has taken place. On the other hand, particularly in ambulatory patients, memory defects and blurring may force an early termination. Different principles have to be applied in maintenance therapy. These will be discussed later.

Except for simple encouragement, no psychotherapy whatsoever was applied once the therapy had been instituted. The favorable results, therefore, have to be attributed solely to electric convulsive therapy.

As seen in younger patients, the psychiatric improvement was accompanied or preceded by increase in weight and chiefly and most noticeably by improvement in sleep. We can confirm the above quoted observation that in cases where pre-existent arterial hypertension has been aggravated by the affective disorder, a considerable lowering of the blood pressure is noticed simultaneously with the lessening of agitatio tension, although there is usually a temporary (about 10-15 mm Hg) increase of the blood pressure immediately after administration of electric convulsive therapy Under the heading "Complications" in the table we have mentioned one suicide (Case 4) In this case institutionalization had been advised but rejected by the patient and his family One treatment was given at the office, but it was felt that on account of the seriousness of the patient's mental and physical condition, treatment should be continued in the hospital Unfortunately, no room was available and the suicide occurred while the patient was waiting to be admitted It may be assumed that if treatments could have been continued, this regrettable event would have been avoided

The other two cases (Cases 9 and 12), in which no favorable results whatsoever were achieved, were characterized by coexistence of a paranoid picture with the depression. In one of them (Case 12) there were vivid hallucinations. In the other (Case 9) features of dementia were discernible in addition to agitated depression and paranoid symptoms. In this case treatment was discontinued at the request of the patient's family at an early stage.

The complication noted in Case 12 was of a skeletal nature and most unusual in type. The patient, a 64-year-old woman who was suffering from a severe arteriosclerotic Parkinson syndrome in addition to an agitated depression with paranoid features, also had marked osteoarthritic joint changes. After an electric-shock treatment,

she complained of severe pains in her right knee and x-ray studies showed that a large spur was broken off at the upper posterior margin of the patella and lodged in the quadriceps tendon This unusual complication caused the patient considerable pain for about two weeks, but cleared up without any treatment or after-effects

Case Reports

We will now discuss a few cases in greater detail in order to elaborate on the essential points of electric convulsive therapy in geniatrics

Case 5 -The patient was a 72-year-old, white, married woman who had started to suffer from manic-depressive depressions at the age of 18 or 20, and who was now in her twenty-first depressive Her daughter also was a manic-depressive, One sister committed as was her deceased brother suicide during a depressive attack The depressive episodes in the past usually lasted for eight months to one year, and occasionally longer On examination, the patient presented a typical picture of a severe depression with marked feelings of guilt and On physical exa moderate degree of agitation amination there was arterial hypertension pressure was 190/100 There was electrocardiographic evidence of myocardial damage, and there was a systolic aortic murmur There was typical generalized arteriosclerosis. The patient received A grand mal response six treatments altogether was produced each time with a current of 100 volts for 3/10 of a second She started to improve after the third treatment, was virtually well after the fourth, and treatment was terminated after the sixth when she recovered completely from her depression Since she did not show a considerable degree of confusion, and since there was good cooperation on the part of her family, treatments, administered in an ambulatory manner, were given in The entire period comparatively short intervals of treatment did not comprise more than seventeen

This patient has been suffering all her life from typical manic-depressive episodes. The present episode could be terminated immediately with electric convulsive therapy, notwithstanding the patient's age of 72, and her marked cardiovascular pathology. A recurrence in due course, of course, has to be expected. The senium had nothing to do with the patient's condition. Her depressive episodes have been identical ever since they started at the age of 18 or 20. The important point which we want to stress is that the senium and its concomitant vascular changes did not constitute a contraindication to application of electric convulsive therapy.

Case 10 —This 64-year-old, white, married woman presented on physical examination the picture of an arterioclserotic Parkinson syndrome with masking of the facial expression, coarse tremors, pill-rolling movements, rigidity, loss of associated movements, adiadockocinesis, and shuffling gait This condition had started three years prior to examination

Two months prior to examination she had developed the psychiatric picture which she presented when seen for the first time agitated depression with marked anxiety, anorexia, and fear of suffoca tion. The patient paced the floor restlessly for hours constantly repeating 'I cannot I cannot" She expressed fear that her breathing would stop or already had stopped. She felt that her case was utterly hopeless and that she would die in a short time. The nationt was placed on dexedrine rabellon and phenobarbital, without noticeable affect on her mental and moderate effect on her neurologic condi-About one month after her first examination she was committed to a state hospital where her condition remained unchanged. The idea of electric convulsive therapy was rejected by her attend ing physician in the hospital After a stay of ten months at the state hospital she was, at our request transferred to the Neurological Institute for this Her psychiatric and neurologic picture at the time of her transfer was identical with what she had shown at the time of her first examination. She received altogether eight electric-shock treatments. A good convulsive response was produced with 180 volts for 3/10 of a second The eight treatments were given within a period of eighteen days. The depression already had virtually disappeared after the fifth treatment. On the patients discharge her psychiatric condition had cleared up completely, and she was only complaining of pains in her knee due to the above-mentioned large ar thritic spur which had been broken off the upper posterior margin of the patella and lodged in the quadriceps tendon. The patient was able to be duscharged to her home and did not have to return to the state hospital. She now has been uninterruptedly well for a period of sixteen months. She is living with her family and, notwithstanding her nourologic condition, has resumed her routine household duties, including cooking for a large family

In this case an agitated depression had occurred for the first time at the age of 64 in a woman, who in the form of a Parkinson syndrome of recent origin presented evidence of carabral arteriosclerosis. One could have assumed that the depression which remained completely unchanged for thirteen months, was caused by the same arteriosclerotic process and therefore unapproachable by therapy. The psy chiatric condition had been extremely severe and had required institutionalization. The apparently permanent cure achieved by electric convulsive therapy proves clearly that the treatment was not only justified but indicated, and also sheds doubt on the artenosclerotic origin of the depression the condition would have been solely the result of arteriosclerotic brain changes, it could not have been reversed by this therapy It still may be assumed that the undoubtedly present cerebral arteriosoleroals may have acted as a precipitating factor in the production of a nevertheless reversible psychosis. We probably do not fail in assuming that long or life-long institutionalization was avoided in this case by electric convulsive therapy, and that the ten months of institutionalization could have been avoided if treatment would have been instituted immediately

Case 14 - This 68-year-old, widowed, white woman became depressed and paranole six months prior to institution of treatment. She was seclusive, and although in comfortable circumstances she was afraid of poverty was under the impression that she would be imprisoned, and refused to eat, believing that her food had been poisoned. She believed that her relatives and her lawyer were stealing her money She drank water only when she could pour it into her glass in order to avoid being poisoned by the There was marked nocturnal restlesness Her physical condition was good and she showed only mild generalized arteriosclerosis. She received ten treatments. Convulsive response was produced with 150 volts and 1/10 of a second This first treatment episode (in the hospital) extended over twenty three days She made a complete recovery and at the time of her discharge, showed only moderate memory difficulties. The psychosus had disappeared completely

The patient relapsed after exactly two months presenting the identical picture and a second series of treatments was instituted sixty nine days after termination of the first series. This time the treatment was given at the office. Only four treatments were given since it had been decided to terminate the treatment immediately with the disappearance of the psychotic symptoms, because it was felt that not more than a maintenance affect could be expected.

The four treatments were given within two weeks and she stayed well again for two months, when again she relapsed and recovered after another series of four ambulatory treatments given within two weeks. After this third series ahe stayed well for four months when again she devoloped the same depressive paranoid syndrome. Again four treatments were administered at the office, resulting in the disappearanoe of her psychotic symptoms and resumption of her normal mode of high. It has to be expected that this cycle of relapse treatment and temporary recovery will continue for the patient a lifetime.

Novertheless it is hard to underestimate the six missionee and value of maintenance treatment in a case of this type. I = 11-11 This patient, if subjected to treatment each time her depressive para noid psychosis makes its appearance, has been and will be able to continue to live in her home and even take care of her own affairs during the remissions. Without treatment, life-long institutionalization would have been unavoidable. It also should be considered that the great amount of anguish and suffering connected with a psychosis of this type. would have continued whereas with treatment it can be reduced to very short episodes. In the light of experiences of this type, it is hard to understand why occasionally the value of maintenance treat ment is still questioned. Undoubtedly this form of treatment deserves a prominent place in geriatric psychiatry, and should result in avoidance of in stitutionalization in many cases of the type described.

Comment

If it once has been established that in a particular case a complete or more or less permanent recovery cannot be expected, we feel that treatment should be stopped as soon as temporary recovery has been achieved, since usually by a longer course of treatment the remission is not In place of giving a higher number lengthened of treatments in one series, a new series, or at least one or two treatments, will be given when the patient shows signs of relapse words, treatment should be started and discontinued with the appearance and disappearance It is noteworthy that with this of symptoms type of treatment in Case 14, not only the depressive but also the paranoid symptoms, which usually do not have as good a prognosis as the effective symptoms, could be controlled theless, in old patients as in younger patients, the purely affective disorders constitute the main indication for electric convulsive therapy seems to be feasible to differentiate the following four types of disorders in which this form of treatment is indicated during the senium

- 1 Manic-depressive Episodes —These episodes are found in patients who had been suffering from them prior to the onset of the senium and in whom they continue to recur during the senium. These patients, as far as their prognosis in regard to electric convulsive therapy is concerned, do not differ from manic-depressives of younger age. Their prognosis for termination of the present episode is excellent. Just as in younger patients, the termination of the present episode does not protect them from a recurrence at a later date.
- Simple or Agitated Depressions-These start for the first time during the senium, usually with a fairly acute onset Our oldest patient (84 years) had developed a severe depressive picture after a gynecologic operation In cases of this type, which are usually diagnosed as psychosis with arteriosclerosis or senile depression, it has to be assumed that arteriosclerotic and semile changes play a role in the etiology. but are not the exclusive cause of the psychiatric Otherwise their response to the therapy could not be understood since this form of treatment certainly can have no effect on semile or arteriosclerotic changes presence of marked neurologic pathology due to cerebral arteriosclerosis does not seem to exclude the possibility of permanent cures (Cases 10 These cases serve only to underline the mysterious character of the dynamics of electric convulsive therapy and furthermore may raise the question as to the nature of these psychoses, which in the past most authors considered were

directly etiologically connected with organic brain pathology of arteriosclerotic or senile type (This problem will be taken up in a separate paper)

3 Neurotic Depressions—These are fundamentally not different from those seen in younger patients, although their psychologic dynamics and content may be determined by the problems of old age. As in younger patients, it can be assumed that their prognosis depends on the proportion between affective and neurotic elements, with the preponderance of neurotic factors point-

ing toward a poorer prognosis

4 Mixed Paranoid Depressive States—These are accessible to treatment, but their prognosis is considerably worse than that of purely affective disorders—Besides the mixed depressive paranoid states, paranoid patients without pure simple depression, but with agitation, fall into this category—In this group maintenance treatment will have to be resorted to quite frequently. It is our impression that those patients whose premorbid personality contained paranoid trends have a much poorer prognosis than those in whom paranoid features appeared for the first time during the senium

It is obvious that the large group of patients with a symptomatology manifesting itself chiefly in the intellectual sphere (simple mental deterioration) cannot be improved by electric convulsive therapy, except for making them more easily manageable on a chronic ward.

In the four groups of cases outlined above, electric convulsive therapy certainly deserves a trial, notwithstanding the presence of the usual changes accompanying old age, such as hypertensive cardiovascular disease, generalized and cerebral arteriosclerosis, diabetes, and arthritis As stated above, the therapist will have to evaluate carefully the risks of the treatment on one hand, and the risk of the continuation of the psychosis on the other. In many of them, satisfactory results, including avoidance of permanent institutionalization, may be expected.

Summary

Evidence has been presented that electric convulsive therapy is advisable during the senium chiefly in affective mental disorders, notwithstanding the presence of those organic changes usually associated with old age. The different types of disorders approachable by this therapy have been discussed. The importance of maintenance treatment has been stressed.

Nore After completion of this article a paper by Feldman Susselman Lipits, and Barrera appeared in the Archives of Neurology and Psychiatry, Vol. 56, August, 1946 pp 158-170 dealing with the same subject and coming to similar conclusions

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WHAT DOES THE MEDICAL SOCIETY OF THE STATE OF NEW YORK DO FOR ITS MEMBERS?

The Business Office

The centralized offices of the Society are maintained at 292 Madison Avenue New York City of 40 persons has been found necessary for the purpose of filing all information about the Society's member ship of affording quarters for the various bureaus dealing with Workmen s Compensation, voluntary insurance plans editional and business office of the Journat, public relations bureau, and a variety of other activities, including a headquarters and meeting place for the Council and Board of Trustees. The present quarters are considerably overcrowded, and when the opportunity offers, changes are contemplated to provide for the constantly expanding work of the Society which is now the largest organization of its kind to provide for the constanting expansion cannot be accomplished without an increasing income contributions from dues sufficient for a period twenty years ago are no longer adequate for the purposes of today. The Medical Society of the State of New York must maintain its position as a description in protrance is acknowledged It cannot function unless adequately supported by its membership

AMINOPHYLLINE WITH A BARBITURATE AS A RECTAL SUPPOSITORY IN THE TREATMENT OF ASTHMA

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(From the Division of Allergy, Lebanon Hospital)

THE benefits obtained from the use of aminophylline by means of rectal instillations has not been sufficiently stressed. Numerous papers have been published heretofore on the use of aminophylline in cardiovascular and respiratory diseases. Its clinical efficacy is no longer in doubt

The purpose of this paper is to emphasize the value of aminophylline, when combined with a sedative and administered in suppository form, in the treatment of asthmatic bronchitis

Aminophylline is a xanthine derivative, namely, theophylline, to which has been added ethylenediamine, the addition of which produces a compound more soluble than any other combination of theo-Ethylenediamine does not, in any phylline way, contribute to the antispasmodic effect of aminophylline The beneficial effect of aminophylline, however, is attributed to the fact that it acts directly on the muscle as an antispasmodic, thus relaxing the spastically contracted muscles of the bronchi, with subsequent dilatation of the bronchial tree and the resultant expectoration of the trapped tenacious sputum It is believed to stimulate both the heart and the kidneys by its dilating effect on the coronary arteries and by increasing capillary permeability, thus promoting diuresis

The experience gained with the use of this drug on patients, both at the Lebanon Hospital Allergy Clinics (adult and pediatric) and privately, demonstrates that the rectal route affords rehef, in those who respond to aminophylline, almost equally as fast as the intravenous route We have used aminophylline, plain, over a period of years and have found it to be efficacious both as a rectal suppository and as a retention enema

We decided to combine it with a barbiturate of rapid action to see whether the patients' irritability and apprehensiveness could be assuaged more that way than with aminophylline alone A full strength suppository was used for an adult (0.5 Gm of aminophylline, 0.1 Gm of sodium pentobarbital, and 0.06 Gm of benzocaine) and a suppository of half this strength for children During the year we observed 65 adult cases, ranging in age from 18 to 70 and 15 pediatric cases ranging in age from $2^{1}/_{2}$ to 13 years

The results of aminophylline with a sedative as a suppository in our adult cases showed the following effects 69 per cent indicated moderate to marked relief, 31 per cent evidenced none or very little relief, more effective results were obtained with children, 94 per cent (14 out of 15) indicated moderate to marked relief Our asthmatics were all of the infectious type

The adults, benefited by the use of suppositories, obtained no relief from oral or intramuscular aminophylline Twenty-five of the 65 adults were given plain aminophylline and also aminophylline with a sedative added These suppositories were administered to the patients without their knowledge of the contents The degree of clinical relief obtained without a sedative in these cases was the same. although not as prolonged We felt that the addition of a sedative contributed to a more complete relaxation by allaying apprehension and thus promoting a longer duration of action The fact that patients' reports are frequently subjective and prone to some inaccuracies was also taken into account

It should be emphasized that many of these patients were old, chronic asthmatics with marked changes in the lung fields and thorax, such as are found in emphysema, atelectasis, pulmonary fibrosis, bronchiectasis, and cardiac hypertrophy. These patients would not respond as readily to medication as a person with asthma of short duration. The duration of asthma varied in these adult cases from one to thirty years.

It is worthy of note that many patients develop a tolerance to aminophylline following its pro-It is generally accepted that an inlonged use dividual will develop a tolerance to any drug, particularly when used in excess, as was done by many of our patients who had been using this drug daily over a period of months individuals we discontinued the use of the suppositories for awhile and other supportive therapy was substituted in the interim. In no instance was any sensitivity noted in this group (adult or children) to the barbiturate or cocoa butter base The chief complaint of many patients following a prolonged use of aminophylline suppositories was a feeling of weakness and lassitude secondary complaints were occasional diarrhea, These, however, rectal irritation, and nausea were not troublesome and medication was rarely discontinued for any period of time because of The availability of this these symptoms method to ambulatory, home, and hospital patients

outweighs the minor disadvantages The method of treatment has the added advantage of self application, particularly when a physician is not available, or for some other circumstance.

The results with children were so uniformly ratisfactory that not much discussion will be devoted to it In general, experience discloses that the relief obtained in younger patients is greater than in older nationts regardless of the type of We felt that in these series of observations, asthma was not present long enough nor was it severe enough to cause marked changes in the bronchi and lung tissue. In addition there was the decided advantage of administration by this method The difficulties of forcing a child to take medication whether orally, intramuseu larly, or intravenously, was avoided Relief was obtained by the child from ten to twenty five minutes after insertion This resulted in com plete relief for the entire night, and, in most in stances there was a complete subsidence of the attack for several days thereafter

Because of the desage of barbiturate the suppository was given only at night (half strength) unless the attack was severe. In such instances it was given as often as necessary regardless of the time. No history of rectal irritation was noted and in only two instances was nausea reported following its use. The latter condition resulted in a case of a marked attack of asthma when two suppositories were used within a period

of any hours

Summary and Conclusions

1 These suppositories containing a sedative gave relief in 69 per cent of our adult cases and in 94 per cent of our children. The discrepancy in results obtained with children and adults was probably due to the fact that many of our adult asthmatics were chronic cases with pre-existing pathologic changes, thus presenting a definite handicap to complete control of symptoms.

2. Thirty-one per cent of our cases did not respond to aminophylline at all. We know from experience that aminophylline does not give relief in all asthmatics and that the percentage of nonrelief in ordinary cases is approximately 20

to 30 per cent.

3 Tolerance was developed in those cases using suppositories continuously over a period of

tune (approximately 20 per cent of the adult patients). This is understandable since a toll erance will develop to any drug, particularly if used in excess. We confined its use to those who were doing poorly on other medications and strived to avoid its use over a prolonged period. Therefore, we did not attempt its use as a means of prophylaxis, we used it only as a therapeutic measure.

- 4 In several instances, approximately 10 per cent of our adult patients, suppositories were discontinued because of weakness and occasional rectal irritation, nausea (gastric irritation) and diarrhea.
- 5 Suppositories were particularly effective in epinephrine-fast cases and in general, in those cases which did not respond to routine medication and hyposensitization treatment. In other words, moderate to marked asthmatic cases were treated.
- 6 Ease of administration as compared to the intravenous and intramuscular route recommends its use. It can be employed repeatedly by the patient since termination of the bronchial spasm is almost as complete as by intravenous use Relief is usually obtained in from ten to twenty five minutes after insertion for adults as well as for children. The effect may not be as prompt due to less uniformity of absorption by the rectum, but side-effects are rarely encountered and a definite feeling of reassurance is given the asthmatic.

It is recommended that the suppository be inserted above the anal sphincter prefarably with vaseline or other lubricant. A low enema (one to two glasses of plain tap water) should be given before inserting the suppository in order to clear the rectum, thus adding absorption

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-VITAMINS

A new vitamin E factor called delta tocopherol which has recently been isolated is an effective anti-

toxidant for vitamins and fats.—Food and Nutrition, April, 1947

PHYSICAL MEDICINE IN THE TREATMENT OF ARTHRITIS*

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THAS become clear, in the light of experience, L that in the treatment of a patient with arthritis we cannot successfully treat the arthritis per se, but we must rather treat the patient as an Keeping this in mind, we should entire entity be keenly aware of the possibilities of physicomedical measures However, while the application of heat or massage or exercise to an arthritic joint may be based on irrefutable logic, unless we recognize the need for consideration of all possible factors in the cause of the arthritis, which might themselves require prophylactic or therapeutic measures, unless we recognize the need for consideration of other forms of therapy including symptomatic and supportive therapy. dietary care, chemotherapy, vaccines, orthopedic appliances, psychotherapy, radiotherapy, and surgery, and, finally in accordance with our more recent experience, unless we recognize the need for consideration of occupational therapy and indicated vocational rehabilitation, our problems in dealing with the arthritic may not be readily It might also be added that we should as readily recognize when, by virtue of certain factors in the disease process or in the patient's general condition, the application of heat or massage or exercise must be cautiously administered or, perhaps, judiciously avoided

Although many classifications of arthritis are to be found in the literature, the simple division of rheumatic diseases into three groups as generally accepted and as described by Kovacs1 is considered adequate from the standpoint of

pathology and treatment

Rheumatic fever, in which physical therapy

as such plays little role

Chronic joint changes a osteoarthritis or hypertrophic arthritis, b rheumatoid arthritis or atrophic arthritis, and c special forms of arthritis, including gouty, gonorrheal, traumatic, and tuberculous forms

Nonarticular rheumatism, including myalgia, fibrositis, bursitis, and certain forms of

neuntis

Kovacs1 further notes a practical system of grading arthritis as described by Taylor and based on clinical and radiologic findings

Based on a paper read before the Eastern Section of the American Congress of Physical Medicine at Walter Reed Hospital, Washington, D C on April 13, 1946

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would appear to be of value from a therapeutic and prognostic standpoint

- Mild or first degree arthritis— aside from soft tissue swelling there are only slight radio-These cases offer the best graphic findings prognosis
- 2 Moderate or second degree arthritisdefinite radiologic changes and localized limitstion of movement, however, patients are usually able to be up and about, and take care of them-Prognosis in these cases is fairly hopeselves ful under adequate treatment
- Severe or third degree arthritis— severe clinical and radiologic changes, patients in this class may walk about for short distances, but they are usually chair or bed cases and are dependent on others for care Prognosis is serious in these cases
- Extreme or fourth degree arthritis-patients are completely incapacitated and bedndden, the prognosis is poor

In the field of physical therapy there are many modalities available for the arthritic The choice of the modality or modalities employed in the individual case must ultimately be determined by the desired and anticipated effect of the pre-By and large the great mascribed therapy jority of physical therapeutic procedures in common usage have, in recent years, emerged from the realm of empiricism which enveloped so much of the work of the not-so-far-distant Today, as a result of research and study by competent observers, we can anticipate certain definite physiologic effects of most of the procedures employed and, we have only, therefore, to determine the physiologic reaction indicated in the specific case and then to choose the modality which will most closely give us the desired effect

The application of heat to an arthritic joint is an almost universally accepted form of therapy Aside from the acutely traumatized joint where local hypothermy may be desirable for a prehmmary twenty-four to forty-eight hour period,2 and aside from the tuberculous joint where heat per se may be understrable, one of our most important methods of attempting to control the symptomatic manifestations, as well as the pathologic processes of arthritis, is by the ap-Its effects are known to be an plication of heat improvement in circulation, an increase in metabolic processes, and a more efficient disposal of the waste products of metabolism

For the more superficial method of applying local heat, it is felt that experience has demon strated the superior value of the luminous type of heat generator * Aside from its simplicity of application, it has been shown experimentally that the near infrared rave which predominate in this form of heat penetrate the skin somewhat more deeply than do the far infrared rays of the nonluminous type of heat generator ' It would appear, therefore, that the former represents a more efficient means of heat application to be noted that in using any reflector type of heat generator situated some distance from the area to be treated, provision should be made for a shield to extend from the generator to the part under treatment in order to avoid undue dissipation of heat by air currents. The duration of the individual treatment should be at least thirty minutes in most cases, since it has been determined that it requires that length of time to produce the maximal heating effect *

Histamines and mecholy! iontophoresis has been used and widely acclaimed by many observers. Although some have felt that simple forms of heat therapy are preferable because in their experience they have found that this form of therapy requires considerable care in administration, that it involves the use of expensive medication, and that the beneficial effects last not more than from four to eight hours this method of therapy undoubtedly has considerable value in certain selected cases.

The paraffin bath for chronic arthritis of the hands or of the feet has proved itself of value in many instances. In affections of more proximal joints the paraffin has been applied by means of a brush and is frequently kept in position for several hours by wrapping a towel about the part.

The use of hydrotherapy in the treatment of arthritis has undergone many refinements in its mode of application and has, thereby become a most valuable asset in our armamentarium of Moist heat physical therapeutic measures locally or warm tub baths are still favorite forms of therapy for many arthritics.3 The whirlpool or hydromassage tank, whether it be the smaller unit for arm or leg use, or whether it be the large Hubbard tank for more general application has contributed a great deal to the well being of the arthritic patient. The contrast bath has also been found of value and frequently will accomplish more satisfactors results than heat alone The technic as practiced at the Mayo Clime ad vocates a ten minute immermon in hot water at a temperature of 104 F to 110 Γ followed by a

one to two minute immersion in cold water at a temperature of 60 F to 65 F, then a repeated cycle of four minutes in hot water and one to two minutes in cold water continuing for twenty to thirty minutes and ending with the immersion in hot water.

The Scotch douche, particularly following a general heat treatment in the electric cabinet, has in many instances relieved pain and relaxed muscle spasm about multiple painful joints. Because of the more general heating effect of the electric cabinet, due consideration must be given to the patient's general condition before exposing him to this form of therapy.

For the production of heat in the deeper tissues, there appears to be little doubt that the experimental evidence at hand, as well as the experience of observers, points to the high frequency electromagnetic induction field as the most effective form of deep therapy. Inasmuch as the sole effect to be anticipated from this form of therapy is that of heat production and since, experimentally, it has been shown that electromagnetic induction causes maximal heat production in vascular tissues, it if follows that this is the method of choice wherever deep heat is in dicated

In this connection certain points in the technic of administration are worthy of consideration. It has been advocated that the application of this form of therapy should be made to the tissues adjacent to the pathologic process as well as to the process itself 12 It further has been advocated that a low intensity dosage should be employed 12 which may, therefore, permit its administration for a longer period of time and at more frequent intervals in order to prolong and maintain the heating effect for optimizing results.

Fever therapy in selected cases of chronic arthritis particularly during acute exacerbations of chronic rheumatoid arthritis, has been ad ministered with favorable results in many cases In one form of accepted technic, the tempera ture of the patient is mised to about 101 F for thirty minutes,13 thereby permitting the repeti tion of the treatment daily or every other day This is in contradistinction to the method preferred by some, whereby the patient's temperature is brought up to about 104 F for a period of several hours 14 Certainly it would appear that with commensurate results the lower temperature and shorter exposure should be less exhausting for the patient and, thereby, widen its scope of application While in the past hyperthermy was almost specific in the treatment of gonococcal arthritis the advent of modern chemotherapy has in many instances climinated the need for

In discussing the application of heat, by whatever form, it should be emphasized that the success of the treatment will depend in part upon the adequate retention of the heat administered The rapid dissipation of heat from unprotected areas can do much to nullify any anticipated beneficial effect of the treatment, and therefore, it behooves us to instruct the patient or his ittendants in the matter of proper protective

to such chemotherapy in resistant cases 16

The application of massage in the treatment of arthritis poses a very delicate problem the definite indications of this form of therapy are clearly understood, and unless its method of idministration is carefully studied, more harm than good may accompany its employment cannot be forgotten that we are dealing with an already traumatized joint. In the more acute joints, therefore, and also, it might be added, in tuberculous arthritis, massage should be scrupulously avoided 16 In the subacute forms of arthritis, the administration of massage should be directed to the areas above and below the involved joint rather than over the joint itself The effects to be sought are the improvement of circulation about the joint, the diminution of edema, and the relaxation of muscle spasm Only in the more chronic types of arthritis may we attempt to apply massage to the joint itself and, then, only with the understanding that we do not further traumatize the tissues

massage properly administered to adjacent areas

will do much to restore the tone of surrounding

musculature which has been weakened in the

course of an acute arthritic episode It is an ex-

cellent practice to precede any application of

massage by thermotherapy of one form or an-

mit the subsequent massage to effect, in a much

certain instances, it has been found that general

as well as local massage2 has done much for the

comfort of the arthritic by permitting greater

muscular relaxation, thereby assisting in the

greater degree, improvement in circulation

The vasodilatation of the heat will per-

greater effectiveness of subsequent therapy The problem of exercise in the treatment of the arthritic is a very serious one, for in its proper employment we may often hold the determination of future deformities and ankyloses It is, at times, difficult to ascertain, particularly in the acute arthritic, wherein the program of exercise so necessary to prevent deformity and ankylosis may be intelligently blended with the program of rest which is equally essential in the treatment of the patient As in the case of other forms of

physical therapy, the intensity of the exercise

ease—the more acute the arthritis the less stren-The type of arthrits mut nous the exercise also come into consideration, for fear of ankyless in the case of rheumatoid arthritis may cause is grave concern, whereas, in the case of osteoarthr. tis we may not be quite so fearful since ankylose is not so frequent in the latter disability " In the very acute phases of arthritis, we may have to satisfy ourselves with muscle-setting

program will depend upon the phase of the dis-

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exercises in which actual joint motion may be negligible Yet, even here, an attempt should be made, provided it is not accompanied by too much pain, to gently move the joint through the full range of motion once or twice daily It is to be emphasized that any activity of the tomi should be slow and purposeful at all time. jerking movements or purposeless wiggling an to be carefully avoided Later, mild assisted active exercises may be attempted, still later. more strenuous program of active exercises may be instituted, including postural exercises and underwater activities While a certain amount of pain will frequently accompany active or passive exercise procedures, when such pain persists beyond several hours it is an indication that the motion has been too forceful and

that subsequent procedures should be diminished

certain cases may progress to ankylosis in spile

of any and all procedures, it is extremely essential

that during ill phases of the disease the position

of every involved joint be maintained, by splint

ing if necessary, in an optimum position so that

accordingly

Considering the possibility that

if ankylosis does occur it will cause a minimum of interference with other bodily functions The use of ultraviolet irradiation has a definite place in the therapy of tuberculous arthritis While the mercury vapor lamp may be used, there are many observers who prefer the carbon are lamp with its added infrared ray component Ultraviolet irradiation may also be used for its

general tonic effect in many chronic arthritics, particularly following long sieges of debilitating illness The problem of treating over long penods of time arthritic patients who reside long distances

from available physical therapeutic facilities may, at times, be partially met by a carefully outlined and intelligently executed home program of therapy supplemented by medical checkup as indicated in the individual case in a series of cases reported from the Mayo Chang this program of therapy, while not to be consider ered as a substitute for the fully professionally supervised program, was found to serve an en

cellent purpose in many such individuals and

would otherwise have had to forego the partial

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研印 ÆΝ i odic benefit obtainable from the limited facilities at their disposal. The importance of faithful ad becence to an adequate program of therapy cannot be overemphasized

June 1, 1947]

The treatment of arthritic patients at some of our medically supervised spas 21 may satisfactorily serve the needs of many selected patients. Chronic osteoarthmtis lends itself particularly to this program of treatment by virtue of the nature of the disease, but other chronic arthritides may also respond favorably to a course of carefully prescribed treatment while removed from their home environment In considering this form of therapy we must intelligently recognize its limitations as well as its advantages, for only in this manner shall we avoid the error of referring patients who are unsuited for treatment under the conditions prevailing in such health resorts 22

Although the possibilities of occupational therapy as an integral part of the program in the treatment of various disabilities particularly in association with physical therapy have been probed for many years, the general recognition by the medical profession of its true value did not develop until fairly recently It has finally been accorded its rightful place as part of the ever broadening field of physical medicine and, pf as such, it is prepared to play an important role in the psycluc as well as in the physical treatment of the patient. Intelligently applied in the case of the arthritic, it will serve to stimulate his in terest in matters removed from the level of his immediate illness and bolster his morale during I the trying days of prolonged convalescent peof riods. With the guidance of the physician and the ingenuity of the occupational therapist, the proper choice and careful application of suitable projects have proved themselves capable of im proving joint function, shortening convalescence. and conditioning the patient for a much earlier return to physical and economic self-dependence. Beginning with short periods while the patient is still bedfast, perhaps for no longer than ten minutes at the onset the program should be gradually increased as strength and tolerance permit

While the actual projects will depend upon the disease process and the interests of the patient it should be cautioned that one must avoid any activity which requires maintaining d the affected joints in a fixed position " Wherever possible the patient's vocational interest should be considered in the procedures employed

Often a siege of arthritis has, because of the resultant disability left a patient unable to return to his former occupation. As early as posreliable in the course of the disease the vocational possibilities should therefore be surveyed so that, of indicated, adequate measures may be insti

tuted to modify or, if need be, to alter completely the vocational objective previously pursued In this manner, physical therapy, occupational therapy, and vocational rehabilitation may be coordinated in one broad program directed not only to the patient's recovery from his immediate illness but, also, to his reinstatement as a self dependent member of society

Summary

Modern physicomedical measures have much to offer to the arthritic nations if properly chosen carefully applied and if judiciously correlated with other phases of medicine from a prophylac tic as well as from a therapeutic standpoint.

Some of the problems of treating arthritis by physical medicine are discussed in the considera tion of physical therapy, occupational therapy and vocational rehabilitation, as well as in the coordination of these activities in a broad program of treatment. Careful research and in telligent observation have served to secure recog intion by organized medicine of the great value of physical medicine based on a more physiologic approach in the choice and application of its methods Such continued research and observa tion must, in effect, bring ever closer the solution of the many problems in the treatment of arthri

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THE GASTRITIS-ULCER SYNDROME AND ITS TREATMENT

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HAT gastritis is a constant accompaniment L of peptic ulcer has long been assumed it precedes the ulcer by many years is, in all likelihood, also true It has recently been possible to analyze carefully several cases of peptic ulcer from this standpoint, and in all a painstaking history has at least suggested the presence of gastric disease long before the actual development In one such case, ulcer was first demonstrated by x-ray only two years ago, although symptoms had persisted for at least seventeen years and x-rays during this time failed to reveal Many of these preulcer patients any ulceration with a similar train of symptoms are seen, and, usually, because of a lack of positive findings, are not treated at all or, at best, are classed as having gastric neuroses One wonders whether physicians may not be somewhat remiss in their efforts at ulcer prevention by so disregarding these cases

There is sufficient proof that all peptic ulcers have chronic gastritis as their basis, and it behooves us, if we are to prevent or treat ulcer properly, to keep this concept of ulcer pathogenesis ever in mind Collins' claims that peptic ulcer as a lesion of the gastric or duodenal mucosa is not a distinct entity, but only the most obvious manifestation of chronic gastritis, and shows microscopic preparations to prove this He also states that symptoms of peptic ulcer may be present in the absence of a demonstrable lesion and can be explained only on the basis of a chronic gastritis Hebbel² shows that an antral gastritis was present in all of 98 stomachs resected for ulcer, and he states that an antral gastritis precedes and is the anatomic basis for the development of ulcer Evidence such as this cannot be set aside, and its recognition will alter definitely any preconceived therapeutic concept we may have had

To diagnose properly the gastritis there are three means at our command, namely, x-ray, cytologic studies of gastric contents, and gastroscopic examinations. The latter, while efficient in a certain percentage of cases, requires expert training and cannot, therefore, have as wide an applicability as have the other two, but nevertheless should be made as often as feasible. A wider use of the gastroscope will lead in time to better interpretation and a more frequent diagnosis. X-ray too, while most reliable in the diagnosis of ulcer, is still in the pathfinder stage as far as gastritis is concerned, but, with the develop-

ment of mucosal studies and other modern tech nics, it is becoming more and more efficient, and the roentgenologist, therefore, plays an ever increasing important role in the proper translation of x-ray findings He is more often suggesting the presence of gastritis than was heretofore the By far the most important and reliable means of diagnosis lies in a proper cytologic examination of the gastric contents. This is performed most effectively on the fasting specimen and either stained or unstained smears may be used, the former being much more accurate. Thus Kapp and Stanberger, 3 using stained smears, have found an excess of superficial epithelial cells and leukocytes in acute gastritis and hyper plastic epithelium, as well as lymphocytes and eosinophils in the chronic cases Percentage counts of the leukocytes have revealed an excess in all cases where gastritis was present. West phal and Weselmann' state that the normal cell count of gastric juice is 500 per cu mm with 10 to 40 per cent leukocytes, and that in gastntis the count rises to from 1,000 to 8,000 with 40 to 80 per Mulrooney, m a similar study cent leukocytes using stained smears, believes the method to be of definite diagnostic value and makes possible the evaluation of the response of the stomach to Thus, it would seem that therapeutic measures careful cytologic examinations of gastric con tents are a most reliable means of diagnosis, and, therefore, should be included in all ulcer and preulcer gastric studies

This concept of ulcer, based as it is on the principle that gastritis is the fundamental path ology, influences treatment so distinctly that it hardly seems possible to effect a permanent cure unless it be given first place in planning a regimen for these patients. All of the long-accepted and well-tried means in ulcer therapy are valuable and should, with certain restrictions, be used, but with the addition of aluminum hydroride lavages, which will be described later, a greater and more direct action on the gastrits is attained and the chance of cure immeasurably enhanced

Diet and medication have been for so long a part of any ulcer regimen that little need be said regarding them. Yet the present tendency toward dietetic liberalization makes the prolonged milk diets seem rather superfluous, and an early return to a full diet is warranted with only those dietary restrictions which have proved harmful As to medication, alkali has been its mainstay,

but if attention be focused on the gastritis rather than on the acid, it loses its import in ulcer therapenals and, therefore should be restricted aluminum hydroxide gels, owing to their astrin gent action, have a definite effect on the gastric mucosa, and properly may be used, although when given by mouth so little of the medication comes in direct contact with the mucosa that much of their benefit is obviated Antispasmodics by their action on smooth muscle alter changes in rhythm and spasm markedly and are the medica tion of choice

The belladonna group, or better still, the synthetics such as syntropan may be used and should be given in large enough dosage to exert their full effect.

Gastric layage with solutions of aluminum hydroxide, which I first described eight years ago, has been my chief therapoutic measure in the treatment of this gastritis-ulcer syndrome often to the exclusion of all other medication My concept of ulcer, based as it is on an under lying gastritis, indicates the need for treatment of the entire gastric mucosa and in aluminum hydroxide, because of its astringent action and acid-absorbing quality, we have an ideally ef ficient remedy for this purpose. Its use by lavage, if properly applied assures distribution over the entire gastric surface and the spill over into the duodenum undoubtedly affects this area also It has been my custom to use lavage always through a Levin tube and in a strength of two ounces of aluminum hydroxide gel to two quarts of water

At the outset, treatment is applied once or twice daily preferably in the empty stomach and, as improvement takes place, it is gradually reduced in frequency, until eventually only rare applications are made The response to therapy is judged by frequent cytologic examinations

and an eventual return to normal cytology indicates the need for no further treatment together with x ray studies, is the final criterion of cure

The response to this type of therapy is immediate and the reduction of pain and gastric distress as well as a sense of well being, and particu larly an increased appetite, are noted and appreciated by patients. As treatment progresses the period of relief resulting from each layage is prolonged until eventually the patient remains completely symptom free

In conclusion, it may be stated that from all evidence it appears that peptic ulcer is always accompanied by a chronic gastritis which precedes the ulcer by many years and is, in fact, the anatomic basis for its development Greatest reliance for its diagnosis is placed on cytologic examinations of the gastrio juice and v ray stud ies the latter by reason of refined technics becoming more and more valuable. For the amelioration of symptoms the well recognized forms of treatment are of value, but in order to enhance the possibility of permanent cure the basic pathology must be treated directly I have found to be most efficiently carried out by gastric lavage with aluminum hydroride gel solu tions Final judgment as to betterment or cure is made only when cytology returns to normal and x ray studies indicate it

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THE PRESENCE OF ATYPICAL LYMPHOCYTES IN RESPIRATORY DISEASES*

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THE presence of numerous atypical (monocytoid) lymphocytes in the blood is a characteristic and pathognomonic feature of infectious mononucleosis ¹ However, it is less well known that these cells may be found in other clinical A number of reports have stressed this states fact from time to time

Atypical lymphocytes were noted by Baldrich et al 2 as being found in patients without infectious mononucleosis, but with pyogenic infec-They concluded that "the tions and adenitis occurrence of absolute or relative lymphocytosis with abnormal lymphoid cells in the blood was significant only of acute lymphoid hyperplasia" Josephs^a reported on an epidemic of "influenza" with a glandular fever-like blood picture, and concluded that neither the clinical picture nor characteristic mononuclear cells are peculiar to infectious mononucleosis. A similar mild epidemic of pyrexia, malaise, with occasional cervical adenitis, and with abnormal lymphocytes in the blood recently has been described by McFarlan and McFarlane 4 Warren⁵ noted a number of cases of upper respiratory infections, acute pharyngitis and sinusitis, with from 1 per cent to 10 per cent atypical lymphocytes in the peripheral There are other reports of a similar nature, 67 and in all of these, heterophil agglutination tests were negative Stuart et al, 8 in a report of similar cases, suggest that the atypical lymphocytosis may be an unusual reaction to an upper respiratory infection caused by any of a number of organisms Atypical lymphocytosis was also found in a group of patients with various allergres,9 and with atypical pneumonia 10 Thus, abnormal lymphocytes in the blood may be found in a variety of clinical states

During the winter of 1945–1946 a group of patients with various upper respiratory tract infections were found to show lymphocytes of the type clearly described by Downey 11 12 A total of 32 cases were studied and 125 blood smears Twenty-seven of the 32 were under 40 years of age, the youngest was 15, the oldest Some contracted their respiratory infection while on medical wards for unrelated diseases.

while other cases included hospital personnel ambulatory or hospitalized

The above-mentioned group of patients had varying degrees of coryza, pharyngitis, tracheolaryngo-bronchitis, cough, expectoration, malaise, aches, pains, lassitude, and headache But there was no characteristic clinical picture. Some patients were afebrile, while others had a temperature as high as 104 6 F All cases showed cervical lymphadenopathy to some degree, but this was never particularly extensive or marked One patient had an enlarged spleen and pleural effusion Five patients had undoubted atypical virus pneumonia, with x-ray evidence of pneumonic infiltration, 3 of these 5 had a cold agglutinin titer of 1 32 or higher Most of the infections ran a short, acute course, but in a few cases the infection persisted for weeks and only gradually subsided

No etiologic agent was discovered, however, Throat culand no virus studies were made tures revealed the usual mouth flora, hemolytic streptococci being found in significant amounts in only 2 patients Penicillin had no noticeable And lastly, no posieffect on the clinical course tive heterophil agglutination test was found

Atypical lymphocytes (Downey types I and II) were found in all cases They ranged up to 48 per cent of the differential count large lymphocytes were also present in every case, but small mature lymphocytes were infre-There was a great variation in the quently seen morphology, size, and shape of the lymphocytes The total white cell count in any one smear was only occasionally elevated, so that there usually was a relative and absolute neutropenia Eosmophilia when present was minimal Red blood cell counts and hemoglobin determinations No relation was were all within normal limits found between the severity of the infection or the day of the disease and the blood picture examinations and blood chemistry studies were normal

A table of 17 unselected illustrative cases is presented (See Table 1)

During the same period several typical cases of infectious mononucleosis with adenopathy and positive heterophil agglutination tests were on the wards, as were cases of virus pneumonia with-

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The author wishes to thank Dr Janet Watson for her kind
advice and criticism

TABLE 1

				Tempera ture, F	Day	White Blood	Lympho-	Atypical Lympho- cytes	
Name	Age	Bex	Clinical Feature	(a)	(b)	Count	(6)	(d)	Remarks
M. E.	15	F	Cough; laryngitis	101 2	3	5 000	11	24	Developed "cold while recovering from men- ingococcal meningitis
P P A. B	39	М	Chill pharyngitis	102	9	4 700	21	44	Severe symptoms
	18	M	Pharyngitis	100	17	12 100	30	28	Mild course, recovering from pephritis
1 C.	30	71	Cough malaise	103	6	10,650	17	17	Blow onset during heart fallure
M. N	73	F	Cough coryra	101	8		15	2	Mild course during heart failure
Ε'n 1 G	48	71	Cough	102		8,100	9	29	Mild in a bronchiectatio
E M A. L	43	N N	Coryss; wheere	99	а	5.300	16	36	Mild asthmatic
A. L.	20	М	Cough; chills	104	18	18,800	22	10	Tray and cold agglutinin evidence of virus pneu- monia
R. L.	25	M	Cough chills	103 4	17	8,800	12	18	Positive x-ray, negative cold agglutinin
D 71	-4	M	Pharyngitis	101 6	15	8,900	26	22	As in case A L.
L M.	25	M	Pharyngitis cough	103	9	9 900	12	15	Bevere splenomegaly
				98	104			22	pleural effusion, Infi- tration, pegative hetero- phil and cold agglutinin
ГH	19	F	Achea fathgue	101	3	7 450	43	29	Acute opeat: short course
L H	24	M	Aches cough	100	8 8 3	6 600	16	40	Persistent lymphocytosis
				98	88		25	37	
E E.	15	М	Tonsillitie	103		8,600	44	48	Hemolytic atreptococcus neutropenia
F M	54	М	Coryna	99	2	6,500	28	42	Mild cold soon after coronary occlusion
A. P B F	18	F	Cough, coryga	100	9	3,250	14	38	Mild grippe
8 F	37	М	Rhinitis	102	2	6,350	19	17	One-week course

(a) = Highest recorded rectal temperature

out atypical lymphocytosis but with cold agglu tining over 1 32 titer

The similarity in some respects of this respira tory epidemic to infectious mononucleous and to the influenza and virus pneumonia group suggests a peculiar hematopoietic reaction to unrelated Viruses This supports the suggestion of Stuart et al

Summary

A group of 32 cases of respiratory tract in fections (coryza pharyngitis, bronchitis, and virus pneumonia) showed the presence of atypical lymphocytes in the blood Heterophil agglu tination tests were negative. This confirms other reports that the infectious mononucleosis blood picture is not specific for that disease and may be found in a variety of mild respiratory infections The mechanism of this cellular reaction to presumably unrelated infections needs further elucidation

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PISTACHIO IS BETTER

A woman phoned to say that her young son had a severe abdominal pain in the lower right side The doctor prescribed an ice bag and said he d visit the patient shortly Half an hour later, the mother called again. The child was vomiting violently When the doctor asked what he had eaten since the previous call, she said, "I ou prescribed cold to the abdomen. I thought it would be better to work it from the inside I gave him a quart of vanilla ice cream —Medical Economics, April 1947

THE GYNECIC FACTOR IN THE CAUSATION OF MALE IMPOTENCE

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IT IS not generally recognized that ovulation in the female is but one of two major factors in nature's plan for reproduction and the perpetuation of the species. The other factor is fertilization of the ovum by sperm which, nature has decreed, shall be deposited in the vagina by copulation. The latter, in the male, involves what we term "sexual potency." We thus see that male potency and female ovulation are in reality complementary phenomena, both essential parts in nature's system and in all probability subject to similar laws.

It has not been many years since male impotence was regarded as an exclusively urogenital pathologic process and treated as such today it is still regarded and treated as such by The verumontanum and the prostate bore the brunt of the therapeutic attack on genital organs with results that could not be called satisfactory Within recent years, however, attention has been directed to the fact that psychic repression usually is associated with neurologic inhibition and that this sequence usually is responsible for the failure of male potency, often, perhaps, as a focal dysfunction induced by diseased urogenital organs The inhibition resulting from this sequence is manifested in what we term "impotence" To deal with this condition intelligently, the urologist should know something of psychology and the psychologist something of urology

Any interference with the physiologic movement of nerve impulses from the brain and nervous system to the genital zone may and usually does induce a psychologic block, resulting in some form of sexual dysfunction, usually (in the male) in some degree of impotence. In this field we are dealing with a highly sensitive physiologic mechanism of a most complicated character, in which psychic, physiologic, and somatic elements are closely related. But there is still no explanation of the fact that in one man the psychic and somatic factors combine to induce premature ejaculation with no impairment of erection, while in another with the same factors the erectile power alone is affected.

It is a curious but not generally recognized fact that the physician cannot and does not make the diagnosis of impotence. The patient brings the diagnosis with him. There are no medical tests for impotence. We can test a man for his sight, his hearing, his digestive powers, his fertility, and even his mental powers, but we cannot test his sexual powers.

take the patient's word for it, and here is where we often make a serious error In the case of a married man who reports himself impotent with his wife, it is common practice to assume without further investigation that the man is totally impotent, that is, impotent with all women must ask and answer the question, 'Is the man totally impotent or only relatively so?" This is the real criterion for impotence. Not infrequently, the principal complaint of the patient is that he finds himself impotent with his wife but normally potent with other women information is of the greatest diagnostic importance, for it limits the impotence to the wife and makes certain the diagnosis of relative impotence based on some psychic disturbance

In these cases, it does not seem either logical or scientific to brand the man as impotent, when the dysfunction is only related to one woman, the wife. It is my considered belief that in our usual disregard of the significance of this situation, we can find the reason for the generally unsatisfactory state of our therapy for male impotence.

The most common type of impotence encountered in practice is that of the middle-aged married man. In a series of 100 consecutive cases over a period of several years, 79 among my patients belonged to this group. The age of the patients ranged from 41 to 68 years, grouped as follows.

41 to 50 years, 35 cases

51 to 60 years, 28 cases

61 to 68 years, 16 cases

A review of the histories of these cases reveals that the impotence was found relative to the wife alone in 49 cases. In other words, relative impotence was observed in 62 per cent of 79 married men who believed themselves totally impotent. Of these relative cases, the age groups were as follows.

41 to 50 years, 24 cases

51 to 60 years, 18 cases

61 to 68 years, 7 cases

From these figures it is evident that most of the "relative" impotence cases were in the age group 41 to 60 years. If these figures can be confirmed by further observation and study, it will prove beyond doubt that in many cases which did not respond to routine treatment we have been expending our energies on an erroneous diagnosis and a misconception of existing conditions

These cases of relative impotence, referred to the wife alone, are of great sociologic significance for the impotence may and often does result in breaking up the home. There are innumerable underlying causes for this type of impotence, a few of which will be considered. The impression often has forced itself upon me that the husband is not always as greatly concerned about his sexual failure as the wife. The man often becomes reconciled to his condition, probably in the belief that because of his advancing years his sexual life is finished, that nothing can be done for him in any event, and he might as well spare himself the trouble and expense of treatment. But with the wife the reasoning is different. With the possessiveness so characteristic of her sex, she often feels that the alleged impotence is but a sham, that the man is diverting his energies to other women and that if he is doing anything in the sexual line she and she alone is the rightful participant a proprietary interest in his sex In consequence, she may develop a neurosis which may attain the status of a delusion she may create a domestic tempest, and/or she may insist on his seeing a doctor. It is probably correct that for every married man who consults a physician because of impotence there are a hundred who have gone along for years without conjugal relations because of lack of sexual interest and without seeking medical attention Many men regard this condition as a normal and inevitable sequence of marriage

As a general rule women know nothing of the male climacteric. They believe that male potency is one of the physiologic functions like digestion or climination, one that goes on automatically throughout the life of the man tually, however, while potency is a natural function like those mentioned it differs in several essential respects first, it tends to diminish after maturity until in old age it disappears en tirely, second, potency is largely under the control of the senses and the will (ego control) and can be inhibited for long periods consciously through sublimation Exceptionally women recognize impotence as concomitant with advancing age but the man must be really aged before the average wife will satisfy herself that his alleged impotence is something real and not a deception intended to blind her to extramural The average wife cannot under philandering stand why her physically and mentally vigorous husband, still able to do a hard day's work at his business or job is unable to function sexually as energetically as when he was thirty

The situation is complicated and made more difficult by the fact that the woman's libido does not necessarily decrease with age. In fact, fe-

male libido may and often does increase with the approach of the menopause, ironically just at the time when the husband's capacity is diminishing with the onset of his climacteric. Incidentally, women often fail to discriminate between the libido in the male and his potency. He may lose both as he grows older or, as is frequently the case he may rotain his libido and lose his potency. In any event, the wife usually is the aggreed party and she usually makes life misemble for her mate with conjugal expectations which he cannot fulfill

It goes without saving that her intuition may be correct, the impotence may be referable to her alone and the husband may be satisfying his libido in forbidden pastures But that is true also of some men who are not impotent at home There always have been philanderers and always will be, and the same is true, to a lesser degree perhaps of married women as well as men these cases are not within our concern solely concerned in the cause of our patients alleged impotence and its cure. We must make every effort to discover the cause and the type of the dysfunction and we will often find that the cause lies not in the man but in the woman, his wife.

Sex attraction is not static, it is dynamic and subject to all sorts of sensual impressions. With the passing years of marriage, the novelty and the instinctive element of pursuit and conquest in sex usually wane. The relationship is no longer that of the woose and the woosed, affection and devotion based on mutual helpfulness and loyalty take the place of the lustful desire so characteristic of heetic youth and early maturity.

Physical attraction is the meat upon which nsychic satisfaction of the male libido thrives The female body beautiful is nature's spark plug of male libido and potency Through the ages painters and sculptors have portraved the female body for the admiration and homage of men Though they did not overtly realize that they were subconsciously titillating their own libido and stimulating that of other men by their work that is what it really amounted to and why they found the female body such a delectable artistic Although most women are at their prime and most attractive sexually in the forties and many even in the fifties and sixties certain physical and psychic changes occur in some women, prespective of the menopause which may have a devastatingly inhibitive effect on the notency of their husbands. It is these changes which presently concern us. It is true that all men are not psychically affected in this manner. but many are and in different ways. We must

recognize these sensitive men if we are to treat their impotence with some measure of success

The changes referred to are of various types Psychically, the woman may become a realous shrew, realous of the fact that her husband, though older than she, nevertheless shows fewer evidences of the ravages of age The man may stand her nagging and complaints with complacency for a time but then there is a psychic re-Sexual attraction is inhibited and loss of libido and potency is the result. Or she may acquire slovenly habits Her husband, coming home from work and finding her with hair unkempt and slovenly attired, instantly may lose whatever sexual anticipations he may have enter-The possible psychic tained during the day changes which adversely affect potency are too numerous to be mentioned in detail here

The physical changes which occur in women are more common but no less inhibitory in char-Principal among these are extreme obesity, marked hypertrophy or atrophy and sagging of the breasts, hirsutism, drying of the skin, thickening of the ankles and legs or changes in Any of these subconsciously may affect the esthetically sensitive man to the detriment of his libido and his potency. To those mentioned may be added the diminished coital friction in women with distended vaging due to repeated parturition. It is unfortunate but these changes do have this inhibitory effect Usually loss of affection or devotion or conjugal fidelity are not involved, these remain unaffected It is purely a psychic inhibition, a paralysis, so to speak, of the man's sexual center in relation to this particular woman brought on by some physical or psychic change in her which has an inhibiting effect primarily on his libido, and secondarily on his potency

In the 49 cases of this series in which the impotence was found to be relative and not absolute, the causes of the inhibition were found to be mordinate obesity, 14 cases, hypertrophy of the breasts, 12 cases, atrophy of the breasts, 9 cases, hirsutism, 4 cases, alopecia, 3 cases, thickening of the ankles and legs, 4 cases, total, 46 cases

The vogue of the beauty salon is not merely the expression of women's innate desire to look young and attractive, but it indicates the correctness of their intuition or instinctive aim to retain their sex appeal and thereby preserve the libido and potency of their husbands

To be somewhat more specific, women know that the human male "likes'em young" The attractive, young female gives the male libido that lift with which the older woman attempts to compete by resorting to the devices of dieting, face-lifting, hair-dyeing, plastic

surgery, and the mysteries of the foundation and the bra

In this connection, we also must consider the man who subconsciously cannot forgive his wife for not presenting him with a male heir some men the desire for a son virtually becomes an obsession, and the fact that there is no son constitutes a mortal hurt to their pride and am-The man may not consciously realize it. but sooner or later the resultant effect is to alienate sexual interest in the wife and in effect. induce a subsequent inhibition of his libido and/ or his potency Many women, childless in their child-bearing years, realize what is happening to their husbands and practically devote all their thoughts and energies to the physiologic task of becoming pregnant They travel from one gynecologist to another, undergo major surgical operations or artificial insemination, all in the hope of producing an heir and thereby continuing to maintain the sexual interest of the husband This particular type of impotence was present in 3 patients of this series In one, a man of 50, of fine physique and general health, the inhibition arose from the fact that after the birth of the first child, a girl, seventeen years ago, the son he longed for did not materialize and he felt that his wife was responsible, masmuch as it was demonstrable that his semen was fertile and he was fully potent His subconscious antagonism toward his wife took the form of relative impotence, though he tried without success to become recon ciled to the situation. In the 2 other cases, there were no children after fifteen and nine years of marriage

Obviously in the type of impotence under dis cussion, it would be shooting up the wrong tree to attempt treatment of the man No amount of local therapy applied to the prostate and verumontanum, no amount of gonadal hormones can have the slightest effect on the inhibition We must go further than that As the wife is the basic cause of the inhibition, she must be consulted and the facts explained She should be advised to take such measures as will remove or neutralize the inhibition in the husband tary regulation, plastic surgery, and any other possible measure should be undertaken in the hope they may result in some reversible effect At the same time, it may be on the inhibition possible to induce the husband to accept the change that has occurred as mevitable and to make the best of it Nearly all of the men involved in this report have told me they feel sympathetic and sorry for their wives, but they, nevertheless, find it quite impossible to rid themselves of the psychic inhibition, however sincerely they may try

One must conclude that in every case of impotence involving a married man, to use a hackneyed cliché, cherchee la femme. It is not always a simple matter to uncover these gynecic clues to the cause of the impotence, but it can be done through tactful and leading interrogation. Men usually do not consciously realize that they have been inhibited by the above-mentioned changes in their wives, but if asked specifically whother they have noticed any of these changes and if they have been influenced in any way by them, they will generally unburden themselves and talk freely.

The discovery of some form of urogenital pathology, the result of previous infection merely adds to the difficulty of diagnosis and treatment by presenting misleading clues to the real gynecic cause. In such cases we are apt to conclude, the factor of the six in the basic origin of the impotence and then devote wasteful time and energy to eradicate it, with little or no result. One always should be on guard to avoid this error A report of a typical case follows.

Case Report

A. B., aged 50 merchant, had been married for twenty-two years. They had three children aged 20 10 and 16 The wife had been declared normal by competent gynecologists. At the age of 20 he acquired a Neuserian infection which left him with a low-grade prostatovesiculitis without symptoms. For the past eight years, impotence (later proved to be relative) was treated on and off by several urologists by routine massage, injections, hormonos and sounds, all without effect. On persevering inquiry he revealed that his wife had developed enormously hypertrophied breasts which had irritated and dissusted him to the extent of inhibitors his libido

The situation was explained to him. He was told that the trouble probably was not in his gental tract, as would seem to be the case but in his mind—a psychic inhibition. If he could adjust himself to the change, the inhibition might be reversed. This is tred faithfully for a year without benefit. As an alternative the wife was advised to have a mastopixia done. This was accepted. An excellent cosmetic result followed, and a year or two later the husband reported that his libido was quite fully restored.

Our particular interest in this phase of impotence lies in the fact that generally we have failed to recognize the significant role of the wife as the cause of impotence in married men. There is no reference in the literature of the subject, so far as an intensive search has revealed It is hoped that this presentation may stimulate further study and investigation and point the way to a more intelligent and realistic therapy for this type of dysfunction

Summary

Male potency is highly susceptible to psychosomatic impulses. These may be either totally inhibitory, or relatively so — In the latter type, the inhibitory influence may be the result of certain psychic and physical changes in one woman the wife.

It is essential in every case of impotence in married men to elicit by direct interrogation the presence or absence of this gynecic factor for this will determine the correct diagnosis and appropriate therapy

667 Madison Avenue

MEDICAL RESEARCH GRANTS

Medical Research grants amounting to more than two million dollars have been recommended for the approval of Dr. Thomas Parran, Surgeon General, United States Public Health Service by the National Advisory Health Council. Grants are contingent upon appropriations by the Congress for the fiscal year 1948 which begins July 1 1947

Of the 193 grants that supplement existing funds of universities and other research institutions, the largest, \$105 800 was recommended for a study of syphilis by the Pan American Sanitary Bureau. Sums of \$52,454 and \$46,000 respectively were stated for the study of malaria by the University of Chicago and Christ Hospital Cincimati, Ohio. Six other grants were above a \$30 000 level.

Research studies involved cover a diverse number of subjects including tropical diseases, biochemistry

and nutrition, cardiovascular diseases, dental research gerontology hematology pathology physiology surgery antiobiotics, tuberculosis, bacteriology pharmacology radiobiology metabolsm and endocrinology sanitation, virus and richeticial infections, and public health methods. The use of grants-in-aid in pursuing these studies implies no degree of Federal control. The investigator may work with full independence and autonomy submitting only a brief concise report of scientific progress annually.

The National Advisory Health Council is established by Congress and aids the Surgeon General mearrying out the research programs of the Public Health Service Dr George Bachr clinical professor of medicine, Columbia University College of Physicians and Surgeons, was recently appointed to the Council.

FURTHER IMPROVEMENTS OF THE SIGMOIDOSCOPE

ALFRED J CANTOR, M D, Flushing, New York

ENDOSCOPIC examination of the rectum and sigmoid by means of a tubular instrument is a relatively recent development. The straight tube and head mirror of Howard Kelly (1895), the distally placed electric lamp of Pennington (1899), Laws (1899), Tuttle (1902), and Buie (1918), the proximal light source of Yeomans (1912), and Lynch (1914), the telescopic instrument of Gant (1923), all are important milestones in the development of sigmoidoscopy

The author's telescopic instrument for fluid sigmoidoscopy (1940), and his subsequent dryfluid modification offered further advantages. These instruments, however, were considered by the author to be too complex for any but specialist use. Thus, a design for general use combining a maximum of illumination and provision for close mucosal inspection with simplicity of operation is herewith described.

In preparing a design for an improved sigmoidoscope it became evident that there were advantages and disadvantages in both the proximal and distal lamp instruments When the lamp is located near the examiner's eye (proximal site). the light is diffused over the area under inspection and close examination of early tissue changes is either difficult or impossible When the lamp is located near the distal end of the tube (furthest from the eye but nearest to the mucosa, 1 e, distal site), the illumination is far better distal location, however, blood or feces often cover the lamp and interrupt the examination This is a serious defect of such illumination

It thus becomes apparent that a lighting system embodying the best features of both proximal and distal illumination would give a vastly superior sigmoidoscope, even if no other changes were made Such a system should permit ready change from proximal to distal illumination, or vice versa, by a simple switch (Fig. 1) the distal lamp were to be obscured by feces or blood, a flick of the finger should permit immediate illumination from the proximal lamp The examination need never be interrupted If the distal lamp could be cleared readily of obstructing material without disassembling the instrument, a still further advantage would be obtained This is also provided for in the new instrument 1(4))

The diffusion of light from the proximal lamp has already been mentioned as a defect in the ordinary sigmoidoscope. The new instrument provides a reflecting device for focusing this light source as a spot on the area under examination.

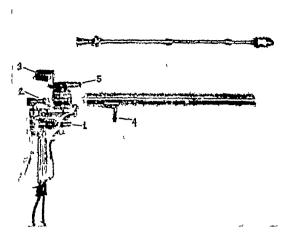


Fig 1 The obturator is seen above The examining sheath and handle assembly are separated (1) Switch for control of distal lamp (at end of sheath) (2) Proximal lamp with reflector cap (3) Telescope this swings down to examining position (4) Air or water inlet to tube that extends the length of the sheath and opens just behind the distal lamp. This is used to clean the lamp when obscured by feces, blood, or mucus (5) Spring lock to hold the telescope in desired position.

This can be arranged for any length of tube, either for sigmoidoscopy, proctoscopy or anoscopy (Fig. 1 (2))

For further improvement of vision a telescope is provided. This allows for magnification and close inspection of suspicious mucosal areas. The telescope is readily pivoted out of the line of vision and should be used only for careful inspection during withdrawal of the instrument and not during the routine insertion of the sigmoidoscope (Fig. 1 (3))

The same device that permits ready cleaning of the distal lamp also allows for suction of liquid feces or blood from the bowel lumen and for irrigation. A simple bulb attachment is adequate for this purpose. The bulb is used to force a sharp blast of air through the tubing surrounding the distal lamp (the light well), thus blowing away any obstructing foreign matter about the lamp. Similarly water may be forced through this channel for the same purpose, or liquid feces or enemaretention fluid may be withdrawn by suction.

A pistol-grip handle is provided to facilitate manipulation. This is constructed in a narrow width so that it will not interfere with the examiners who prefer to hold the sigmoidoscope by the body of the tube during insertion (Fig. 2)

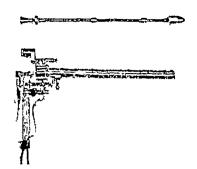


Fig 2. The sheath and handle are connected Examination can be performed with the unit thus assembled and the obturator in place. Another technic is with the obturator in the sheath for introduction of the instrument attaching the handle after the obturator is removed.

Summary

This instrument provides both proximal and distal illumination with a rapid-action switch to permit facile change-over from one lighting system to the other. The examiner may thus avoid

interruption of examination if the distal lamp (the preferred illumination) becomes obstructed by feece or discharge. A device is also incorporated to allow rapid removal of such obstructing material by suction or by air or fluid pressure. The proximal lamp assembly is designed in such a fashion as to permit focusing of the beam upon the area under inspection, whether it be for sigmoidescopy proctoscopy, or anoscopy. Diffusion of light is thus obviated

A telescope provides further aid for close mu cosal inspection The pistol-grap handle design facilitates case of manipulation of the instrument.

This new instrument is not complex and will increase greatly the accuracy and ease of examination for the general practitioner as well as for the proctologist and gastroenterologist. It combines simplicity of handling with maximum illumination and vision

43-55 KISSENA BLVD

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JAUNDICE FOLLOWING PLASMA TRANSFUSION—RECORDING OF LOT NUMBERS ESSENTIAL

The problem of homologous serum jaundice first attracted widespread attention in 1942 when over twenty-five thousand members of the armed forces were infected with jaundice through the use of hu man serum employed in the preparation of yellow fever vaccine. Since that time, numerous other instances of jaundice transmitted through blood and certain blood products have been brought to light the causative agent presumably having been introduced through the use of blood from an infected donor. The period between transfusion and the onset of jaundice is usually two to three months, although it may best months or more.

The State Department of Health has recently undertaken a statewide blood bank program and it is imperative to determine the frequency with which serum jaundice may be expected. At the present time the Department is attempting to follow up selected groups of persons to whom plasma was administered six or more months ago. Preliminary findings seem to indicate that about 5 per cent have suffered from hepatitis during this period. This is not inconestent with reports by English investigators which show that the incidence of jaundice following the use of plasma may be as high as 7 per cent.

In addition the Department has recently checked thrty-six death cortificates on which Jaundice is mentioned as a cause of death. In seven instances, the deceased had received blood or blood products two to six months prior to death. The clinical data obtained indicate that each death was due to ful minating hepatitis and that the initial illness necessitating the use of blood transfusion did not contribute directly to the fatal outcome. Six of this group had apparently received Red Cross plasma On further follow-up it was possible to determine the lot number of the plasma involved in only one in stance.

It is apparent from this and other observations that in only a small minority of cases are the lot numbers of plasma recorded on the patient is hospital chart or reported back to the Department of Health knowledge of the lot numbers of plasma or other blood products which have been administered will be essential for the routine determination of the frequency of the association of plasma or other blood products with jaundice. This information can also be of great mactical value in the recall of lots of plasma which early experience has shown to be intercognic.

Since it is urgently necessary to assess the whole problem of homologous scrum jaundice, all physicians are urged to record the lot numbers of all plasms or other blood products administered and promptly to report all cases of jaundice which are observed following transfusions of blood or blood products.

It is hoped that practical means will be developed to destroy the jaundice-causing agents in plasma without affecting the useful properties—
Health A ers, April 14, 1947

THE ASSOCIATION OF MERALGIA PARESTHETICA WITH SCIATICA

ARTHUR ECKER, M D, Syracuse, New York

(From the Suracuse University College of Medicine, Department of Surgery)

MERALGIA paresthetica is marked climaterial aspect of the thigh. The symptoms are aggravated by standing or walking and may be associated with a burning sensation or pain. Both thighs may be affected and usually there can be found slight loss of appreciation of light touch, pain, and thermal sensation in the affected area. The area in which light touch sensation is diminished is the most extensive. This syndrome is usually due to pressure or tension on the lateral femoral cutaneous nerve

In 1938 the author1 reviewed the records of 150 cases of meralgia paresthetica In thirtythree (or 22 per cent) of these cases, the patients had sciatica or other pain in the back or hip In sixteen of these cases, meralgia was associated with low-back pain (lumbosacral or sacrollac) but there was no evidence of sciatica. In twelve cases, sciatica and meralgia occurred on the same side, although not necessarily at the same time. in two cases, bilateral meralgia was associated with unilateral sciatica, and in three cases, bilateral sciatica was associated with unilateral There was no instance of contrameralgia lateral sciatica and meralgia

The relatively high association of meralgia paresthetica with low-back and sciatic pain, and especially the ipsilateral relationship, has represented a minor mystery. Ober suggested in 1935 that the iliotibial band was an important factor in the cause of both pain in the lower portion of the back, with or without sciatica, and, also, along the course of the lateral femoral cutaneous nerve. Today most cases of low-back and sciatic pain are considered of intraspinal origin, whereas meralgia paresthetica is a peripheral neuropathy.

In the last few years, the author has seen over a

dozen patients who suffered from low-back or sciatic pain in whom meralgia paresthetica had developed In each of these cases, the onset of the meralgia paresthetica began after the use of adhesive strapping or the use of a sacrollac belt In a few of these cases, the adhesive tape had extended as far forward as the anterior superior spine of the ilium Thus, irritation of the lateral femoral cutaneous nerve apparently arose either as a result of traction by the tape through the superficial fascia, or by compression of the nerve by the lower edge of the sacrollac belt more, in cases of sciatica, it is more common for the lower lumbar portion of the spinal column to be tilted away from the affected side would tend to put on the stretch the lateral femoral cutaneous nerve on the same side as the sciatic pain, and would tend to relax the nerve on the unaffected side Thus may be explained the frequency of insilateral meralgia paresthetica associated with sciatica and the rarity of contralateral meralgia paresthetica

Summary

The fact that low-back and sciatic pain was present in 22 per cent of the cases of meralgia paresthetica has long been a minor mystery Clinical observation of several patients with this association of syndromes has shown that meralgia paresthetica resulted from the use of strapping with adhesive tape or the application of a sacrolliac belt for low-back or sciatic pain. Thus, in association with sciatica, as elsewhere, meralgia paresthetica is caused by pressure or tension on the lateral femoral cutaneous nerve

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Correction

Professor Harold W Thompson, of Cornell University, contributed a very interesting article, entitled "Medicine in New York Folklore," to the April 15 issue of the Journal Inadvertently, in a footnote it was stated that he was deceased We are informed that, in the words of Mark Twain, this is a "gross evaggeration" We apologize for the error, the source of which cannot be traced and we are happy to make this correction

The Editors

SOCIAL TRENDS AFFECTING MEDICAL CARE

LEO E GIBSON, M D Syracuse New York

A MONOGRAPH written in 1878 by Henry J Biglow, M.D., professor of surgery at Harvard University and surgeon to the Massa chusetts General Hospital, began with these words "When Sidney Smith asked What human plan, device, or invention, hundreds of years old does not require reconsideration?' he would have no doubt regarded with favor an occasional reconsideration of the theory and practice of medicine and surgery, especially in view of the current belief that their traditions have been kept alive, and their rule prescribed, in part, by authority"

The beginnings of medicine go back farther than man's records, but some of its most glittering epochs are comparatively new Homer had written his Odessey at a time when diseases were treated by superstitious rites. Chaucer had written Canterbury Tales two centuries before a ligature was applied to a bleeding vessel. Rembrandt had painted his great picture, "The Anatomy Lesson," two-hundred years before Pasteur linked bacteria with disease, and Michelan gelo was spreading his canvas with infinite beauty long before this. Although the science of medican was bringing sympathy, cheer, and restoration of health

Only after years of experience in that unique relation between the physician and his patient sorely buffoted by misfortune, after blunders immeasurable, after chances that have been lost forever by a single word, said or unsaid after failures that were so nearly becoming successes but for a method that was neglected, or an assumption that was premature, after humiliations and disappointments and misunderstandings, only then have we come to appreciate all that this relationship can mean in human life and affairs of our own world

The history of medicine is a history of the dynamic power of the relationship between patient and doctor. Through the centuries, when doctors were doing more harm than good this dynamic force of relationship between doctor and patient has sustained the esteem of the medical profession has inspired other groups with such faith in its values that they were willing to lend their economic support to the doctor.

In such a world we are anchored by sentiment, by our possessions, and by our positions As in dividuals we might have had some worries about our own success and security, but we have not been troubled about the stability and perma nence of the whole world Today no such assur ance is ours. The entire social and political organization within which we live is under attack Before we can continue to maintain our own places in American life, we must attend to reestablishing the place of American life, itself, in the world

This is a day for easting up accounts between the individual and society. We have reason to believe that in this process our own little world is in for some pretty thorough overhauling. To ask why our accounts are not in normal balance is probably as futile as to ask for a definition of the universe and give an example, but the prescription for putting them in balance is our challenge.

Jonathan Forman has attempted to solve the first part of our dilemma in these words "It is characteristic of the human mind to want a drug to cure its disease and save it from the penalties of its own violations of the laws of life, just as it looks always for a prayer or penance that will save it from the slas of its own soul"

In the past man has turned to science, which extended its promises of salvation, salvation by means of water closets, bathtube, automobiles, necosalvarsan, sulfa drugs, antitoxin, vaccines, and now antibiotics.

Now man is turning to science's stepchildren, economics and politics, which describe a kingdom of heaven filled with garages for two cars instead of one, an ever-normal granary a quart of milk for every child, and a free doctor at everyone's beck and call twenty four hours of the day

We have to live too much by the figures of the speedometer and stockbroker's tape, our slightest wish must have instant and expert attention. Even when one-third of our physicians were in the armed forces, it was much easier to obtain medical attention than it was a generation ago. In those days, the terrors of diphtheria, typhod and smallpox, long since eradicated by medical science, sent a messenger on horseback, over roads which were well nigh impassable sixmonths of the year, after a doctor who did well to reach his patient by the next day

These higher standards of living have decreased our mortality rates it is true, but at the same time has increased our pride. We become unduly exercised for what is termed lack of adequate medical care, many complaints are those of

alarmists and not justified by fact. The exponents of more medical care have yet to define adequate medical care

The prewar years trained the American people to buy protection against all calamities, fire, theft, liability of all kinds, and death, all on easy prepayment plans. The remainder of their incomes was spent on much that was not needful to good living. A man's social position was often determined by the type and equipment of his summer camp, yet, many productive generations have lived longer without them. With all these gadgets came the system of installment payments. With installment payments came the inability to finance a catastrophe. All of this has made the problem of medical care essentially one of politics and economics.

Politics, since the first savage learned that he could coax, rather than scalp, his way to favor, has had a productive course. Call the attention of the people to the many things they do not have and promise to provide them, and you have reached the top. An immediate passage of vicious legislation, destructive to the present system of medical care in its entirety is doubtful A controversy has been raised and offers excellent political bait for future knights of the whirling intent on destroying the profit system, making a little more progress each time

We engaged in a world war to prevent the usurpation of power by the state over the individual The totalitarian states were defeated, but it has often happened in the past that the ideas of the vanquished have conquered the conqueror Something like an ideologic totalitarian conquest is even now under way right within the very democracies which were pledged to its de-The basis of this idea is an exaltation of the state which takes command of the individual from the cradle-to-the-grave It begins as a welfare problem which involves all the essential needs of the individual, brings him into the world, schools him, provides him with work, supports him in sickness and takes care of him in At last the individual becomes completely dependent on the state and the state has acquired complete control over him. We are in a period of economic and social revolution and no one can see the future, but it certainly tends toward more complete central government—central and bureaucratic government

Doctors remain like ostriches with their heads in the sand. The specialists are the worst offenders, but a large percentage of other practitioners do not want to disturb the status quo—their incomes at present are too good. What they do not understand, they oppose. They are terrified with any significant change. They fear change as an upset that may affect them. They

feel confident and secure as long as the set of circumstances in which they have lived is preserved to the last detail They are afraid to make new judgments and to depart from the old ways no matter what the signs of the times may be Such men confuse the councils of society We fail to realize that England, France, Czechoslovakia. and China have become socialized, that private banking has been eliminated in foreign fields and limited in its activities domestically, that labor has risen to political power, and taxes are being utilized to equalize the earnings of all persons. and that many other changes are affecting the economic and social structure of all countries What we should have is a calm confidence that we are sufficiently useful to survive any upset

No one who views the national picture can question the evidence that is accumulating of the continued encroachment of certain lay-controlled agencies into the practice of medicine, such as the hospital, the Blue Cross, and the Federal Government

The hospital participates by offering certain medical services on a service-basis as a part of hospital care, and there are indications of an increasing desire on the part of the hospital management to increase these services

In the past, certain general service physicians, the radiologist, pathologist, anesthetist, and physiotherapist, engaged themselves to the hospital, and, probably without fully realizing the implications of their position, placed themselves at the disposal of the hospital on a salary basis, thus becoming agents of the hospital This situation permits the accusation which we hear today, namely, that the hospitals are corporations which are practicing medicine It is not difficult to visualize that such hospitals with the addition of an internist and surgeon on the same salary basis, would exist as a complete medical unit These physicians are engaged in the practice of medicine, as employees and agents of the hospital The hospital is then engaged in the practice of medicine, a situation which is not legal in many states, but, what is even more important, it violates the principles of ethical medical practices If this system becomes prevalent it would limit the hospital privilege to physicians not so employed and interfere with the free choice of physician on the part of the patient

The resolutions of the House of Delegates of the American Medical Association is pertinent to this situation "that hospital corporations should not be permitted to engage in the practice of medicine through the medium of employed physicians or to enter into contract with any individual group or agency whereby the hospital agrees to furnish any medical service" and "that all fees for medical services rendered in hospitals

hould be collected by or on account of the hymician rendering such service, and all physiians concerned in the care of a patient should ave or send directly to the patient, or to the esponsible party a statement showing charges or professional services rendered.'

The plight of the hospital itself, however, is liscouraging. The cost of administration has necessed thirty to-fifty per cent and perhaps nore in some instances. The cost for patient are is fast approaching \$10 per dem. This will con be prohibitive. The hospitals then must sk for Government aid a condition which builds nother plank in the platform of State Medical Zare. The distress of a far reaching financial lepression is undesirable. If the fundamental conomic laws of supply and demand are not sermitted to obtain a depression is inevitable and even desirable to rescue us from this economic chaos.

If the Blue Cross establishes the comprehensive program which is now prepared and includes aboratory service, radiology, physiotherapy, ardiology, anesthesis, it will cement a certain mount of medical care as a part of hospital are and guarantee to the subscriber not only sed, food, and nursing care but also the services of the doctor

The Bureau of Medical Economics of the American Medical Association in its principles recommended for guidance in the establishment of group hospital plans includes the following statement in regard to this program "The subscriber's contract should exclude all medical service—contract provisions should be limited exclusively to hospital facilities."

We do not know what type of legislation providing medical care will finally be established by the Federal Government. It is evident, however that all these agencies seek to emulate the assumption of the reformers, that all the financial barriers involved in providing medical care will be surmounted by the interposition of a third party between the doctor and his patient.

While controversy advertuses and experience illuminates the issues of medical care, the challenge to the profession consists of three essential tasks

First To define through the joint work of progressave physicians and informed lay groups policies which will permit adoption of prepayment medical plans to serve more of our people and which can be incorporated into legislation

Second Joint participation by the public and the profession in the administration and organization of medical service. When people visit the large clinics they see these two factors at work. These are the things they understand

That The third task properly executed would go far to help solve our dilemma. Correct understanding of medical welfare and the analysis of misstatements. The public is completely ignorant of the contribution of the profession to wel fare patients and to medical education. Such statements as that published by the Interdepartmental Health Conference, namely, that forty million people in the United States do not receive proper medical care, should not remain unchal lenged. These issues are only specimens of the many for which an aggressive agency is now needed, working in cooperation with organized labor and other bodies

The time has come when we individuals must realize the urgent need for a new specialist among us, a specialist in public relations long has this activity become a chronic neglect. We lack the incentive and ability to translate our ideals and problems into terms which the general public understands. In the immediate fu ture the public will decide the fate of private practice. If the public becomes able to analyze the promises of the socializers it must be edu cated This cannot be done with a few pennies Medical dues must be increased The California Medical Association increased its dues to provide a grand total of \$300 000 but they were successful in defeating undestrable legislation. The most effective educator of the public is the individual physician The physician who pleads ignorance of the benefits offered by the prepayment plans. or who fails to appraise his patient of the dan gers inherent in the interposition of politically controlled agencies between himself and patient is a deterrent to progress.

These postwar years will continue to be uncertain. There may be prosperity for a few years
more. If we succeed in promoting international
trade, in preventing another world war, and in
establishing amicable relation between labor and
management, it may outlast our time. The
rapid revival of installment plans may eventually
impoverish our people while it provides physical
sustenance it robs them of their occonomic secentry and destroys their ability to finance catastrophic illness.

When a people is insolvent it will sell its liberty for security. In the next few years we must use our power to compromise we have lost our power to dictate, use it so that somewhere between the convent and the gutter there will be a place where most of us may dwell, where the economics and politics surrounding medicine will be sobered by the strength of science

BACILLUS PYOCYANEUS IN URINARY TRACT INFECTIONS

JOSEPH A LAZARUS, BS, MD, MORRIS S MARKS, BS, MD, and LEWIS H SCHWARZ, BS, New York City

WE PROPOSE to discuss the significance of Bacillus pyocyaneus in infectious uropathies, with special reference to its behavior toward streptomycin

A common misconception among surgeons and urologists is the belief that B pyocyaneus is purely a "nuisance" organism showing saprophytic rather than distinct pathogenic tendencies, and difficult to destroy. The reason for this erroneous belief is the failure to differentiate, by in vitro and in vivo examinations, the various strains of bacteria belonging to this group, and, particularly, the failure to ascertain by means of proper assays the degree of virulence of the members of this group

The Organisms

Bacillus pyocyaneus for years has been recognized as the organism which produces "blue pus," and much speculation has arisen regarding its role as a primary invader and its degree of pathogenicity in human beings. As far back as 1890, there was a diversity of opinion regarding the role which this organism played in disease. Marthen¹ (1890), in his dissertation, discussed the implications of the "blue pus organism," and placed special emphasis on the occurrence of paralysis in patients and laboratory animals infected with virulent strains of B pyocyaneus.

In regard to the virulence of B pyocyaneus in infections, Edel² was able to collect several examples from the literature with fatal terminations. Bernhardt³ and Klieneberger, reported cystitis and nephritis as caused by this organism. Loder⁵ found that experimental animals frequently succumbed within six to twelve hours with a severe terminal drop in body temperature. Generalized infections with B pyocyaneus, while rare in healthy adults, are more common in children and debilitated adults (Musser and Sodeman) These authors maintained that paralysis of smooth muscle and paresis of the leg muscles, with subsequent atrophic changes, may occur as a result of absorbed pyocyaneus toxin.

Although a considerable literature has accumulated on the bacteriologic and, to a less extent, climical aspects of the Pseudomonas aeruginosa, little work has been done in differentiating the various strains of organisms constituting this group. Bacterial variability or mutation is often discussed by bacteriologists, but rarely is it referred to in examples of infections with atypical organisms in the field of urology. This is by no means a purely academic problem, since it is likely that in a transposed form an organism may play an entirely different role than in the parent strain.

It is known, for example, that the relative degree of virulence of certain bacteria can be roughly estimated by the character of the colonies they produce on agar plates Those which fall within the so-called "S" or smooth category are believed to exhibit increased virulence (Figs 1 and 2) The second group, known as the "R" or rough group (because of the irregular surface presented by the colonies on the agar plate) consists of organisms showing a lesser degree of virulence. The third category, of which only slight mention has been made in the literature, is known as the "M" or mucoid group, because of the mucoid appearance of the colonies (Figs 3 and 4). Bacteria, belonging to the three groups, may occur singly or in association. We will deal primarily with the SM strain of P aeruginosa (Fig. 5).

Concerning the apparent innocuousness of certain strains of B pyocyaneus, it is our impression that the organisms belong to the general group of pseudomonas fluorescence. In any event, we believe that when B pyocyaneus is isolated from the urine, appropriate examinations should be made in order to determine its pathogenicity and virulence.

Laboratory Procedures

Fresh urinary specimens collected under strict asceptic precautions should be routinely examined by smear and culture in all urologic investigations. Negative smears of thoroughly centrifuged urines do not necessarily indicate absence of bacteria. We have repeatedly found this to be the case, and, contrary to what has frequently been advocated, we routinely culture all urines, regardless of the results of the smears.

B pyocyaneus is frequently overlooked because of the common tendency to inoculate urines into broth media. In the presence of a multiplicity of organisms, B pyocyaneus may be overgrown by bacteria possessing a more luxuriant growth propensity, making it impossible, on the transplanted agar plates, to isolate and identify the P aeruginosa group. To overcome this difficulty we have found it advantageous to streak blood agar plates immediately at the same time the broth media are inoculated.

Is the Organism a Contaminant?—Whenever an unusual organism is isolated from urine cultures, the question invariably arises as to whether it is or is not a contaminant. Owing to the serious consequences which may result from urinary infections due to organisms such as the B pyocyaneus, the question assumes more than mere academic interest. It is our confirmed opinion that if proper precautions are taken in procuring and transporting urinary specimens, contamination does not occur

Necessity of Early Diagnosis of B Pyocyaneus Infections—In order to minimize the hazards which frequently follow infections due to a virulent strain of P aeruginosa, it is necessary at the onset of symptoms to ascertain the presence of the organism. This can only be accomplished by routine bacteriologic examinations in all new patients and those showing any indication of urinary tract infection.



Fig 1 Photograph (× 500) showing smooth plain colonies (Case 4)

Fallure to do this may subsequently lead to blood stream invasion with its attendant dangers of diffuse or localized visceral abscesses or fatal septicemia.

Susceptibility of B Pyocyaneus to Chemotherapy—
The pathogenic strains of P aeruginosa are extremely resistant to drug therapy. They are not
affected by the sulfonamides or by penicillin. Since
Waksman and his associates' demonstrated the strong
bactericidal action of streptomyein on both gramnegative and gram-positive bacteria, including almost all of those found in urnary tract infections
several investigators have stressed the effectiveness
of this snithiotic in dealing with the pathogenic
variants of the P aeruginosa group which are
totally resistant to other urinary tract antisepsis

Our work with streptomyon in the treatment of urmary tract infections with B pyocyaneus, begun May 6 1946 reveals the following significant data

Case I—Mr J P was operated on by the senior author in March 1940 A right nephrectomy and subtotal ureterectomy was performed for suppurative prelonephritis ureterius, and multiple renal calculi. During the course of routine follow up urologic examination (April 9 1940) a gram negative encapsulated rod was recovered from the bladder urinary specimen showing all the characteristics on culture of an organism belonging to the mucoid strain of P aeruginosa. In vivo studies readily disclosed that we were dealing with a virulent bacterium of great toxicity which in doses as low as ½, ml. proved rapidly fatal to mice weighing 20 Gm A careful asay disclosed that the growth of the bacteria was definitely inhibited by streptomycin in concentrations of 75 units per ce but was in no way influenced by penicillin or the sulfona mides

A rabbit was subsequently moculated intravenously with 3c of washed suspensions of organisms, followed by two doess of streptomycin 10 000 ml crograms each. Within forty-eight hours the animal developed hyperpyrexia, hind limb parallysis, and diarrhea, and succumbed Postmortem disclosed multiple abscesses throughout viscera.

A second rabbit was inoculated with 3 cc. of a broth culture of the organism intravenously followed in twenty four hours by one dose of 20 000



Fig 2. Microphotograph (× 1,200) showing smooth colonies (nonencapsulated) B pyocyaneus (Case 4)

micrograms of streptomycin Recovery was complete in five days.

A guinea pig which was moculated with 5 cc. of a month-old growth of this culture transplanted weekly to bactotryptose broth media succumbed in thirty-six hours. Postmortem revealed similar lesions.

In order to ascertain the toxic source experiments were carried out in which (1) the pigment pyocyanun which was extracted from a ninety-six-hour tryptose broth culture of B pyocyaneus (mucoid variety) was inoculated intraperitoneally into a guinea pig No untoward effects were noted (2) Eight oc of a toxin filtrate was injected intraperitoneally into a guinea pig This was followed by a convulsive sezure lasting twenty-five ninutes, hind limb paralysis and semicoma. However complete recovery occurred in seventy two hours. (3) Another pig received 5 oc. of a four week-old tryptose broth culture of B pyocyaneus (a daughter strain of the original mucoid colony isolated from Case 1 two months previously). Five minutes lates the animal developed urinary incontinence partial hind limb paralysis and coma, and succumbed in forty-eight hours

Our experiments indicate that (1) even old cultures of the mucoid variant of P aeruginosa retain their high degree of virulence (2) the bactern-free filtrates are not fatal to laboratory animals and (3) the pigment, pyocyania, seemingly plays no role in the pathogenicity of the organism. It appears, therefore, that the toxicity of the mucoid variant of P aeruginosa is probably due to an endotoxin which causes a multiplicity of viscoral lesions

Treatment

On reporting our laboratory data, 5 Gm. of streptomycin equivalent to 5 million inferograms of streptomycin sulfate was allotted to us. The initial does (May 7, 1940) was 500 000 micrograms, which was followed by a similar does three hours later, and then 100 000 micrograms was administered at three-hour intervals. A urnary culture made after the second does of the drug was storke and remained so until June 7, 1940 when a pure culture of a smooth strain of B pycoyaneus was isolated. Careful study of this organism showed it to be nonecapsulated motile much less virulent

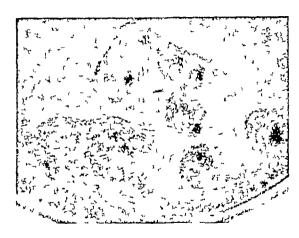


Fig. 3 Photograph (× 500) showing smooth mucoid colonies (Case 1)

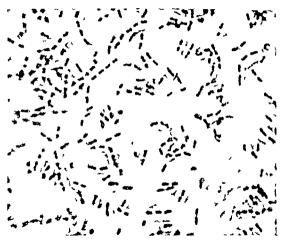
than the mucoid strain, as shown when injected intraperitoneally into a four-pound male rabbit The only effect noted was an abscess at the site of inoculation A urine culture, taken June 19, 1946, disclosed a pure culture of the mucoid strain, the organism showing characteristics identical with those of the original strain, except that its virulence was decidedly diminished A four-pound albino female rabbit was inoculated intravenously June 25 with 4 cc of a twenty-four-hour culture (washed suspen-The only result was to make the animal extremely lethargic On June 27 the animal received 25 cc of a seventy-two-hour tryptose broth culture (organism and toxin) intravenously Within three minutes the animal became restless, and after five minutes had two convulsive seizures Immediately after the second convulsion it succumbed and was promptly autopsied

Autopsy disclosed perihepatitis, multiple abscesses of the liver, and a hemorrhage in the left orbit. There was, also, a pronounced leptomeningitis hemorrhagica involving meninges of brain and cord with hemorrhages and purulent evidate within the substance of those structures. Smears taken from the liver showed thick encapsulated rods (Paeruginosa) identical to those of the original culture

A bladder culture taken July 7 again disclosed smooth mucoid colonies of P aeruginosa on the agar plates, and encapsulated rods under the microscope. Two rabbits were inoculated, one intraperitoneally with 11,cc of a ninety-six-hour washed suspension of the organism with town and pyocyanin, the other received 3 cc of similar material intravenously. The first rabbit succumbed in twelve hours, the second five minutes after the inoculation.

A postmortem performed on rabbit number 1 showed evidence of pneumonitis and pinpoint abscesses in the right lung. The serosa of the large intestine, especially the cecum, was diffusely hemorrhagic. The stomach showed a spontaneous laceration measuring 3 cm in length at the cardiac end, with its contents present in the upper peritoneal cavity. The liver showed many abscesses. The kidneys and adrenals were apparently not involved, but the spinal cord was definitely hemorrhagic. Smears from the liver and lung abscesses, and, also, from the spinal cord, showed encapsulated rods (Paeruginosa)

In view of the highly pathogenic character of the



 F_{IG} 4 Microphotograph (\times 1,200) showing smooth mucoid colonies (encapsulated) B pyocyaneus (Case 1)

mucoid strain of B pyocyaneus seen in animal experiments, and the few symptoms shown by the patient, we instilled 2.5 cc of a ninety-six-hour broth culture into the bladder of a full-grown female rabbit through a ureteral catheter. After seventy-two hours the rabbit developed urinary frequency but no other symptoms. A specimen of urine showed leukocytes and encapsulated rods of B pyocyaneus on smear and culture. Nine days later, despite positive urinary findings, the animal was totally asymptomatic.

totally asymptomatic

Comment—The outstanding features of this case are (1) the recovery of an unusual strain of P aeruginosa of the mucoid variety, presenting unusual pathogenicity and virulence, (2) the transient effect of large doses of streptomycin on the organism, (3) the reappearance of another strain (smooth) of P aeruginosa one month following the discontinuance of the drug, and (4) recovery of the original strain (mucoid) twelve days later. The question naturally arises as to whether or not we are dealing here with an example of mutation of bacteria or with two different strains of the same group.

In the former instance it would be necessary to postulate that streptomycin was instrumental in causing (1) a noteworthy but temporary bacteriostasis so that for one month after the discontinuance of the antibiotic, repeated cultures were sterile, (2) a change in physical characteristics of the organism in that the colonies lost their mucoid appearance, and the organisms their characteristic capsules, and (3) a definite decrease in virulency and pathogenicity. In the last noted instance we must assume the simultaneous presence of both strains of organisms at the time of taking the original culture, where the predominant one (the mucoid variety) completely overgrew and masked the other (smooth)

On the administration of streptomycin there occurred an abrupt inhibition of both strains more sustained, however, in the case of the mucoid variety, with the result that one month after cessation of the antibiotic only the smooth species could be recovered from the culture. A later culture, however, showed the mucoid organism again active and predominant, but displaying a less degree of virulency.



Fig 5 Photograph (× 125) showing two varieties of colonies—smooth to the left (Case 4) accompared to smooth mucoul to the right (Case 1) Note halo around colonies (Case 4) due to pyccyanne formation

Case 2.—Bilateral pyelocystitis. The organism was a smooth variant of P acruginosa. The treat ment consisted of 5 million micrograms of streptomycin and the result showed no effect

Case 3 -Bilateral pyelocyttitis. The organism was a smooth variant of P serugnosa. The treatment consisted of 7 million micrograms of streptomyeln, and the result showed temporary inhibition

followed by recurrence

Cass 4—Polycystic disease of kidneys. The

organism was a smooth variant of P aeruginosa

solated from bladder urine The treatment was

5 million micrograms of streptomycun with the result consisting of a temporary bacteriostasis after

the administration of 15 million micrograms

followed by recurrence

Case 5—Right pyclocystitis. The organism
was a smooth variant of P acruginosa. Treatment
consisted of 17 million micrograms of streptomycin,
and the result was the first negative culture after
9 5 million micrograms followed by cure

Case 6—Cystitis. The organism was a smooth variant of P aeruginosa. Treatment consisted of 5 million micrograms of streptomyen with the result a temporary inhibition followed by relapse.

As a result of our experiments and clinical observations we came to the conclusion that the bacteriostatic property of streptomycin, as regards its effect on members of the P aeruginosa group is far more certain than the bactericidal. While the experiments of Helmholz' suggest that streptomycin is an antihiotic capable of destroying P aeruginosa when administered in sufficient dosage our work in the clinic and in laboratory animal experiments casts considerable doubt on the validity of his conclusions, which only proves the fallacy of drawing hard and fast conclusions solely on the action of antibiotics in in vitro laboratory experiments.

Comment

We are convinced that in human beings as well as in laboratory animals streptomycin exerts a distinct inhibiting offect on B pypocyaneus, so that ur inary cultures made shortly after the administration of the drug in dosages of one-half to ten million micrograms over a period of five to seven days will frequently be sterile (Cases 1 3 4 5 and 0)

Follow-up urinary cultures taken one to two weeks later however frequently show that the organism has recurred (Cases 1 3 4 and 6) In regard to the mucoid strain, such as was present in case 1 we are inclined to believe that the drug may have been instrumental in bringing about some temporary alteration in the physical characteristics of the bacterium, as shown by the disappearance of its capsule. When this occurred, the organism seemed to have lost much of its virulence. This phenomenon was also a transient one, since cultures taken subsequently again showed the bacteria encapsulated with subsequent return (?) of their former virulence One culture remained positive throughout the period of administration of the streptomycin, and remains positive to date.

It is difficult to explain the discrepancy between the results obtained on plates and those observed in patients But the fact remains that it occurs, and for this reason the only dependable way of ascertaining the effectiveness of streptomycin on P aeruginosa is to make repeated urinary cultures. It is of course, possible that failure to destroy permanently the organism in all of these patients may have been due to insufficient dosage of streptomycin, although the doses were those recommended by the Division of Medical Science National Research Council, on receipt of our laboratory data On the occasion when cultures remained sterile after the discontinuance of treatment, the first negative one was obtained after the administration of 9.5 million micrograms. It is of course possible that too little time has elapsed following the discontinuance of streptomycin to state with certainty that cure is permanent. However if this is so in view of the fact that the organism in this instance was identical in every instance only one conclusion is possible—that permanency of cure was due en tirely to the massive desage of the streptomycin administered.

Efficacy of Streptomycin in B Pyocyaneus Infections of Urinary Tract

In treating infections of the urinary tract with an antibiotic as with any antiseptic drug, two important criteria must be kept in mind (1) Has it produced complete and permanent relief of all symptoms and physical signs of infection? (2) Has it caused a complete destruction of the causal or ganism? Although it would seem that full realiza tion of the first criterion would necessarily result in the accomplishment of the second this does not hold true in urinary tract infections with B pyo-The fact that a patient has been made evancus symptom-free that his urine has become acellular and cystoscopy no longer discloses evidence of in fection does not necessarily indicate that the causal organism has been destroyed. This can only be established by periodic culture examinations of the urine over a prolonged period especially when treating B pyocyaneus infections of the urinary tract with streptomycin. The validity of this, we believe is borne out by the aforementioned ex amples in which only one presumably showed no

recurrence after the administration of 17 million micrograms of streptomycin. A priori, it can be argued that the cause of failure in our series was probably due to insufficient dosage rather than to the inability of the antibiotic to destroy the organism.

If our conclusions prove correct, it would seem important, when using streptomycin against B pyocyaneus, to avoid (1) the possibility of provoking a state of resistance by the patient against this antibiotic, so that if subsequent circumstances make it exigent to use the drug against an organism known to be susceptible to it, its potency will not become appreciably or completely nullified, and (2) the possibility of preventing the establishment of a state of immunity by the organism toward the drug which would render it inert

Before releasing streptomycin for general use, we believe that higher dosages should be recommended for treating urinary infections caused by P aeruginosa

Summary and Conclusions

aeruginosa (B pyocyaneus) shows distinct pathogenic tendencies in urinary tract infections Three strains of this group which possess various grades of pathogenicity have been described, and special reference has been made to the mucoid variant and its extremely high degree of virulency Since B pyocyaneus is highly refractory to the usual urmary disinfectants, including chemotherapeutic agents as well as penicillin, an attempt has been made by in vitro and in vivo studies to evaluate the effectiveness of streptomycin as a drug capable of destroying it We believe that conclusions drawn from in vitro experiments alone fail to correctly evaluate the therapeutic action of this antibiotic, since results obtained have been found to be at great variance with those of the clinic and in laboratory animals

Streptomycin has been found ineffective in treating infections due to the mucoid strain of P aeruginosa in doses recommended by the Division of Medical Science of the National Research Council In only one of five patients, in whom the causal organism belonged to other strains, was the organism apparently destroyed. In this patient the total dose of streptomycin was approximately three times that recommended by the committee (17 million micrograms). In the others, the drug, in doses ranging from five to seven million micrograms, has failed to give permanent results

A permanent cure can only be brought about by periodic culture examinations of the urine at frequent intervals. We believe that streptomycin may be curative in infections of the urinary tract caused by all strains of P aeruginosa, except possibly the mucoid variant, provided massive dosages are used during the initial period of treatment Much more experimental work must be done, however, in order to evaluate correctly the potency of streptomycin in P aeruginosa infections before recommending it as the ideal drug to destroy this organism

875 PARK AVENUF

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"DOCTOR JONES" SAYS-

When I was a boy I knew a father and grown son that used to go out and get drunk together That wasn't a commendable sort of family program but, you know, as a 'teen-ager, I almost envied that young fellow being able to meet his father, as it seemed to me, on common ground and as man to man

I realized, well enough, that I had a better father No father ever was more interested in than that his children than mine was But he was a busy practicing physician and his practice took most of As a kid I loved to get up in the night and his time go off with him somewhere on a long country trip But when I got into my 'teens, when I most needed the kind of help and advice he could've given, sort of an intangible barrier seemed to grow up between It was the result, I'm sure, of uneasy conscience on my part and some inhibitions on his And that sort of situation, I've observed since, is the common thing between sons and fathers

Knowing the kind of man he was, I know now that if I'd gone to him honestly and frankly with the things that were troubling me, he'd have met me

sympathetically, "as man to man" and welcomed the opportunities to give me kindly and helpful counsel. It would've established an ideal father-son relationship.

What brought all this to mind I was reading an abstract of the discussion at a national conference on family life they had out in Cincinnati some time ago It'd be better for the girls as well as the boys, they said, if they and their fathers could get better acquainted But boys especially women dominating their lives from infancy on—it's responsible for many of their "subversive" reactions They need somebody that's been a boy himself and knows how it is Father should be something more than a provider and a last-resort disciplinarian

But the father that hopes to make good as a confidant and counselor to his kids needs up-to-date information. He can't be satisfied with the ideas on child guidance he picked up from his old folks. Yes, taking a course or reading books—it takes time. Whether the kids are worth it or not—that's something for Pop to decide—Health News, April 14,

1947

CELLULITIS OF THE CHEEK COMPLICATING NASAL FRACTURE

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DANGEROUS complications of masal fractures if no skull fractures are involved are infrequent, although secondary meningitis has been reported. Therefore it is of interest to report such a case of cellulities of the check and abscess of one nostril. No reference of such a complication has been found in the literature of the last ten years.

Case Report

E. K. a 20-year-old white woman, a student was seen in the office on the evening of May 18, 1940. She stated that the previous night about 12 30 A.m the automobile in which she was riding seated next to the driver, crashed against another car and her face was smashed against the dashboard. There was bleeding from the nose and face but not from the ears. The patient did not become unconscious. She was taken to a hospital and an adhesive strip was put over the bridge of her nose. An x-ray revealed a fracture of the nasal bones bilaterally near their extreme distal extremities. The patient complained about slight pelin on the right side of the face

On examination she was found rather pale (pre-mably her normal color) There were skin abrasumably her normal color) sions on the right check, upper lip and nose which were swollen and slightly tender to pressure nose was deviated to the left, and its lower part depressed The left nasal bone was movable and crepitation was felt. The intranasal examination revealed a small amount of coagulated blood and the right nostril was swollen. After cleaning and shrinking a vertical tear of the mucous membrane was noted over the left apertura piriformis identical spot on the right side could not be visualized due to the swollen nostril. Transillumina tion showed the right antrum cloudy due to the swelling of the soft parts. There were some lesions of the mucous membrane of the upper lip ear, nose, and throat examination was negative.

The tear in the muccus membrane and the abra

The tear in the mucous membrane and the abrations were painted with metaphen, the nasal bone kept in place with adhesive stripe, and a light vaseline gaure packing applied. Further manipulations were not undertaken because of the swelling. The patient was advised to apply cold compresses to the swelling and to return in two or three days.

Two days later in the forenoon I was called as the patient had ferer intensified pain over the right side of her face, and had had discharge from the nose since the previous night. The swelling had in creased and the nose was more tender to touch The right nostril was filled with yellow mucopus, the origin of which could not be determined since the nose was filled again immediately after cleaning and shrinking. Her temperature was 100 F. The packing was not reapplied and the patient was put on combisul D-T of which she took only 2 Gm., and use of prothricin by atomizer was advised. In the afternoon she felt much worse had chills, and a temperature of 103 F. Therefore she was admitted to Presbyterina Hospital-in the late afternoon.

At that time she seemed seriously ill the swelling was still more extended than in the morning the lids of the right eye were edematous, her face was bluish but she was alert and oriented. The narce were filled with much mucopus and the right nostril was very tender but there was no nuchal rigidity and kernigs sign was not present. The bluish color of the face was thought to be due to toxicity and dehydration. Therefore, an infusion of 5 per cent dextrose in 1,500 cc. saline solution was started im mediately. She was given 40 000 units of penicillin intramuscularly and 25 000 units every three hours. In addition she received 1 Gm. of sulfadiaxine with sodium blearbonate every four hours, because sulfadiarine penetrates the subarachnoidal spaces better than penicillin and it was thought advisable to use it due to the possibility of a complicating moningitis. At 9 00 r m the temperature rose to 105.2 F 100 000 units of penicillin were added to the infusion which was finished at 12 30 Am and alcohol rub was given. A blood culture taken at this time showed no growth. After a few hours the patient felt much better and the temperature had receded to 100 2 F about midnight. The following day it was 00 F, on May 22 it was 101 F and then romained normal.

A nasal spray of I per cent necspnephrine was administered and the nose cleaned by suction several times daily On May 22 an abscess in the right nostril was evacuated. Nose culture taken May 21 revealed a moderate number of hemolytic streptococci Another x ray, taken May 22, gave evidence of soft tissue swelling over the right cheek and thickening of the lining membrane in the lateral wall of both antra, which was apparently of remote origin and not related to the present filness.

The blood count on May 20 showed hemoglobin,

The blood count on May 20 showed hemoglobin, 12.3 Gm., red cells 4,690 000 leukocytes 16 600 On May 23 hemoglobin was 13.5 Gm red cells 5 250 000 leukocytes 8,400

Sulfadiatine was omitted on May 25, after she received a total of 24 Gm. and penicillin was stopped the following day after a total of 1,140 000 units had been administered. The swelling of the right cheek, nose and upper lip slowly subsided. She was discharged from the hospital May 27. The swelling had almost completely subsided when she was seen July 27, 1946. Only at this occasion the extent of the disfigurement of the nose as compared with a previous photograph could be appredated

Comment

A nasal fracture was complicated after about forty eight hours by a purulent discharge from the right nostril with high temperature. In the beginning it was not possible to find the source of this pusmight have been caused by a latent sinus infection. activated by the trauma and blood which accumulated after the accident in the antrum But the first x-ray did not show such an accumulation of blood, and the second one did not reveal any findings typical of an acute sinusitis. The diagnosis of cellulitis of the right cheek was made. It may be assumed that due to the accident the cartilaginous lower part of the nose was bent to the left side causing the tear in the mucous membrane which was seen on the left apertura piriformis and very likely also caused the same lesion on the right side, which could not be seen due to the swelling of the right nostril lesion the hemolytic streptococci, ever present in the nose, found a way into the soft tissues of the cheek and here a good culture medium presented itself in the crushed tissue The speedy recovery and the avoidance of further complications were due certainly to chemotherapy In the presulfonamide or prepenicillin era this case would have required extensive surgery and the outcome would have been doubtful

The nasal plastic surgery, which still is required to eliminate the otherwise permanent disfigurement caused by the fracture of the nasal bones and especially the depression and fracture of the lateral cartilages, was postponed several months, so that the infection would not be reactivated by too early surgery

I am indebted to Dr Herbert Friedmann, the chief resident, for his kind assistance in the care of the patient

36-20 Bowne Street

US CHILDREN'S BUREAU HOLDS CONFERENCE ON CEREBRAL PALSY

At the first conference of its kind, specialists working with children with cerebral palsy—"spastics" met at the US Children's Bureau, Social Security Administration, Federal Security Agency, March 26 to 28, and pooled their experience preparatory to a major effort by the Bureau and State crippled children's agencies to get help to these "tragically neglected children "

The importance of providing continuity in the child's treatment, education, and training over the years was stressed throughout the conference assure this, it was pointed out, called for drawing into the plan of care for each child specialists, in a number of fields, all working as a team with the fullest possible understanding of the child's handicaps and his possibilities for growth and development

The service to be established would be a part of existing State crippled children's programs Under the projected plan, all allied State agencies would be drawn into joint planning with the administrative agency, so that when help is available through the schools, the welfare department, and other institutions, it can be considered

TRIAL BY DEPRESSION

All too familiar is the boom-crash-boom pattern Less familiar is the close tie between economic depression and public susceptibility to

compulsory sickness insurance

People under financial stress are traditionally receptive to government aid The early days of the Roosevelt Administration, with its farflung CCC and WPA, illustrate how quickly government can step into the breach when the people want it to Economic hardship creates a public mood for state medicine—and for the political candidates who prom-

It seems reasonable to suppose, then, that the next depression will constitute an acid test for private

medicine

Before stocks tumble and belts tighten, an answer must be found to the public demand for wider distribution of medical care and for spacing its cost. Voluntary health insurance must be extended to the more than 1,000 US counties not now covered by any medical society plan. Prepaid medical care must be sold to a substantial proportion of the 95 million eligible persons not now enrolled

Preventive medicine, public health, child care, and medical research all need expansion. Nor can

we blink the trouble spots in our system

Unless medicine in rural communities and in mining districts, for example, is revitalized, physicians can expect these areas to turn into depression for state medicine hotbeds A fuel to can be counted onto add flame

The constructive planks in medicine's platform are well known Not enough attention has been paid to the deadline for nailing these planks into place

When will the next depression come? It's anyone's guess But the slump usually arrives sooner

than the experts predict To fortify our system of private medical care before the country's economy takes its next header is only good sense

Our trial by depression is now in the making -

H SHERIDAN BAKETEL, M D March MedicalEconomics, -Editorial, 1947

BACTERIOLOGIC DATA REGARDING THE TREATMENT OF A TYPHOID CARRIER WITH STREPTOMYCIN

HELEN SCHWARZKOPF, Brooklyn New York

(From the Department of Laboratories St. John's Hospital, Brooklyn)

THE following study of antibiotic effects of streptomycin on the typhoid bacillus in vivo and in vitro had been made on a 62-year-old white woman submitted to the hospital for cholecystectomy The patient had the history of boing a typhoid carrier for twenty-eight years.

The bacteriologic work on this case consisted in confirming the diagnosis and in studying the effect of streptomycin on the flora of the stool of the bile, of the biliary calcula and the gallbladder of the pa tient. Additional tests on the action of the chemical were carried out in vitro with Eberthella typhosa isolated from the patient, and also for comparison with two other organisms Escherichia coli and Pseudomonas pyocyaneus.

The diagnosis "typhoid carrier was confirmed by examining the blood of the patient by means of the Widal test and by isolating the typhoid organism from the patient's stool and bile The Widal test showed the presence of specific typhoid fever anti-bodies with both typhoid antigens. The O antigen gave a 4 plus agglutination in a dilution of 1 20 and only a 1 plus agglutination in a dilution of 1 40 The 'H' antigen agglutination reached the final titer in a dilution of 1 800

The isolation of the organism was carried out by planting a measure of stool and bile specimen di-

rectly on Endo s and Salmonella shigella agar plates. The first stool specimen grew many colonies suspicious of being L typhosa together with Each coli colonies in predominance On the Endo plate the colonies appeared colorless and of a vine leaf shape, the colonies on the SS agar were round, smooth colonies with black centers caused by hydrogen sulfide production. Several of these suspicious colonies were isolated and diagnosed by agglutina tion and also by sugar fermentation tests as E typhosa. The agglutination reached a titer of 1 2,500 with a 4 plus agglutination and 1 10 000 with a 1 plus agglutination. An additional serologic test was made by exposing the isolated typhoid organism from the patient against the patient serim. It showed a positive agglutination in a serim dilution of 1 1000

The bile specimen was also found positive a small loop of it directly plated on Endo's and SS agar yielded several colonies of E. typhosa.

The kidneys of the patient were not infected and

the urine was sterile.

After the diagnosis was confirmed, the patient received streptomycin therapy In the course of the treatment the effect of this chemical on the patient s intestinal flora was studied by daily stool

cultures. Streptomycin first attacked the coli organism which disappeared almost completely on the third day after 9 900 000 micrograms of streptomycin had been administered. The gram positive flora also disappeared at this time But the typhoid organism unexpectedly spread over the entire plate in considerably increased numbers. These colonies were dissociated into smooth and rough types with the rough types predominating However from the fifth day on, after the patient had received 12,-000 000 micrograms of streptomycin a gradual decrease in the number of typhoid colonies took place, and their morphology became increasingly abnormal On the eighth day after the administration of 23 000 000 micrograms of streptomyon a few color less colonies of questionable morphology still could be detected on Endo s agar They were of granular character relatively large and flatter, their surfaces were more irregular more effuse with irregular edges. It was also impossible to recognize them by their chemical reaction since they did not produce hydrogen sulfide on SS agar on Kligler's iron agar or lead acctate. They could only be diagnosed as E typhosa by aggluthation tests. Now their titer reached only a dilution of 1 500 These atypical organisms were moculated into the peritoncal cavity of a guinea pig and were found to be nonvirulent.

However the stools continued to be positive for the following two weeks showing one to three stypical colonies of E. typhosa. On the fifteenth day, after 40 000 000 micrograms of streptomycin had been administered the stool was found negative for the first time

On the tenth day of treatment, after 29 700 000 micrograms of streptomycin had been given, a bile specimen was investigated. The direct cultures of the drained bile were negative but several colonies of E. typhosa were found after the scienite-F enrichment method was applied for the process of culturing, for which the large amount of 8 cc. of bile was used for seeding 25 cc. of selenite medium

The bile and also the urine of the patient were briefly examined for their antibiotic powers in order to determine if they carried streptomycin. Both specimens were tested against a fresh virulent typhold culture by placing drops of bile and urine on plates heavily seeded with typhoid organisms, The bile showed very little inhibition of the typhoid growth under its drops, whereas the urine inhibited the growth not only under the urine drops but also in an extensive surrounding sone. These findings are in agreement with Zintel et al. 1 who have shown that after the parenteral injection of streptomycin the chief route of excre ion was through the urinary The concentration in the bile and excretion through the biliary tract was appreciably less. The highest concentration of the chemical was found in the blood.

Because of the continued presence of typhoid bacilli in the bile the calculosis and the probability that the gallbladder was a focus of infection a cholecystectomy was performed after fifteen days

The streptomycin for this tudy was made available through the courtesy of Charles Pitter and Company Brook 19n, New Jork.

The auth r winless to express appreciation to Dr E. J Grace Brooklyn, New York for the suggestion of these studies and the opportunity to make these observations, and also to Dr Haymond Cettinger, Director of the Department of Laboratories St. John Brosphi | Brooklyn New York for his helpful interest in this work.

of chemotherapy, using a total amount of 41,-000,000 micrograms of streptomycin of which 38,-200,000 micrograms were given intramuscularly

and 2,800,000 micrograms orally

The gallbladder was reported as showing the features of chronic cholecystitis. It contained many calculi consisting chiefly of calcium bilirubinate and mixed cholesterol types. A few representative calculi were sterilized from the outside, smashed under sterile precautions, and planted on Endo's and SS agar plates. These cultures grew countless E typhosa colonies of typical cultural, morphologic, and physiologic characteristics. Also, tissue taken from the gallbladder wall and also from its mucous membrane developed a heavy growth of E typhosa suggesting that the streptomycin did not penetrate the deeper layers of the gallbladder nor the smallest calculi. Cultures from the drained bile again yielded only a few colonies when the primary enrichment selenite-F culturing method was used.

Two hours after the operation, a specimen of vomitus containing bile was received for investiga-

tion, it contained countless typhoid bacilli

The streptomycin treatment of the patient was resumed after the operation and a total amount of 42,000,000 micrograms was given The patient also received acidophilus milk as part of the diet, in order to establish the acidophilus bacillus in the intestinal flora Daily cultures showed degenerated typhoid colonies in slowly decreasing numbers with the acidophilus bacillus gradually predominating Eleven days after the operation, the stool was free of E typhosa Four days later, additional stool cultures were examined on three successive days, which also remained negative A final check-up was made two months after cholecystectomy and both the bile and the stool were found to be negative by our laboratory and the Department of Health

Tests in Vitro

The antibiotic properties of the streptomycin were also tested out in vitro against the typhoid organism isolated from the patient. Broth cultures with tubes containing from 1 to 200 micrograms of streptomycin per cubic centimeter of medium were seeded with equal amounts of bacilli. The results are given in the table in column 2

Broth containing 100 micrograms of streptomycin per cc of medium showed marked retardation and reduction of growth which became evident after incubation of ninety-six hours or after transplants were made into fresh media, incubated for at least forty-eight hours Broth containing 200 micrograms of streptomycin per cc of medium remained sterile, even when repeatedly transferred and incubated for the long period of 168 hours

Comparative Tests

For comparison, the antibiotic action of different amounts of streptomycin was briefly studied on the following organisms. Esch coli, E typhosa, and P pyocyaneus. For this purpose agar plates with different amounts of streptomycin were seeded with these three organisms. Plates having a concentration of 2.5 micrograms of streptomycin per cubic centimeter of agar showed some inhibition of Esch coli, no effect on E typhosa, and no effect on P pyocyaneus. On a similar plate with 10 micrograms of streptomycin complete inhibition of Esch coli,

ANTIBIOTIC PROPERTIES OF STREPTOMYCIN IN VITRO WITH EBERTHELLA TYPHOSA

VIINO WITH EBERTHEELA TIPHOSA		
	INCUBA- TION	
AMOUNT OF	Тіме,	
STREPTOMYCIN	NUMBER	
PER CC OF MEDIUM	of Hours	Results
Tubes containing 1-30		
micrograms	24	Cloudy growth
Their 24 hour transfers	24	Cloudy growth
Tubes containing 40-50		
micrograms	24	No growth
Tubes containing 40-50		
micrograms	48	Trace of growth
Their 24 hour transfers	24	Cloudy growth
Tubes containing 60-90		
micrograms	24-48	No growth
Tubes containing 60-90		
micrograms	72	Trace of growth
Their 24 hour transfers	24	Cloudy growth
Tubes containing 100		, _
micrograms	24-72	No growth
Tubes containing 100		
micrograms	96	Trace of growth
Their 24-48 hours		-
transfers	24	No growth
Their 24-48 hours		
transfers	48	Cloudy growth
Tubes containing 200	i	
micrograms	24-168	Sterile
Their 24, 48, 72, and		
96 hour transfers	24-168	Sterile
	<u> </u>	

marked inhibition of E typhosa, and no effect on P pyocyaneus was obtained, 100 to 200 micrograms of streptomycin per cubic centimeter of agar showed complete inhibition of Esch coli and E typhosa, but no inhibition of P pyocyaneus Complete inhibition of all the three organisms occurred on the plate having a concentration of 500 micrograms of streptomycin per cubic centimeter of medium. In all these tests, the plates were incubated for one week.

Summary

The preparation of a typhoid carrier for cholecystectomy by the preoperative therapy of streptomycin offered an opportunity to study some of the effects of this antibiotic on E typhosa clinically and in vitro

Before the removal of the gallbladder, 40,000,000 micrograms of streptomycin were administered, of which 38,200,000 micrograms were given intramuscularly and 2,800,000 micrograms given orally

The antibiotic effect of the streptomycin on E typhosa was evident in a conspicuous reduction of the number of colonies cultured from the stool, by their changes in morphology and by the biologic reaction of the organism. Although the stool was negal fee on one occasion, before cholecystectomy, subsequent stool specimens again contained typhoid bacilli. These observations indicate the need for continued cultures.

The drained bile before the operation and the bile from the removed gallbladder were positive, but both specimens required the selenite-F enrichment method to demonstrate the organism which was di rectly and readily cultured in large numbers from the calcult the gallbladder wall, and the mucous membrane suggesting that the streptomycin did not penetrate the deeper layers of the gallbladder in sufficient quantity to have significant antibiotic effects.

Antibiotic effects on E, typhosa were demon-

strated in vitro by using the patient's bile and urine and also by the reactions compared which were produced by various concentrations of streptomycin with E typhosa, Each coli and P pyocyaneus,

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THE OPPORTUNITY

June 1, 1947]

Tuberculosis, which remains a major health problem all over the world has been under concentrated attack in this country for over forty years greatest effort ever made to emdicate tuberculosis in livestock in the United States was begun about 1900 The result is that today the milk we drink comes from tuberculosis-free dairy herds and our meat comes from nontuberculous animals.

Viewed from the standpoint of all humanity this remarkable achievement is little more than an impregnably secured beachhead, but for Americans it has meant almost complete elimination of all human forms of bovine tuberculosis (largely tuberculosis of the bones) Ultimately other countries must also

reduce animal tuberculosis.

Today, hospitals are participating in the greatest direct effort ever made to eradicate tuberculosis in humans. This movement began rather slowly about twenty or twenty five years ago with tuberculin testing programs for selected groups This was accompanied by construction of numerous sanatoriums to care for discovered cases. Soon it was learned that physical diagnosis would not discover early cases, but that the x ray could There has been real progress National tuberculosis mortality rates have declined and some areas have achieved mortality lows which were not considered possible forty years

Despite all this, it was not until about ten years ago that the prospect of complete eradication became a foresceable probability The earlier programs, depending on tuberculin testing, physical diagnosis, and limited use of the x-ray were too cumbersome and expensive for universal coverage and diagnosis of cases in their early stages. These handicaps were overcome by the development of photofluorographic x ray equipment and there now appears to be justifiable optimism toward the prob-

lem of tuberculosis eradication

The Council on Professional Practice of the Amer ican Hospital Association believes that the immedi ate need is to extend the practice of routinely x raying chests. This should be done in many different population groups but the council is, of course primarily concerned with the hospital program. A

few statistics and facts may be worth repeating Hospital admissions now exceed 16,000 000 a There are other undetermined millions who are seen in outpatient clinics These two groups lend themselves to routine radiography thermore many of these persons would not be reached by programs directed at industrial or other population groups.

Two years ago the Council surveyed all hospitals to determine the extent of routine radiography 104 hospitals reporting programs, further checking suggests that only a moderate per cent had a routine considered adequate today. On the other hand a few weeks ago at a regional hospital meeting a dozen or more administrators indicated their hospitals are now x raying chests routinely In one state two photofluorographic units have been purchased by local tuberculosis associations and placed in hospitals and four more are on order, or have had funds earmarked for the purpose The U.S. Public Health Service has approved or will approve, funds for state and local health departments with which to place several hundred x-ray units in hospitals \ \lany nospitals are setting up the programs on their own or other resources

The institution of case-finding routine radiography by hospitals, however will bring general hospitals face to face with the necessity of providing facilities for temporary handling of some of the discovered

Routine chest vaying should not be deferred simply because of the fact that cases of tuberculosis will be discovered These patients are in hospitals for other reasons in the first place Failure to discover tuberculosis results in these undiagnosed cases of tuberculous exposing other patients and employees to tuberculosis Until new construction permits adequate care for tuberculosis itself, hospitals should be able, with the ald of the manual. The Management of Tuberculosis in Hospitals, to accept with safety tuberculosis patients for non tuberculosis treatment

Human tuberculosis is under the most severe attack ever directed at it. The best thinking today appears to be that eradication will be achieved only after a long pull that more intensive dis-covery programs will continue to increase the known cases for years to come, that the sensible course is to create the programs and facilities necessary now to maximum discovery and adequate treatment.

Many national state and local organizations are coordinating their efforts to eliminate this disease The hospital has a dominant part in the program. It can become a major case-finding agency by routinely x raying the cheets of all nation to on admission all outpatients and all employees.—Robin C Buerki M D Hospitals August 1946 in Tuberculous Abstructs April, 1947

^{*} Published by the American Hospital Association Revised Edition, 1916.

ASPHYXIA SECONDARY TO AORTIC ANEURYSM

Bernard J Ficarra, M D, Brooklyn, New York

THE present day accentuation of syphilitic infection has been determined as fection has brought to light an increasing number of patients with aortic aneurysm Spirochetes seem to have a selective affinity for the arch of the aorta, where it causes a weakening of the wall Local weakness leads to dilatation and eventual aneurysm formation Often the pressure of the blood in the aorta causes an out-pocketing in the form of a saccular aneurysm A blood clot may form laminations filling the aneurysm, thus producing a spontaneous cure

Clinical and pathologic literature on aneurysms fail to report any instance of asphyvia due to aortic aneurysms For this reason, the following case

history is considered significantly valuable

Case Report

The patient was a middle-aged, colored man who went to the hospital on October 21 and expired on November 1 His chief complaint was one of dyspnea and a brassy cough of one year's duration At that time he experienced difficulty in breathing Slowly, over a period of many months he developed a harsh cough without the production of sputum During this time he was treated by his family physician without success. Within the three months prior to admission he was unable to work about that time he noted that the veins in his neck and arms had become very prominent His past history failed to clicit any severe illnesses However, during the course of his present illness he had

lost about forty pounds

Physical examination at the time of admission revealed a well-developed, well-nourished, middleaged colored man, apparently in acute respiratory distress. His breathing was labored with harsh respiratory and expiratory sounds A frequent brassy cough was present Tortuous verns were noted over his head, neck, arms, and chest Aside from this, examination of the head and neck were nonrevealing, excepting for inequality of the pupils and the fact that the trachea was deviated from the No lymphadenopathy was noted amination of the chest demonstrated an area of flatness over the manubrium about the size of a grape-Percussion of the chest further brought to light dullness in the left apex Tractile fremitus was not impaired Numerous crepitant and subcrepitant rales were heard throughout the left Examination of the heart revealed it to be enlarged downward and to the left No murmurs were audible The rate was 160 The remainder of the physical examination was negative impression at the time of admission was a mediastinal tumor, the possibilities of which were a dermoid cyst, Hodgkin's disease, or other lymphoma.

substernal goiter, or aneury sm On October 23 an x-ray study revealed a welldefined mass filling the entire mediastinum and extending into the upper lung field. The aorta was tending into the upper lung field. The aorta markedly displaced downward and to the left blood Wassermann test was taken which was reported as four plus This brought about further interrogation as to luetle infection. The patient stated that his wife had one miscarriage in the first trimester of pregnancy In view of the additional information, fluoroscopic examination was performed This study failed to demonstrate adequate pulsation in the region of the aorta which would indicate the presence of an aneurysm Kymographic studies were contemplated in order to assist in the diagnosis of an aneurysm A biopsy was suggested of the mediastinal mass However, the patient's extreme orthopnea prevented such a procedure On November 1 respiratory distress became so marked that continuous oxygen was necessary pirations at this time were shallow and labored

Laryngoscopic studies showed that the epiglottis was very small and pinched upon itself. The in terior larynx was not visualized With much difficulty the vocal cords were seen, there was no growth or ulceration noted. The right cord showed only partial motion toward the midline The left cord was not impaired The entire laryns and tracheal structures were pushed far posteriorly was considered adequate so that a tracheotomy was not necessary. The consultant stated that the findings were compatible with mediastinal or vascu-lar tumor. X-rays were again taken. The report stated that there was a large supra-aortic and paratracheal mass extending to the periphery of the upper third of the right lung field This mass was stated to appear in close association with the aortic arch and could not be separated from it studies were contemplated to determine whether the findings were the result of a vascular tumor such as an aneurysm or a large mediastinal growth November 1 the patient expired in the afternoon from what was diagnosed as cerebral anovia The patient's temperature during his hospitalization ranged between 98 6 F to 100 F His respirations were always irregular and rapid, pulse rate was 160 The blood pressure in both right and left arms was 110/100

Laboratory Data — Total proteins 48, blood chemistry urea-29, creatinine-12, sugar-76, blood Wassermann four plus, stool for blood was negative, urine was negative except for 5 to 8 white blood cells in clumps, white blood count—9,640 with 7 per cent eosinophils, hemoglobin—90 per cent, red blood count—4,200,000 The electromagnetic cent. cardiogram demonstrated myocardial damage and left ventricular hypertrophy

The patient was autopsied the day following his The significant findings were as follows

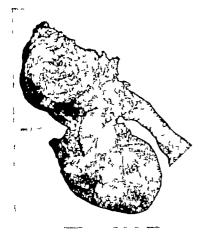
Marked clubbing of the fingers of the left hand was noted

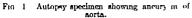
Distention of the veins noted clinically was 2

confirmed

Inspection of the thoracic cavity showed a very large, round, symmetrical mass emanating from the ascending aorta and protruding into the right The mass measured 8 cm in diamepleural cavity The mass was moderately firm in consistency ter but could be compressed

The mass arose one inch from the aortic ring The wall of the aneurysm and was a true aneurysm was about one meh in thickness and in some areas was one and one-half inches The superior portion





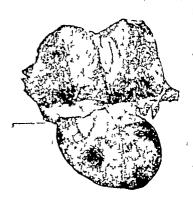


Fig. 2 Ansuryon opened revealing almost complete occlusion of acritic lumen

of the walls of the ancuryam were soft in consistence. When the ancuryam was opened the structure was very frable and broke. The appearance of this area was of three distinct layers which formed a well-organised blood clot. The adventitin, media, and intima could be identified grossly. The media was laminated in appearance friable and soft in consistency (see Figs. 1 and 2).

5 The heart was tremendously dilated weighing about 500 Gm. without the anourysm. Marked hyportrophy of the ventrules was noted. All the

valves were competent.

6. The aortic mass extended posteriorly and compressed the trachea almost completely. How ever a small airway still remained. The tumor mass compressed the right lung so that the lunor parenchyma was poorly aerated. The right pulmonary apex had many adhesions more marked in the region of the aortic mass. Section of the lung demonstrated bronchiectaria. The remainder of the autopsy was nonportinent.

7 The cause of death was asphyxia secondary

to acrtic ancuryem.

Comment

Clinical features of this case in many aspects are classic of aortic ancuryam. The inequality of the pupils resulted from compression of the sympathetic chain. Pulmonary signs were attributed to trach eal and bronchial compression which produced bronchiectasis. Bronchiectasis of this type simulates tuberculosis hence the term ancuryamal phthisis. The positive serology was significant.

The unusual clinical findings were the inability to demonstrate an expansile mediastinal mass which is pathognomonic of aneruyam Fluoroscopy and ky mography did not reveal a pulsating tumor The reason for this was demonstrated adequately at antopys. The ancary-mai pathology resulting in the formation of many laminae gradually diminished the lumen of the aorta. This process insidiously impaired cardiac output, even as the laminae solidified the aorta. This solidification provented the true clinical identification of the lesion.

More unusual was the compression of the traches by the aneurysm. The compression gradually dr minished the pathway of gaseous exchange was a prime factor in the interference with adequate respiratory function. Thus, oxygen intake was diminished and carbon dioxide retention gradually increased In the presence of this situation, anoxic anoxia resulted Moreover the gradual diminution of the size of the aortic lumen lessened the volume of blood available for aeration. Under this cir. cumstance, ischemic anoxia was added to the previously existing anoxic anoxia. Both these factors resulted in the clinical signs of orthopnen and dyapnes which finally produced cerebral anoxia and death from a phyxia

Summary and Conclusions

of luctic origin

- A report is presented of asphyxia recondary to sortic aneurysm
- to aortic aneuryam
 2. Clinical studies demonstrated several features
- typical of aneurysm and others alien to this leanon
 3. Autopey revealed the sorts to be almost completely obliterated by a large laminated aneurysm
- 4 Tracheal compression was almost complete, due to pressure of the aneury sm.
- 5 Insidious death was attributed to asphyxia resulting from chronic ischemic and anoxic anoxia.

507 First Street

REITER'S DISEASE—REPORT OF A CASE SUCCESSFULLY TREATED

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SINCE its description by Reiter in 1916, the syndrome of urethritis, conjunctivitis, and arthritis has been observed by a number of authors a total of some 60-odd cases have been reported and the recent trend seems to be to recognize the disease more frequently 2 Reiter's disease is almost always seen in young men, especially among those in mili-The author has seen several cases tary service during his military career, and since one symptom of the disease predominates, these cases were usually first seen on the orthopedic, eye, or genitourinary services of an Army hospital The specialists on these services were concerned with the predommating symptom and were usually not cognizant of the triad which would allow the diagnosis of Reiter's disease

The urethritis of Reiter's disease resembles gonorrheal infection except for the absence of specific organisms after repeated attempts at smear and There often is an accompanying cystitis which may be the most troublesome symptom Involvement of other parts of the urmary tract has been reported.3 The conjunctivitis starts in one eye, but soon becomes bilateral, it is acute in onset and the discharge is purulent 4 There is usually spontaneous recovery without impairment of vision All attempts to recover a specific organism from cultures of the exudate have been negative

Arthritis is the most chronic and incapacitating symptom of the triad. Polyarthritis is the rule. and in the author's experience the knees have been most frequently involved The pain is severe and the patient is confined to bed for a total of one to five months with periods of remission and exacerba-Some few cases of permanent joint injury have been reported since the first report of a case of Reiter's disease in the American literature by Bauer and Engleman 5

French authors have always noted diarrhea preceding the other manifestations of Reiter's disease While some American authors7 have also reported diarrhea early in the disease, it is not a necessary part of the clinical picture. In my experience, diarrhea was neither a frequent nor a severesymptom A definite order of appearance of the triad of symptoms has been reported and, while urethritis is commonly the earliest symptom, patients often present themselves with other complaints Laboratory studies show moderate leukocytosis, rapid sedimentation rate, negative blood cultures, negative urine and serologic findings, and negative bacteriologic studies of the conjunctival evudate, urethral discharge, and joint fluid

Various drugs have been tried in the treatment of Reiter's disease without success 22 Large doses

of penicillin and sulfonamide drugs, alone and in

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combination, have been tried by the author and others without response A recent report by Strachstein tells of a case of Reiter's disease treated successfully by means of fever therapy knowing of this work, the author used fever therapy in several cases, resorting to intravenous typhoid vaccine rather than intragluteal milk injection as Strachstein did While our results have been universally good, they have not been as brilliant as Strachstein's, possibly because our cases were of a more chronic nature when first seen and treated Since the patients were treated in an overseas military hospital and were later evacuated to the Zone of the Interior, they could not be followed for long periods after therapy The results were dramatic enough, however, so that the improvement may be said truly to be due to therapy rather than the possibility of remission of the disease

Case Report

The following case of Reiter's disease is reported since it is the most chronic and disabling one in my experience

A 21-year-old white soldier was admitted to the Eye Section of the 227th General Hospital in France on December 11, 1945, because of conjunctivitis of the right eye of four days' duration. On the day of admission the left eye became involved day the left knee became swollen, painful, and warm, and on the following day the left elbow and left On the fourth shoulder were similarly involved hospital day there was a moderate urethral discharge which lasted one day and was negative on There was no history of recent smear and culture sexual exposure Laboratory studies on admission showed a white blood count of 10 100 with 70 per cent polymorphonuclears, red blood count of 3,700,000, hemoglobin, 12 2 Gm, and sedimentation Urmalysis and Kahn test were negative rate, 31 Physical examination was negative except for the X-rays of the swollen joints and conjunctivitis chest and involved joints and electrocardiographic studies were all negative Penicillin, sulfadiazine and salicylates were without effect on the painful joints and temperature, which remained between 99 and 101 F

On December 17, 20 cc of turbid fluid was aspirated from the left knee, smears and culture of the fluid were reported as negative for organisms Repeated examinations of the eye exudate had also

been negative The conjunctivitis improved gradually and spontaneously, so that by January 30 1946, six weeks after admission, only the painful and swollen left knee, left elbow, and left shoulder remained un-The patient was confined to bed throughout this period and a great deal of muscle wasting of the left upper and left lower extremities was no-At this time the sedimentation rate was 35 and the white blood count 10,750 with 80 per cent It was now decided to use polymorphonuclears fever therapy since there had been no improvement

in the patient's polyarthritis in the six weeks of hospitalization and also since fever therapy had been used on our service with success in previous cases of Reiter a disease. Twelve and a half million killed typhoid organisms were injected intravenously on January 31 and there was a rise in temperature to 102 F for several bours. On February 5 75 000 000 organisms were given in a slow intravenous drip and a temperature of 102 F to 103 2 F was sustained for over four hours. During this period sulfadiaxine and penicillin were administered con comitantly

Within four days after the treatment there was the first marked improvement in the patient s condition. Motion of the affected jounts was no longer restricted by pain and almost all swelling had subsided. Active motion of the joints was encouraged and the patient was ordered out of bed. The patient was now afebrile and improvement in joint motion continued so that by February 20 the patient was well enough to be excusted to the Zone of the Interior for further care. At this time only slight swelling of the left knee remained and the problem then was that of muscle conditioning to overcome the muscle

wasting which had occurred during the long period of immobilization due to joint pain.

Summary

- 1 The triad of symptoms consisting of urethritis, arthritis, and conjunctivitis, all of nonspecific cause, has been described as Reliter's disease.
- 2 A case of Renter's disease is presented to illustrate its typical course and to point out a gratifying response to fever therapy

25 CENTRAL PARK WEST

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CITRIC ACID SYNTHESIS IN HUMAN SUBJECTS

Citric and synthesis has been demonstrated in the animal body by C C Sherman, L. B Mendel, and A. H Smuth (J Biol. Chem. 113 247 (1936)) Similar observations in human subjects have been found by J E. Strom and M. L. Hathaway (J Vutrition 32 327 (1946)) These workers compared the urnary citric and exerction of 3 subjects fed a purified diet containing no citrates with the citric acid exerction of the same subjects when fed a natural-food diet which supplied an average of 197 mg of citric acid per day Since C C Sherman, L. B Mendel, and A. H. Smith (J Biol. Chem. 113 265 (1936)) had shown that animals excreted small and relatively constant amounts of citric acid in their feces in ofscal analyses for citrates were made in the present experiments

When the subjects were fed the purified diet for a period of forty fivo days the daily citric acid excretion was observed to vary from \$63 to 1179 mg, for subject A, from 673 to 994 mg for subject B and from 487 to 1019 mg, for subject C When the natural food diet was fed for a period of twenty-one days, the daily citric acid excretion of the 3 subjects was found to vary within the same range observed when the purified diet was fed. The citrates ingested in the natural food diet had not influenced the citric acid excretion Individual variations in daily citric acid excretion of the same magnitude were observed on the two diets. During the forty

five day period of maintenance on the citrate-free purified diet, the subjects excreted a total of 38, 39 and 34 g. of citric acid, respectively. The authors calculated that at the beginning of the experiment the subjects had citric acid stores in their skeletal structures of roughly 43, 45 and 47 g., respectively. No decline was observed in citric acid excretion toward the end of the forty five day period even though the amounts of citric acid excreted were equivalent to 70 to 90 per cent of the calculated citric acid stores. In addition no increase in calcum excretion was observed during the entire experimental period.

Since citric acid and calcium are believed to be intimately associated in bone, these data are strong ordence that citric acid synthesis does occur in human tissues when a ration containing no citrates is fed

An interesting relationship was observed between the citrate excretion and the phase of the menstrual cycle. In each subject the highest excretions occurred during the mid period of the cycle and the lowest excretions during menstruation. This represents confirming evidence for the relation of urinary citric acid exerction to the menstrual cycle and the steroidal reproduction hormones described by E. Shorr A. R. Bernheim, and H. Taussky (Science 95 606 (1942)) —Nutrition Reviews March 1947

Special Article

THE PRESENT STATUS OF STREPTOMYCIN

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HE extraordinary success of penicillin in 1 the treatment of certain bacterial infections led to a search for other antibiotic agents with which to attack bacteria that are resistant to In January of 1944, Schatz, Bugne, penicillin and Waksman1 announced the isolation of such an agent and named it streptomycin from the generic name of the organism that produces it, namely. Streptomyces griseus, a soil actino-This agent was shown to possess a powerful antibiotic action both within and without the body, against not only gram-positive bacteria but also against gram-negative bacteria,2-9 and it quickly became apparent that it was sufficiently nontoxic and valuable in the treatment of certain infections in animals to warrant an extensive clinical trial Considerable progress has been made in this direction, 10 and, although there are many issues which have not been settled, enough data have been accumulated to warrant an appraisal of the current status of this new antibiotic

Preparation of Streptomycin for Use and Standardization

Streptomycin is supplied as streptomycin hydrochloride or streptomycin sulfate preparations are in powder form and are readily soluble in water or in physiologic salt solution Waksman¹¹ has proposed an "S," "L," and "G" unit,* but current practice is establishing the administration of the agent in terms of fractions of a gram every three or four hours and not in The antibacterial activity of one terms of units microgram (0 000001 Gm symbolized by the Greek letter gamma) of the pure base of streptomycin is equal to one "S" unit, but because the individual dose of streptomycin required to treat a given case is usually in terms of hundreds of thousands of units, it is better that dosage be expressed in grams Bacterial sensitivities are given in terms of gammas or micrograms

Compared with penicillin, streptomycin on the weight basis is considerably less effective. Fifteen milligrams of crystalline penicillin, equivalent to about 25,000 units, is considered a good therapeutic dose, whereas effective doses of streptomycin for the majority of infections caused by gram-negative bacilli begin at 125 mg. Because many bacteria quickly become streptomycin-fast, it is important to administer large doses, and 400 to 500 milligrams (0 4 to 0 5 Gm.) of the agent every three or four hours is a better dose than smaller quantities

The Bacterial Spectrum of Streptomycin

The cardinal principle in antibiotic therapy is undoubtedly that the invading micro-organism be sensitive to the antibiotic employed, and for rational therapy some knowledge should be possessed of the amount of antibiotic needed to inhibit the growth of bacteria and the blood levels attainable with various-sized doses majority of the bacterial species that affect man have been tested in vitro for their sensitivity to streptomycin 12-16 Workers in this field support the viewpoint that infections caused by many of these organisms can be brought under control provided (1) the organism is clinically sensitive to streptomycin, and (2) is eliminated before it has developed a resistance to the agent "clinically sensitive" it is meant that the organism's growth can be prevented by concentrations of streptomycin obtainable within the body This distinction is necessary, as it has been found that, within the body, a streptomycin concentration from four to eight times greater than the in vitro sensitivity of the invading bac-Such blood teria is required to effect a cure levels are not difficult to maintain if the in vitro sensitivities are of a high order, that is, if the organism is sensitive to a minimum of not more than about 5 micrograms Thus, Alexander¹⁷ has found clinical response to be closely correlated with the sensitivity of the invading organ-Infections caused by organisms with high in vitro sensitivities usually respond favorably, whereas those with low sensitivities are usually refractory to treatment

^{* &#}x27;S'' unit That amount of streptomycin which will inhibit the growth of a given strain of the colon bacillus in 1 oc of nutrient broth or other suitable medium. It is equivalent to 1 coli unit L' unit. One thousand 8 units G'' unit One million 8' units equivalent to 1 Gm of crystalline streptomycin with an activity of 1,000 coli units per milhgram

The Development of Resistance to Streptomycin by Bacteria

Of considerable importance is the ability of many bacteria to develop a resistance to streptomycin with considerable rapidity. This has been demonstrated both in vitro and in vivo studied thirteen strains of bacteria commonly found in infections of the urinary tract. She was able, by growing these organisms in increasing concentrations of streptomycin to raise the resistance of all of them to 1 000 micrograms per cc of culture medium. It required a maximum of twelve subcultures in broth or twenty four in urne to produce this high resistance and Bohnhoff! were able to increase the resistance of six strains of gonococci and ninety-six strains of meningococci from levels of 1 to 40 micrograms to a point where they grew in the presence of 75 000 micrograms of streptomycin This increased resistance was acquired in from four to six transfers The virulence of the organisms was not affected when they became streptomycin-fast.

Youmans et al 29 found that tubercle bacilli isolated from 7 patients under treatment with streptomycin had increased in resistance from 500 to 1,000 times that possessed by the organ isms before therapy was begun In a study of streptomycin resistance of bacteria isolated from patients with various types of surmeal infections, Buggs et al 14 found that streptomyon resistance was often rapidly acquired in patients who were undergoing therapy More recently, the follow ing rapid in vivo adaptation of bacteria to streptomycin has been observed A colon bacillus isolated from a bacteremia before streptomycin therapy was begun was found to be sensitive to 8 micrograms of the antibiotic When streptomycin therapy was instituted the organism im mediately disappeared from the blood stream but reappeared six days later with a resistance greater than 20 000 micrograms of streptomycin per co. of culture medium A strain of Proteus vul garis and an alpha hemolytic streptococcus were also isolated from the blood stream of this pa tient Both organisms rapidly adapted them selves to the streptomycin so that after a few days exposure they were able to grow in the presence of more than 20 000 micrograms of the Although this patient received 0.5 Gm of streptomycin every four hours it is apparent that the streptomycin in his blood stream was insufficient to prevent the multiplication of the organisms which were in some focus of infection and, hence they became resistant to its action

Finland and his associates in have recently reported streptomycin failures due to acquired bacterial resistance in 8 patients infected with

gram-negative bacilli On a basis of their blood level and sensitivity studies, 3 of these patients were certainly adequately treated, for the blood level values were from four to eight times higher than the in vitro sensitivities of the invading During therapy, however, organisms from all 8 cases reported developed resistances greater than 50,000 micrograms of streptomycin per cc of culture fluid An interesting specula tion is the outcome of these cases had the in vitro sensitivities of the invading bacteria been from 2 to 5 micrograms of streptomycin instead of from 6.3 to 100 micrograms. The infecting or ganism in one of the 8 cases Hemophilus influenzae, had an unitial sensitivity of 16 micrograms but blood level determinations were not reported

The implications of these facts are obvious. Since bacteria can acquire resistance to streptomyein rapidly treatment must not be instituted with small doses. On the contrary, it is important to begin treatment with imassive doses and to eliminate the invading organisms as completely and as quickly as possible. Also before therapy is begun it is essential to eliminate indwelling catheters renal calculi, drains bone sequestra and poorly drained sinuses which protect bacteria and may give them an opportunity to become resistant.

The Determination of Streptomycin in Body Fluids

Because of the relatively large concentrations of streptomycin that appear in the blood, and other body fluids following parenteral administration, it is feasible to employ the cup plate method for assaying body fluids. The method of Stebbins and Robinson²² has given, on the whole, consistent results and is to be recommended. Other methods and modifications of the cup plate method have been advanced. The consistence of the cup plate method have been advanced.

Absorption, Distribution, and Excretion of Streptomycin

The absorption, distribution, and excretion of streptomycin has been studied and reported upon by a number of investigators n-14. The various data are in good agreement. Thus, the literature is unanimous in pointing out that streptomycin when administered orally is only sparingly absorbed and detectable amounts usually do not appear in the blood. This failure of absorption is not, however due to destruction in the gastrointestinal tract, as almost 100 per cent of the quantity given by mouth is excreted unchanged in the stools.

Following parenteral injection streptomycin is rapidly absorbed and distributed throughout

most of the body fluids. It has been assayed in blood, ascitic fluid, pleural and peritoneal fluids, aqueous and vitreous humors, amniotic fluid and bile. It also passes the placental barrier and can be detected in cord blood ⁵⁷. Only small amounts of the agent appear in cerebrospinal fluid of healthy individuals following parenteral administration, but apparently in the presence of meningitis larger, though not therapeutic, amounts enter. Streptomycin injected directly into the subarachnoid space remains there for some time and can be detected in therapeutic concentrations in cerebrospinal fluid at the end of twenty-four hours.

The chief mode of excretion of streptomycin is by the kidneys, and as much as 92 per cent of an injected dose may be recovered in urine. Urine concentrations may amount to more than 1,000 micrograms. Although streptomycin is also excreted in bile, the liver does not appear to concentrate it to any great extent.

In contrast to penicillin, streptomycin, when administered by nebulization, is poorly absorbed and detectable quantities are not found in the blood or urine 31 Streptomycin is absorbed and excreted more slowly than is penicillin, and, for this reason, blood concentrations remain at a peak for longer periods of time Ten to 18 or more micrograms are found per cc of serum for from two to four hours following a single intramuscular or intravenous dose of 0.5 Gm concentrations of 4 to 6 micrograms may persist for six and, occasionally, for twelve hours following such a dose. It is to be remembered, however, that these are average values, and levels much lower and much higher are obtained from patient to patient

Toxicity of Streptomycin

All reports on toxic effects of streptomycin agree that there have been no serious or lasting reactions following its intramuscular administration over a period not exceeding two weeks A few transient reactions have been reported^{28-29 31 36 38-41} and continue to occur, but in retrospect many of them may be attributed to impurities in the preparations then available Renal and hepatic function tests have revealed no significant damage and no pathologic changes have been demonstrated in animals killed in acute toxicity experiments 41 Hinshaw, in his report to the Committee on Chemotherapeutics and Other Agents, 10 stated that one of 6 patients in his series who had come to necropsy showed evidence of renal damage, but this patient had also been treated with sulfonamides et al 40 have recently reported that the application of 5,000 micrograms of streptomycin to the

central nervous system of monkeys will induce temporary convulsive manifestations, but that these are less severe than those produced by the same unitage of penicillin Brown and Hinshaws have given an extended report of their experiences with labyrinthine disturbance in 23 patients treated with streptomycin but, in all except one. the disturbance did not occur under two weeks of treatment They concluded that "symptoms of involvement of the eighth nerve are no contraindication to administration of streptomycin in cases of serious types of tuberculosis, since compensation for loss of labyrinthine function tends to occur" The condition is seen most often in patients who receive streptomycin over long periods of time

In summary, the toxic reactions which have occurred in humans receiving streptomycin are of several varieties

- 1 Irritation and pain at the site of injection. This was more common with the earlier preparations, but it still occurs
- 2 Histamine-like reactions such as headache, flushing of the skin, fall in blood pressure, nausea, and vomiting may occur immediately after an injection of streptomycin. Arthralgia and fever may occur somewhat later. Like the local reactions, these phenomena were more frequent with the less refined preparations.
- 3 Sensitization manifestations Erythematous, urticarial, or morbilliform skin rashes and fever may appear after several days of treatment
- 4 Casts and albumin may appear in the urine Usually this is not a serious occurrence, for the urine clears, when there my is discontinued.
- clears when therapy is discontinued

 5 Toxic action on the eighth cramal nerve.
 During prolonged treatment, or even after short
 treatment with heavy doses, 42 there may develop a
 subjective sense of vertigo, accompanied by an ataxic
 gait and reduced labyrinthine response to calorio
 tests. Occasionally a transient deafness may occur,
 but this seems to be due to the primary disease
 process and not to streptomycin. No permanent
 loss of hearing of a serious nature developed in the
 cases reported by Brown and Hinshaw 33

Therapeutic Uses of Streptomycin

Streptomycin has been used in a number of infections in which the results of the early in vitro tests against bacteria indicated that it might be successful. In some types of infections the response has been striking while in others it has been disappointing

Tularemia—Gratifying results have been obtained in the treatment of tularemia with streptomycin Pasteurella tularensis is extremely sensitive to streptomycin, being completely inhibited by as little as 0.15 microgram per cc of culture medium. Heilman found that 100 per cent protection of infected mice could be obtained if they were treated with a total of 1,000

micrograms of streptomycin per day These results have been amply confirmed and extended to human cases of tularemus. There is no published evidence that P tularensis becomes resistant to streptomyou as the equally-sensitre tubercle bacillus does Tularemia, therefore, is an excellent example of a disease caused by a sensitive organism which can be promptly cured with streptomycin primarily because the organism is sensitive to the antibiotic and shows no disposition to adapt itself to the agent during therapy

Treatment has on the average consisted of 1 Gm. of streptomycin per day for the glandular type of the disease and 2 Gm daily for the pulmonary and pleural types. All reports 10 42-42 are unanimous in describing streptomy cin as a most effective agent for the treatment of tularemia, and the opinion of the Committee on Chemotherapeutics and Other Agents is that it is by

far the most effective agent available

Bacteremia Due to Gram negative Bacilli -A number of patients with bacteremia due to gram negative bacilli have been treated with streptomycin 45-40 The blood stream was promptly sterilized in all of those cases in which the organism was continuously sensitive to the concentrations of streptomy cin that could be maintained in the blood Abscesses, however, which were often the source of the bacteremia, were not sterilized and, thus, required surgical drainage. Sixty-seven per cent of 91 cases reported by Keefer et al 10 either recovered or improved while 4.4 per cent of them showed no response All of the patients who died 28 6 per cent were gravely ill when treatment was begun and death occurred between one and five days thereafter

Urinary Tract Infections - Since streptomy cin is effective against many of the bacteria which commonly cause infections of the urinary tract it was logical to suppose that it would be of value in the treatment of these infections number of workers have reported the results of such therapy 10,31 65-65 In general the results are encouraging provided (1) the organisms are senutive and do not develop a resistance to the agent, and (2) factors predisposing to infection such as urmary stasis, indwelling catheters and calcult are not present. As shown by Helm hols, Aerobacter acrogenes and Bacillus coli are the most sensitive organisms causing urmary tract infections with these organisms order of increasing resistance are Proteus am moniae, Streptococcus fecalis, and B pyocyan eus. Although in general the above order of susceptibility holds it should be emphasized that as pointed out by Buggs et al 14 there is an enormous variation in the sensitivity of different strains of the same species of organism to strepto-

This, plus the fact that bacteria acquire resistance rapidly. 11 makes it important to deter mine the quantity of streptomy cin necessary to inhibit the organism in question before therapy Adcock and Plumb 11 have suggested is started that since often the source of the bacteria is an inflammatory process in the wall of the bladder or the kidney pelvis, unnary concentration of streptomycin is not as important as tissue con centration a fact that is apt to be overlooked in view of the high concentration of streptomycin which can be obtained in the urine As strentomycin is more effective in alkaline than in acid urine sufficient alkali should be administered to raise the pH of the unne above 7.5

Infections with Friedlander & Bacillus -Heilman' carried out an experimental study of the effect of streptomycin on infections with Fried lander a bacillus in animals He found it to be very effective Morgan and Hunts and Bishop and Rasmussen⁴⁴ have reported that cases of pneumonia due to this organism responded dramatically to streptomycin. It is not unlikely, however, that resistant cases will be encountered for many of the strains isolated are not inhibited by 256 micrograms of streptomycin Finland et al 21 have found a strain of Friedlander's bacillus which developed an in vivo resistance of more than 50,000 micrograms overnight. Its initial

resistance was 6.3 micrograms.

Hemophilus Influenzae Infections -The response of patients with influental meningities to streptomyon has been good, 17 47-40 and it is probable that exceedingly gratifying results will he obtained if treatment is initiated early in the disease.

The organism has a high in vitro sensitivity (156 to 50 micrograms) but at least one strain has been shown to become resistant during therapy (increased from an initial sensitivity of 156 to a resistance of more than 5,000 micrograms in one days1) Keefer et al 19 have reported a 06 per cent climcal and bacteriologic cure in 100 patients, and improvement in 13 per cent of the cases during treatment followed by eventual recovery Streptomycin had no effect on 3 of the patients, 1 improved but relapsed and 17 died Daily dosage, on the average, was 0.5 Gm. intramuscularly and 0.00 Gm. intra thecally

Durant et al a have reported favorable results with the use of streptomy cin in treating 3 cases of pulmonary infections. The intrabronchial route alone (0 05 Gm daily) was effective in 2 of the 3 cases.

H pertussis is also quite sensitive to streptomyon and Hagarty et al 2 were able to offect 50 per cent cures in mice by treating them with daily doses of 2 mg of streptomy cin. The mean survival time of the animals that died was twentytwo days, as compared with five and five-tenth days for the controls — It would seem worthwhile, therefore, to employ streptomycin in human infections with this organism

Undulant Fever -Although in vitro studies12 indicated that streptomycin would be useful in the treatment of undulant fever, the results have Herrell and Nichols48 found not been good that the bacteremia associated with the acute phase of the disease could be held in check with streptomycin Two or 3 cases they treated had negative blood cultures after a single course of The symptomatic course of these the agent patients, however, was unaltered The third patient received three courses of streptomycin. the last following splenectomy, and six months after discharge from the hospital was afebrile In the latter instance, the spleen was found to be a focus of infection Chronic infections, in which blood cultures are negative, have not responded to streptomycin As pointed out by Spink and Hall,62 and Harris,63 streptomycin is of value in terminating the acute phase of the disease and rendering blood cultures negative. but relapses are the rule The concensus seems to be that favorable results probably can be obtained only if there is no localized focus of infection, or if such a focus of infection can be removed

There are two hopeful signs First, in vitro studies of sensitivities have not brought to light any resistant strains, most of them being inhibited by less than 5 micrograms of streptomy-Second, Live, Sperling, and Stubbs⁶⁴ treated guinea pigs infected with Brucella abortus with daily doses of 20,000 micrograms of streptomycin divided into 6 doses and obtained good re-Treatment was begun seven days after infection and continued for twenty-four days Only 7 of 35 animals yielded positive cultures on autopsy from one to fifteen days following discontinuation of therapy This is an overall bacteriologic cure of 80 per cent

The report of Keefer et al ¹⁰ on cases with positive blood cultures is not too discouraging. Thirty of 45 patients showed a decrease in fever and only 2 of 29 follow-ups have had relapses (seen from three to eight weeks after treatment was stopped). There was no response in 15 patients who received the agent. Dosage ranged from 2 to 4 Gm of streptomycin per day.

Typhoid Fever—One of the early clinical reports on streptomycin was that of Reimann et al 65 66 These investigators studied 5 cases of typhoid Of these, in only two instances was the effect of streptomycin apparently related to an abrupt improvement in the patient. In one of these patients, although he had become afeb-

rile, typhoid bacilli were still present in the stools Elias and Durso, ⁵⁰ who studied the same patients, recovered typhoid bacilli from stools containing 40 and 145 micrograms of streptomycin per gram. In vitro sensitivity tests of typhoid bacilli, isolated before therapy was begun, had shown that the organisms were killed by 6 micrograms of streptomycin. They postulated, therefore, that there might be some substance in the body which inhibited the action of streptomycin. Of considerable importance was their finding that the typhoid bacilli did not develop a resistance to streptomycin during the course of therapy.

In a second series of five typhoid patients. Remann et al 55 found streptomyein to be of apparent value in three of them However, the clinical outcome of these patients was not correlated with the sensitivity of the invading bac-One case, in which the streptomycin blood level of the patient was considerably higher than the in vitro sensitivity of the organism, resulted in complete failure, the patient dying after the administration of about 12 Gm of streptomycin at the rate of 4 Gm per day On the other hand, a second patient who was infected with a relatively resistant strain of typhoid bacillus recovered, although her streptomycin blood level was barely that required for the in vitro inhibition of the organism

None of the patients treated by Reimann et al received streptomycin by both the oral and parenteral routes, but, as pointed out by Keefer et al, 10 this combined therapy is no better than the intramuscular route alone. The concensus of the Keefer group, based upon the treatment of 51 patients, is that streptomycin in doses of 4 Gm a day did not shorten the course of the disease. What effect the agent has when given during the first week of illness and its ability to reduce the fatality rate are problems yet to be studied

The problem of streptomycin therapy in typhoid fever is, perhaps, complicated by the finding of Welch, Price, and Randall⁵⁷ that this agent has a stimulating effect on the typhoid bacillus at certain concentration levels, resulting in a higher fatality rate than would have occurred had the streptomycin been withheld. This complication perhaps can be avoided by maintaining the patient on maximum doses of streptomycin (not less than 3 or 4 Gm per day)

Salmonella Enteric Infections and Dysentery—Too few data are available to evaluate the efficacy of streptomycin in the treatment of these infections, and it is not clear to what extent the oral route of administration has been employed in combination with the parenteral ¹⁰ Although this combined method of administration has not proved of superior value in the treatment of

typhoid fever it nevertheless, should be tried in these infections. The organisms vary tremendously in their susceptibility to streptomycin, in view of which fact maximum doses of the agent should be employed.

Tuberculosis -Schatz and Waksman' in 1944 demonstrated that streptomycan was effective against Mycobacterium tuberculosis in vitro Since that time, considerable evidence has appeared which seems to show that streptomyoin is effective in controlling experimental infections of tuberculosis in animals 4.55-70 The number and size of the lesions have been decreased and life has been prolonged but in the majority of animals all of the tubercle bacilli have not been eliminated There is very little information as vet, upon which to base conclusions in regard to tuberculosis in man 18 To date the results have been disappointing as far as curative effects of streptomycin are concerned Clinical improvement in some early cases of pulmonary tuberculosis has been reported, but there seems to be little effect in the patients with long standing disease In miliary tuberculous it is thought that the course is more prolonged than usual and that more fibrosis is found at autopsy." but the results have not been striking "1,71" The most encouraging results have been reported in tuberculosis of the urmary tract7344 and the upper and middle respiratory tract 72,75 A single case of tuberculous meningitis treated with streptomycin, and reported by Cooke et al.,78 resulted in a clinical and bacteriologic cure, but a great deal more work must be done before the place of streptomycin in the treatment of tuberculosis is established

One discouraging sign is the report by You mans et al that the tubercle budillus possesses the ability to acquire resistance to streptomych both in vitro and in vivo with great rapidity. The chemistry of tuberculosis makes it seem improbable that streptomycin and the natural forces of the body can kill the tubercle bacillus before it becomes resistant

Pulmonary Suppurative Disease —Streptomycin has been employed in such cases with varying degrees of success depending upon the nature of the flora present. As pointed out by Hirshfeld et al. *many of these infections yield a mixed flora on culture and not infrequently Bacteroides melaninogenicus, anaerobic streptococci and anaerobic staphylosocci are present. It has been impossible to climinate these organisms with combined parenteral and local administration of streptomycin, and where they have per sixted, clinical results have been disappointing

In 44 cases of pulmonary infections caused by a variety of organisms and studied by Keefer's group, we twenty nine recovered or improved, seven showed no response, and eight died — It is not clear from the data presented whether or not anaerobic studies were carned out. It is noteworthy, however that thirty of these infections were caused by Friedlander's bacillus, the influenza bacillus, the colon bacillus, and Proteus vulgars, organisms that are known to be, on the whole, very susceptible to streptomycin — More extensive investigation of this group of infections is needed, however, before the results of streptomycin can be accurately evaluated — This is especially true of those pulmonary infections in which anaerobic bacteria constitute a part of the flora present

Treatment of these suppurative pulmonary infections has been mainly by the intramusoular route, but in several of them streptomycin acrosol was employed, or the agent was introduced supraglottically Olsen employed 0.5 Gm of streptomycin dissolved in 20 cc. of salline which was nebulized over a twenty-four hour period. In these instances it was possible to free the sputum of susceptible organisms and to decrease the quantity of the sputum. This regimen is also of definite value in preparing patients for surgery but is only a temporary expedient and, of course will not cure a deformed bronchial

Pertonitis —Streptomycin has not shown any spectacular results in the treatment of peritonitis, but, as pointed out by Hirshfeld et al., this disease is an unpredictable one and its treatment by chemotherapy is difficult to evaluate These authors stated, however, that streptomycin should prove to be of value in the treatment of peritonitis if the organisms causing the infection are sensitive to the agent. When its use is not attended by marked beneficial results the explanation probably lies in the presence of a mixed flom, among which are nonspore-bearing anner obes

The report to Dr Keefer's committee substantates the results obtained by Hirshfeld et al. Of 53 patients treated, 39 recovered 2 failed to respond to the agent, and 12 died. In the light of these findings, the committee felt that streptomycin should be used in all cases of peritonitis caused by streptomycin-sensitive organisms.

Spirochetal Infections —Herrell and Nichols*s treated 4 cases of early syphilis with doses of streptomycin which they considered as madequate

Temporary improvement occurred but in 3 cases in which darkfield examinations were positive relapses ensued Dunham and Rake" have shown that in experimental syphilis of rubbits penicillin G is more than 3 000 times as effective as is streptomycin. It does not seem likely

therefore, that streptomycin will come to occupy an important place in the therapy of syphilis

Heilman employed streptomycin in the treatment of experimental infections with Borrelia novyi and Leptospira icterohemorrhagiae antibiotic exerted a marked protective effect, but it was not as active as penicillin

The Use of Streptomycin in Preparation for Surgery on the Gastrointestinal Tract -Smith and Robinson have demonstrated that when given orally to mice, streptomycin will eliminate the majority of the coliform organisms from the stool and greatly decrease the total bacterial count Similar results have been obtained by Reimann They were able to eliminate all et al 55 for man aerobic bacteria from the stools of some patients. but the anaerobic organisms persisted tional study of this problem may well result in the addition of streptomycin to succinylsulfathiazole and phthalylsulfathiazole as a means of preparing the intestinal tract for surgery

Miscellaneous Surgical Infection —In such conditions as infected compound fractures and chronic ulcers, streptomycin has not been of striking benefit 49 This is probably due to the rapidity with which certain bacteria can acquire resistance to the agent, to the presence of naturally resistant bacteria, and to the difficulty of freeing any such infection of bacteria quickly

Summary

- Streptomycin, an antibiotic introduced by Schatz, Bugie, and Waksman, in 1944, has been shown to be effective against a number of gram-positive and gram-negative bacteria as well as mycobacterium tuberculosis both in vitro and m vivo
- Studies of its absorption, distribution. and excretion in man following oral and parenteral injection have been made Enough information has been accumulated to permit establishment of dosage schedules and to prove that it is relatively nontoxic
- Unfortunately, many bacteria are able to develop resistance to streptomycin very rapidly when exposed to sublethal concentrations This demands that large initial doses be employed if treatment is to be successful
- Streptomycin has proved to be strikingly effective in the treatment of tularemia, many bacteremias due to gram-negative bacilli, urinary tract infections due to susceptible organisms. Friedlander's bacillus infections, and infections caused by hemophilus influenzae Its place in the treatment of undulant fever, tuberculosis. and infections, such as peritonitis and supperative pulmonary disease, usually caused by a mixture of organisms, has not been determined

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NORTON MEDICAL AWARD INVITES MANUSCRIPTS

W W Norton & Company are again offering the Norton Medical Award for book manuscripts written for the lay public by professional workers in the field of medicine. Terms of the Award have been alightly altered. The publishers now set no final closing date for the submission of manuscripts which may be submitted at any time, the Award not being limited to any one year The Norton Award offers limited to any one year \$5 000 as a guaranteed advance against royalties Either complete manuscripts or detailed table of contents together with one hundred pages of manuscript may be submitted A descriptive folder giv

garlic may be summted. A descriptive folder given guild details of the terms of the Award may be secured on request from the publishers, W. W. Norton & Co. Inc., 101 Fifth Avenue, New York 3, N. Y. Books that have previously won Norton Medical Awards are The Doctor's Job by Carl Binger, M.D., Doctore East Doctors West by Edward H. Hume M.D. and A Surgeon's Domoirs by Bertram M. Bernheim M.D., published this spring.

NOTIP FOR THE WAITER

While my husband was overseas I stored all his equipment and furniture in his consultation room Our three small children used the waiting room as a

Diayroom.

On entering the playroom one afternoon I found a little old man wedged into a small rocking chair. Toys books and games were piled high

around him. All the furniture was child-azed. The only reading matter he had been able to find was a comic book.

When I asked what I could do for him, he smiled with total unconcern and said, "Oh, nothing, thank you. I m just waiting for the doctor'—Afedical Economics April, 1947

DEPARTMENT OF THE VETERANS MEDICAL SERVICE PLAN, INC.

A PLAN FOR THE TREATMENT AND REHABILITATION OF EPILEPTIC VETERANS

Albert L Deutsch, BS, MD, and Joseph Zimmerman, AB, MD, New York City (From the Office of Veterans Administration, Branch Office Vo 2, New Yorl City)

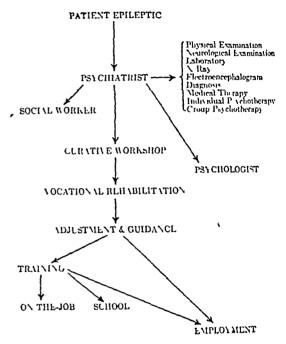
IN JULY, 1946, the Mental Hygiene Service of the New York Regional Office, Veterans Administration, was confronted with the problem of diagnosing and treating a large number of epileptics, both idiopathic and traumatic, who were appearing at the Clinic These veterans were in need of systematized observation, treatment, and vocational aid Hence, it was necessary to evolve some umfied plan which would give them a thorough medical workup, organize and systematize their treatment, and, in addition, help them plan their future so that they could become occupationally valuable This problem of making a socially adjusted and vocationally adaptable individual is very vital when one is handling veteran groups. As the program was considered, the authors realized that it had many ramifications which entered a multiplicity of fields, namely, medical, psychiatric, social service, occupational therapy, physical therapy, and vocational rehabilitation. With this in mind, the authors evolved the following integrated plan which had a two-fold purpose first, to diagnose and treat the convulsive disorder, and second, to make the patient socially and vocationally adjusted in society by securing employment and relieving his fears and anxieties of the disease, epilepsy

Procedures

The patients were referred to the Mental Hygiene Service from many sources. They came from the Medical Department, from the Vocational Rehabilitation and Training Section, from Medical Rehabilitation, and from numerous social and government agencies. There was no restriction for their admission to the Epilepsy Program other than that they be veterans, that their disorder be service-connected, and that they be desirous of securing treatment.

The patients were screened by an admitting or screening psychiatrist and were admitted to the Program if a history of convulsions, whether idiopathic or symptomatic, was present. Many patients who showed syncope, fainting spells, dizziness, or "black-outs" were admitted for differential diagnosis.

The patients were then seen by a psychiatrist who took an accurate history of the seizures, did a complete physical and neurologic examination, and evolved a plan for treatment. The psychiatrist then sent the patient to the laboratory where a complete blood count, sedimentation rate, urinalysis, blood chemistry, Kahn and glucose tolerance tests were done. In addition to the routine laboratory workup, an electroencephalogram was done on every patient. An x-ray of the skull was given to every post-traumatic case, and in addition wherever and whenever otherwise indicated. A psychiatric study included the mental status on the patient.



Diagnostic representation of patient processing to all services in a total epilepsy program

The patients were then referred to the social worker who conducted a detailed social study of their backgrounds, with special emphasis on seizures, their frequency, head trauma, and childhood diseases

Situational difficulties which could be handled by the case worker were done on this level and therapy was frequently instituted under the advice and guidance of the psychiatrist, but carried on a case work level. The patients previously were oriented to the place the social worker had in the program and there was a minimum of resistance to the worker. The usual handicaps, which were sometimes present in the social service and patient relationship, were thus avoided by this preparation of the patient.

The psychologist then saw the patients for study and psychologic therapy when indicated. A Rorschach, Thematic Apperception Test, Wechsler-Bellevue, Bender-Gestalt, Man and Woman Drawing Testa, and any additional necessary tests, were given to every patient. These studies were important

since they correlated the personality makeup of the patients and their behavior attitudes. The psychol ogst was also able to function on a thempeutic level in the group psychotherapy sessions by giving per tinent material on anxioties and tensions which so often play a part in the service pattern

The patients were then referred to the Curative Workshop where supervised occupational therapy was given as a therapoutic measure and also as a provocational training period. The patients were observed by the occupational therapist and evaluations of their capabilities, applications frequency of sciences and vocational attitudes were studied.

The Advisement and Guidance Section of the Vocational Rehabilitation Division then saw the pa tients and an analysis of their capabilities and aptitudes for employment was made Well-trained advisors were able to evaluate the patients capabili ties and suggestions for on the job training school-They worked in ing, or job placement were given close liaison with the occuational therapist of the Curative Workshop and the psychologist and were thus able to place the patient in a situation which he was capable of handling After the objective was achieved, the patients were referred either to the Training Section which carried through the mechanics of the advisement and guidance plan, or the Placement Section where attempts were made to secure them proper employment.

Since employment was a goal of the integrated program, all departments met frequently to discuss the skills, qualifications, and problems which the patients presented and they thus received the benefits of a combined medical sociopsychologic, and vocational guidance.

It was realized that many of the patients were in need of psychotherapy, in addition to their medical therapy. Group psychotherapy, sessions were held during which many of the psychiatric and psychologic problems pertaining and relating to setures were discussed. (This aspect of the group psychotherapy sessions will be discussed in a paper currently being released.)

agnetes, which as the United States Employment Bervice, which as the United States Employment Bervice, were contacted in an attempt to insure the patient placement when his solutions were controlled adequately and he was considered employable.

Summary

The plan as ovolved at the Mental Hygione Service presents a means of integrating all activities and disciplines of a well-functioning clinic into a coordinated unit and thereby eliminating vocational and social invalids and developing socially and economically adaptable cpliepties who can function in a social environment. The integrated activity of the psychiatrist, psychologist social worker, occupational therapist, and vocational adviser plays an important role in climinating the concept of "the epileptic invalid"

AMERICAN BOARD OF OBSTETRICS AND GINECOLOGI

The general oral and pathology examinations (Part II) for sil candidates will be conducted at Pittaburgh Pennsylvania, by the entire Board from Sunday June 1, through Saturday June 7, 1947 The Hotel William Penn in Pittaburgh will be the headquarters for the Board. Formal notice of the exact time of each candidate's examination will be sent him several weeks in advance of the examination dates.

Hotel reservations may be made by writing direct to the Hotel William Penn

Candidates for re-examination in Part II must make written application to the Secretary's Office not later than April 15 1947

Candidates in Military or Naval Service are requested to keep the Secretary's Office informed of any change in address.

Applications are now being received for the 1948 examinations. For further information and application blanks address Faul Titus VLD Secretary 1915 Highland Building, Pitteburgh, 6 Pennsylvania.

MEDICAL NEWS

\$3,000,000 Grants Aid Cancer Study

A TOTAL of nearly \$3,000,000 in grants for cancer research was distributed during 1945 and 1946 to finance 240 research projects in forty-eight universities, hospitals, and other institutions, it was announced in April by the American Cancer Society at a press luncheon at the Hotel New Yorker

The speakers outlined a broad coordinated attack on the cancer problem in which chemistry, biology, physics genetics, and other scientific disciplines will cooperate in the greatest concentrated effort ever made in the field of cancer to learn its cause and find methods for its prevention and cure.

Passano Foundation Award Goes to Dr Waksman

A FORMAL presentation of this \$5,000 award will be made at a dinner to be given at Atlantic City, June 12, 1947, to Dr Selman A Waksman, microbiologist at the New Jersey Agricultural Station, New Brunswick, N. J. Dr. Waksman's address is entitled, "Antibiotics and Tuberculosis,—a Microbiological Approach" Established in 1943 by the Williams and Wilkins, Company medical

publishers, of Baltimore, the two previous winners of the Award were Dr Edwin J Cohn of the Harvard Medical School and Dr Ernest W Goodpasture of Vanderbilt University Medical School The Foundation includes on its Board as representatives of the medical profession, Drs Emil Novak, Nicholson J Eastman, and George W Corner, all of Baltimore

Annual Meeting of the Society for Investigative Dermatology

THE eighth annual meeting of the Society for Investigative Dermatology will be held at the Ritz-Carlton Hotel, Atlantic City, on Tuesday, June 10, 1947

The following who will speak at the morning session of the scientific program are Dr Herman Beerman, of Philadelphia, Drs Samuel M Peck and Sheppard Siegal, and Miss Rose Bergamini, New York, Mr John F Madden, St Paul, Minnesota, Drs Stephen Rothman, J H McCreary, and A. Smiljanic, of Chicago, Drs Arthur C Curtis, Holman Taylor, and Robert H Grekin, Ann Arbor, Drs Marion B Sulzberger, Franz Herrmann, and

Frederick Zack, New York City, Dr James B Hamilton, Long Island College of Medicine

The afternoon session speakers will be Drs Jerome Sherman and Eugene Walzer, Brooklyn, Robert R Kierland and Eugene M Farber, from the Mayo Clinic, Rochester, Minnesota, S William Becker, Chicago, Edgar A Hines and Hamilton Montgomery, Mayo Clinic, Rochester, Minnesota, Sonia Dobkevitch and Rudolf L Baer from the New York Skin and Cancer Unit, Eugene S Bereston, Baltimore, Lawrence Katzenstein, University of Pennsylvania, and A. Benson Cannon, New York City

Personalities

Dr Tracy J Putnam, director of the Neurological Institute of New York, and Dr Houston Merritt, chairman of the epilepsy committee of the American Psychiatric Association, were cited April 24 for development of new drugs to treat epilepsy

At the annual luncheon of the American Epilepsy League in the Hotel Pierre it was declared that dilantin, mesantoin, and glutamic acid, developed by the doctors, had "alleviated the suffering of thousands of people with epilepsy"*

Delaware County Medical Society recently helped Dr Robert Brittain, of Downsville, celebrate his eightieth birthday Dr Brittain has served Downsville more than fifty years, settling there in 1896

In the early years of his practice it was common for him to be called to Cooks Falls or Shavertown, making the trip with horses. No weather was ever too stormy nor rough nor distance too great He still has the spirit of his youth but now makes calls with an automobile

Among those who were with him for the celebra tion were three of his sons, Robert, of Franklin, Ned of Bloomfield, New Jersey, and Dr Knov Brittain of Spencerport *

Dr John D Stewart, professor of surgery in the University of Buffalo Medical School and head of the Department of Surgery at Meyer Memorial Hospital, is one of 12 surgeons appointed to a surgery committee which will act as an advisory body to the federal services

The committee has been named by the Division of Medical Sciences of the National Research Council It will be concerned with the problems of the armed services and the Veterans Administration.

^{*} Asterisk indicates that item is from a local newspaper

Dr John J Wittmer assistant vice-president of the Consolidated Edison Company of New York, has been elected a trustee of the Long Island College of Medicine Dr Frank L. Babbott, chairman of the board of trustees, announced recently

In making the announcement Dr Babbott said "Dr Wittmer, a graduate of the college in the class of 1922, was instrumental in the establishment of our postgraduate course in industrial medicine and of other services by the college to industry fortunate to enlist the help of a man whose experience has embraced both the scientific aspects of medicine and their practical application to the prob-lems of industry His guidance will be of particular value in helping to plan for the college a expansion and development in the future.

Dr Frank O Franco has begun a practice in Bedford Hills

Serving with the U.S Army three years twenty two months of which was spent overseas with the 133 Evacuating Hospital in the European Theatre Dr Franco achieved the rating of captain *

Three Long Island doctors were recently honored in the first banquet staged by the Queens Clinical Society to recognize outstanding members of the

This process of choosing members who have distinguished themselves, and of recognizing the distinction, will be a regular part of the society s program from now on, according to Dr G E. Nightingale of Jamaica, president

The three who were honored at the banquet are Dr David Uts, of Rockville Centre for having qualified before the American Board of Pediatrics.

Dr John A. Singleton, of St. Albans, for outstanding citizenship—Dr Singleton is a member of the Mayor's Committee on Unity

Dr John E. Lowry of Flushing, for outstanding citizenship—he is a member of the Board of Trustees of the Queens Library *

Dr Paul A. Dwyer Beech Grove Place, has re-

Dr Dwyer was graduated from Manhattan College and from the Georgetown University School of Medicine.

He served his internship and residency in medicine at St. Mary's Hospital Rochester *

Dr Horace C Montgomery of Watertown, president of the Jefferson County Unit of the American Cancer Society has been named associate state chairman of the 1947 cancer campaign in seven of New York's northern counties.

Dr Montgomery will supervise campaign ac tivities in Essex, Oswego Jefferson, Lewis, St. Lawrence, Franklin, and Clinton counties.

Dr Leslie H Backus of Buffalo personal phy sician to the late President Roosevelt at the Yalta Conference was the speaker at a recent meeting of the Genesee County branch of District Number 1 of the State Nurses Association held at the Legion Home with 64 present.

Speaking on "Modern Trends in Reconstructive Plastic Surgery "Dr Backus told of his experiences while serving with the Navy and showed films of some of the work done in that line during the war At present Dr Backus is affiliated with hospitals in Buffalo and is on the teaching staff at the Univer sity of Buffalo Medical School He is also con sultant at the Veterans Hospital.

Dr Robert Peterman, of Hicksville has resumed his medical practice at his home after a six year ab-

sence while in service.

He entered the Army Medical Corps in January, 1941 and landed with the first troops in the North African invasion and later in the assault on Sicily During those invasions he was awarded the Silver Star for gallantry in action, the Bronze Star for professional skill and personal courage as battalion surgeon, and was given special mention by the late Ernie Pyle in his book, "Here Is Your War" Since his return to the States in November 1943

he was assigned to Fort Lewis, Washington, where he was chief of the medical and surgical technical courses and was advanced to rank of major *

Dr William M Smith, who before entering public health work ten years ago was a practicing phy sician in Olean, has returned to that city and resumed the practice of medicine at his former office

about April 21

Or Smith served as district State health officer in the New York State Health Department until he entered the Army Medical Corps in World War II He served oversess as well as at posts in this country and was discharged from the service with the rank of major He held a number of important posts in the Army's field of preventive medicine.

On leaving the service Dr Smith returned to the field of public health and became the State Health officer of North Dakota. He resigned that post, effective April I, to re-enter private practice in Olean.*

Dr Leon Star, recently returned after four and a half years in the Navy has opened an office for the practice of surgery in Rockaway

He was a flight surgeon in the Navy holding the rank of lieutenant-commander After obtaining his wings at Pensacola, Florida, he saw service in the African invasion Okinawa, Iwo Jima, and finally went to Japan with Admiral Halsey He was recommended for the Legion of Merit in the Pacific

Before entering the service he was graduated from the Long Island College of Medicine and served as intern and resident in surgery at Mount Sinai

Hospital.

Dr M S. Richards and Dr William Padget have opened their new offices in Tully '

Dr Jacob Sirkin, of Newark, former State School physician and Army Medical Corps officer has opened an office for the general practice of medicine On April 8 1944 he was commissioned a first

lieutenant in the Army He was trained at the Carlisle Barracks, Pennsylvania, medical field service school and served at the Percy Jones General

Hospital, Battle Creek, Michigan

Most of his three-year "hitch" was served aboard Army hospital ships and he made nine crossings of the Atlantic Ocean to England, France, and Ger-On his final crossing on the USS Wisteria he was both executive officer and medical officer He was discharged with the rank of captain

Dr William Tenenblatt, formerly of New York City, has opened offices in Spring Valley Dr Tenanblatt received his medical degree from the New York Medical College He than served an internship at Kings County Hospital in Brooklyn, New York.

He has been assistant resident obstetrician and gynecologist at Bellevue Hospital He also has served for two years as chief resident obstetrician and gynecologist at Lincoln Hospital in New York

Dr John E Heslin, of Albany, was one of the speakers at the 141st annual meeting of the Medical Society of the State of New York, at Buffalo The subject of his address, made in connection with the Society's Teaching Day, was "Development in the Care of Prostatic Disorders"*

Dr Herbert R Edwards, director of the Bureau of Tuberculosis, New York City Department of Health. has been appointed executive director of the New York Tuberculosis and Health Association

Dr Lewis B Posner has been awarded the New York State Conspicuous Service Cross by Governor Dewey for exceptionally meritorious service in the armed forces of the United States

In his military career he was first with the Third Infantry Division, later in charge of Industrial Medicine at the Boston Port of Embarkation, and finally commanding officer of the Station Hospital. S S Brenville

He has been previously awarded the Army Commendation Ribbon, American Campaign Medal, European African Middle Eastern Campaign Medal, and the World War II Victory Medal

The appointment of Dr Charles A R Connor as associate medical director of the American Heart Association, has been announced by Dr Howard F West, president of the Association

Dr Connor will work with Dr David D Rut-stein, medical director, in the development of the Association's program of research, service, and public education in diseases of the heart and circula

tion

Born in New York City, Dr Connor was grad uated from Holy Cross College and received his medical degree from New York University, College of Medicine in 1931 He was awarded the degree of Doctor of Science in Medicine by New York University, College of Medicine in 1940

Dr Evan W Thomas, of New York City, ad dressed the annual meeting of the Women's Medical Association of New York City at the Beekman Towers Hotel, April 30 Dr Thomas is associate professor of medicine at the New York University, College of Medicine, and director of the Rapid Treatment Center at Bellevue Hospital

Dr H G Weiskotten, chairman, Council on Medical Education and Hospitals, American Med ical Association, and dean, Syracuse University, College of Medicine, was among the honorary mem bers initiated at the installation of the New York Beta chapter of Alpha Epsilon Delta, national hon-

orary premedical fraternity, on April 19
The Premedical Society was organized by Mr Morton H Rachelson under the guidance of Dean Eric H Faigle and with its installation became

the 38th chapter of Alpha Epsilon Delta

County News

Albany County

At a recent meeting of the Albany County Medical Society the question of whether or not medical fees should be raised was discussed and the following resolution presented to the society by its committee

on general practice "Whereas the fees of the general practitioner have remained unchanged for many years during which time there has been marked increase in the cost of living as well as in the costs incident to the practice

of medicine, therefore, be it resolved "That the Medical Society of the County of Albany approve an increase in basic fees as follows: "Office call, \$3 00 "House call, \$4 00

"House call, received after 10.00 р м , \$5 00 "Such fees to become effective on and after May

such increases in the past no action had been taken

1, 1947 " Although other county societies have approved in Albany County since it was hoped that living costs might come down in the near future, but since such does not seem to be the case, the members of the society felt that increase in fees could no longer be postponed * be postponed '

Erre County

Recent findings on the functions of the liver have led to a better understanding of the reasons why present treatments of diabetes are successful, Dr Samuel Soskin, Chicago physiologist, reported at a recent meeting of the Buffalo Academy of Medicine in the Buffalo Museum of Science

Dr Soskin was introduced by Dr Grosvenor W. Bissell, chairman of the Academy's Section on Medi-

cine, which sponsored the meeting

^{*} Asterisk indicates that item is from a local newspaper

Franklin County

Dr John W Strider, assistant professor of thoracic surgery at the Boston University School of Medicine was guest speaker at the meeting of the Saranac Lake Medical Society in the John Black room of the

Saranae Laboratory
Dr Strider's address was on "The Surgery of the
Heart and Related Structures" He illustrated his talk with motion pictures on heart operations show ing the removal of foreign bodies and for stab

wounds.

Dr Strider also showed a reel taken by special British medical authorities showing operations of the heart for the removal of shrapnel.*

Jefferson County

Dr William J Orr, professor of pediatries at the University of Buffalo Behool of Medicine addressed the Jefferson County Medical Society at a meeting held Thursday evening, April 10 at the Hotel Wood Dr Orr's subject was the modern methods in the prevention and treatment of infectious dis-

Kings County

The barbiturate addict is just as much a danger to society as the narcotic addict Dr Charles Solomon of the Kings County Medical Society declared April 2 at a hearing by the Board of Health on proposed legislation for the control of the sale of barbiturates, the acdatives known commonly as sleeping pills.

Health Commissioner Israel Weinstein called the hearing at the Health Department Building, 125 Worth Street to outline his proposals for amend ment of the Sanitary Code in regard to barbiturates and to permit spokesmen for pharmaceutical manu facturers, pharmacists physicians and hospitals to voice their opinions of the new program

All speakers agreed on the need for stricter control of barbiturate sales. When it came to the Health Department program, however opinion was divided, with the pharmaceutical manufacturers and phar macrists lined up almost solidly against it, and most of the doctors favoring it *

The opening of the Central Medical Group of Brooklyn recently was hailed as a great step for ward in the history of medicine in the borough several prominent physicians who attended the event in the new offices of the group at 9 Lafayette Avenue

The Central Medical Group which was organized in January 1946 after about ten years of planning marks the beginning of prepaid medical group practice in the borough and brings medical group service for city employees under the contract of the Health Insurance Plan of Greater New 1 ork.

The group is composed of 21 general practitioners and specialists who, during their years of service in the army and navy realized the "greater efficiency" of this type of group practice according to a spokesman of the organization.

The group the spokesman said, will give the highest standard of medical care to its patients at a predetermined cost on an insurance basis, through the pooling of the various talents of the member

physicians.

The first two floors of the group a quarters are completed, consisting of four consultation rooms, six examining rooms, two physiotherapy rooms, and the standing rooms of the physiotherapy rooms. electrocardiograph basic metabolism and x ray

departments, and laboratory and surgery remaining two floors will be completed with the admittance of nine more physicians in the near future.*

1289

Monroe County

Because of the high incidence of rheumatic fever in this area, 300 members of the Council of Rochester Regional Hospitals were invited to hear a lecture by Dr T Duckett Jones, nationally known author ity on the disease

He spoke at the April meeting of the Rochester Academy of Medicine on the topic 'Rheumatic Fever—a Community Health Problem.

Dr Jones, director of clinical research of the House of the Good Samantan, Boston, Massachusetts, and assistant in medicane at Harvard Modical School conducted a medical clinic at Strong Memorial Hospital and a similar clinic at St Mary's Hospital, both under the auspices of the Council of Regional Hospitals.

Dr J Craig Potter president of the Academy presided at the business session preceding Dr Jones lecture, which included a report of the nominating committee preparatory to the election of officers at the annual meeting in May A subscription dinner in Dr Jones honor was held at 7 00 P M

at the University Club

Nassau County

The regular monthly meeting of the Nassau County Medical Society was held Tuesday evening, April 29 1947 at the Hempstead Elk's Club in Hempstead

The Scientific Session consisted of the following lecture, "Gynecologic Problems in the Adolescent Patient, given by Claude E Heaton, M.D. associate professor of obstetrics and gynecology New York University College of Medicine.

This lecture was arranged by the Council Com-mittee on Public Health and Education of the Medical Society of the State of New York.

Dr David P Earle Jr, of Goldwater Memorial Hospital Welfare Island New York, and assistant professor of medicine at New York University, College of Modicine, addressed the Nassau County Medical Society at a meeting in March. Dr Earle s subject was nephritis, *

At the May meeting of the County Medical Soclety Dr Morris Herman associate professor of psychiatry New York University College of Medi cline, gave a postgraduate lecture to members of the Society His subject was 'Psychic Disorders in Somatic Disease

New York County

A symposium on penicillin in the treatment of syphilis was held at the scientific session of the April syphilos was need at use extreme execution of the April
meeting of the Medical Society of the County of New
York. Dr William Leffer, associate dermatologist
and syphilologist at Mr. Sinal Hospital was the
chairman. Members of the symposium and their
subjects were Dr Evan W Thomas, associate professor of medicine New York University College of Medicine Penicillin in Treatment of Early Syphilic Dr Mortimer D Speiser, assistant clinical professor of obstetrics and gynecology,

New York University, College of Medicine, "Penicillin in Treatment of Syphilis in Pregnancy Dr Bruce Webster, assistant professor of medicine, Cornell University Medical College, "Latent and Cardiovascular Syphilis", and Dr Bernhard Dattner, associate clinical professor of neurology, New York University, "Pemcillin in Treatment of Neuro-

Oneida County

Dr Lloyd E Hawes, Boston, who was stationed at Rhoads Hospital for several months, was principal speaker at the March meeting of the Utica Academy of Medicine and the Medical Society of Oneida County

Dr Hawes' subject was "Permanent Changes in the Abdomen Following Gunshot Wounds" Local speaker on the program was Dr Joseph J Witt, who spoke on "Bronchiectasis"*

Oswego County

Postgraduate instruction was given to the members of the Oswego County Medical Society on May 20 by Dr Jules Redish, assistant professor of medicine, New York University, College of Medicine The lecture, held at the Sweet Memorial Building, Phoenix, was entitled "Hypertension and Hypertensive Renal Disease"

Queens County

"Surgery in China" was the subject of a talk given by Dr Phillips F Greene to the County Medical Society at the stated meeting on April 29 Dr Greene is associate dean and clinical professor of surgery, Long Island College of Medicine

Schenectady County

Another step toward providing free blood trans fusions in hospitals and clinics in Schenectaly County was taken in April when the Schenectory County Medical Society, meeting at the His Hospital, agreed unanimously to sponsor the plan

If and when the plan goes into effect, the Scheme tady Red Cross will be responsible for typing ad recruiting volunteers, who will keep the Ellis He pital blood bank up to about 30 pints and will be on call to provide rare types of blood *

Officers were elected at a meeting of the Eastern New York Eye, Ear, Nose, and Throat Associated held in April at the Mohawk County Club, Dr Frank C Furlong, president, said recently Guest speaker was Dr James H. Bamad &

tending allergist at Roosevelt Hospital, New York His topic was "Allergy of the Eyes and Acce has ent Concepts and Treatment" Dr Barnard s an authority on allergy and has done extension search and writing on the subject.

A discussion period following the address ruled by Dr A H Congdon and Dr C F Rome, Schenectady, and Dr Kenneth Crounse, and P Harold P McGan, Albany *

Warren County

A quota of \$4,000 was set for Warren Country the national fund campaign for Cancer Control which was conducted in April Dr Morns Mada, who is chairman of the cancer control committed the Warren County Medical Society, was required by the New York State Braigh of the American Cancer Society, to take charge of the driven its county *

A PIONEER PROFESSION

One of the latest and most useful adjuncts to medical practice is occupational therapy which has proved its usefulness and rehabilitating possibilities during the two world wars, being particularly elaborated during and subsequent to World War II

This form of therapy was instituted during World War I, when General Pershing called for 500 therapists to do "bedside occupational work at the front" During World War II it was adopted by the War Department for use in all army and navy hospitals It has been announced that countless thousands were speeded in their recovery when physicians prescribed this therapy as a part of the treatment to overcome sickness and disabilities

It is stated that registered occupational therapists now number 2,200, far short of the nation's demand for trained personnel The program of the Veterans Administration alone has called for 1,300 therapists by the spring of 1947 This demand offers an opportunity for training a large number of y and women to enter this useful form of se is not only applicable to army and navy

but also should have a field in civilian in The success of occupational therapy del specialized training for this class of pri In order to establish and protect the sti this profession, the American Occupations Association (33 West 42nd Street, New N Y) issued "Essentials of an Accredited Occupational Therapy" in 1935 The vidual schools established at that time hav to "twenty-five which now train the therapist in medical information and a y of arts and skills, leading to a diploma oil b The American Occupational Therapy has established the "American Journa tional Therapy" which will be issued bindwill be of use to both laymen and pl Northwest Medicine, March, 1947

NECROLOGY

Edward B Angell, M D., 90, of Rochester, died on April 23 Dr Angell received his medical degree in 1881 from the University of Pennsylvania Medical School. A founder and former president of the Rochester Medical Society, Dr Angell had also been vice-president of the American Neurological Association and the New York Medical Society He had practiced medicine in Rochester for more than fifty years, and was a former president of the Rochester Medical Society a member of the Rochester Acad emy of Medicine the American Medical Association, and the State and County medical societies

Rose Anne Bebb, M.D., of New York City, dlod on April 16. She was a graduate of the University of Minnesota Medical School in the class of 1899 Dr Bebb was a member of the American Medical Association, the Medical Society of the State of New York, New York County Medical Society, the New York Academy of Medicine, and the New York Neurological Society She was assistant alienist to the Department of Hospitals New York City at Bellevue Hospital Dr Bebb was 50 at

the time of her death.

Frederick Garilck, M.D., of Rochester died on April 22. He was graduated from Albany Medical College in 1913 He was a member of the staffs of General and Park Avenue hospitals, Rochester the American Urological Association, American Medical Association, and the State and County medical societies. He had been urologist of the Monroe County Hospital. Dr Garlick was 59 at the time of his death.

James A. Holley, M.D., of Walton, died on April 20 in his ninety-second year He was graduated from Albany Medical College in 1886 Dr. Holley was a physician in Delaware County for sixty years and the author of the book "Recollections of a Country Doctor ' He was a member of the State

and County medical societies.

Harwood L. Hollis, M.D., 53 died on April 28. He was director of the Oswego County Tuberculosis Sanatorium, Orwell, and a member of the American Medical Association, American College of Chest Physicians, and the State and County medical socioties. He was graduated from Syracuse University, College of Mediciae, in 1920

College of Medicine, in M.D., 68 of New York City died on February 20 In 1904, he was graduated from the College of Physicians and Surgeons, Columbia University He was consultant on gynecology and obstetrics to the Lenox Hill Hospital New York, outpatient department.

Frank Liberson, M.D 58 of Brooklyn, died on April 13. He was roentgenologist in charge of the

United States Public Health Service in New York. and had been previously associated with the radiological clinic of the United States Marine Hospital Stapleton, Staten Island, and the Immigration and Naturalization Service on Ellis Island Dr Liber son was graduated from the Long Island College of Medicine in 1917 He devised many x ray improvements and wrote many articles on radiology for scientific publications. He was a member of the American Board of Radiology and the State and County medical societies.

J Francis Messemer, M.D., of the Bronx, died

on April 10 He was a podiatrician at Fordham Hospital in the Bronx In 1915, he was graduated from Columbia University College of Physicians and Surgeons. He was a member of the Bronx County Medical Society the Medical Society of the

State of New York, and the American Medical Association. He was 57 years old. Robert F Sheehan, M.D. of Scarsdale died on April 16 He was 67 Dr. Sheehan was a former professor of psychiatry at Fordham University and consulting neurologist at Kings Park State Hospital, Kings Park, Harlem Valley State Hospital Wing dale and the Benedictine Hospital, Kingston. He was president of the board of visitors of Harlem Valley State Hospital from 1928 to 1935, and at-tending neurologist at St. Mary's Hospital, Brook lyn, from 1935 to 1944

Dr Sheehan was also chief neurologist at St. Vincent's Hospital and the Community Hospital New York consulting neurologist at Misericordia Hospital and St. Clares Hospital, New York director of the child guidance clinic at St. Vincent s Hospital, and consulting psychiatrist at St. Vincent s

Retreat.

He was a member of the American Association for the Advancement of Science, the American Psychiatric Association, American Medical Association, the New York County Medical Society, Dutchess County Psychiatric Association, the Association of Military Surgeons of the United States, and the

State and County medical societies

Dr Sheehan received his medical degree in 1904 from the University of Buffalo, School of Medicine George W Shoemaker, M.D., of Syracuse, 01, died on March 29 He was one of the founders of Onondaga General Hospital and the People's Hospital and the People's Hospital and the People's Hospital Syracuse. In 1897 he was graduated from Syracuse University College of Medicine. Dr Shoemaker had practiced in Syracuse for over fifty years and as well as assisting in the founding of Onondaga General Hospital he was president and chief of the medical staff for two years

AMERICAN BOARD OF ORTHOPEDIC SURGERY

The American Board of Orthopedic Surgery will hold its next examination—Part II—in Chicago Illinois on January 22 and 23, 1948.

The deadline for receipt of completed formal appli cation and application fee is September 15, 1947

Correspondence and applications related to Part II of the examination should be sent to the Secretary of the American Board of Orthopedic Surgary Dr Francis M McKeever 1136 West 6th Street, Los Angeles 14, California.

HOSPITAL NEWS

Master Plan Given for City Hospitals

THE Hospital Council of Greater New York unfolded its master plan for hospitals and related facilities at a dinner meeting on April 22 where the plan was acclaimed by leaders in the field of health and hospital service

Geared to meet the city's requirements in 1950, the plan envisages the need for 129,000 hospital beds, based on an estimated population of 8,-000,000 three years hence

Of this total, 33,600 beds are designated for general care, 8,000 for convalescent care, 16,000 for long-term illnesses, 800 for acute communicable diseases, 6,600 for tuberculosis, and 64,000 for psychiatric care. These figures generally are in excess of present facilities and the recommended distribution is in many cases markedly different

The plan was drawn with the idea that distribu-tion and location of hospital facilities should be determined by the needs of the people, the need for teaching and training programs, and the need for

medical research

While no attempt was made to indicate where new hospitals should go, although the survey covers forty-one study areas, the plan noted that Manhattan now has fifty-seven hospitals with 16,561 beds, the Bronx, nineteen with 3,193 beds, Brooklyn, forty-six with 9,337 beds, Queens, nineteen with 2,439 beds, and Richmond, four with 541 beds It was pointed out that this bears no relation either to present or projected borough population

The plan was endorsed at the meeting by Edwin A. Salmon, chairman of the City Planning Commission, Dr John B Pastore, executive director of the Hospital Council, Dr George Baehr, presi-dent of the New York Academy of Medicine, Dr William B Rawls, representing the medical societies of the City, Dr Claude W Munger, director of St Luke's Hospital, Dr Edward M Bernecker, City Commissioner of Hospitals, and Arthur A Ballantine, chairman of the United Hospital Fund and the Greater New York Fund *

News Notes

Supreme Court Justice Henry Greenberg, in an appeal for support of the New York University-Bellevue Medical Center Fund of \$15,575,000, said April 17 that the New York University Medical School "should receive a Congressional Medal

of Honor for its lack of prejudice

The justice, who asked business and professional groups in the metropolitan area to support the fund, spoke at a dinner on behalf of the drive held at the New York University Faculty Club, 22 Washington Square North, and attended by thirty members of the state bar He praised the lack of prejudice and anti-Semitism at the medical institution and declared that a large percentage of the student body represented minority groups *

Under pressure of steadily rising expenses which produced red ink on monthly balance sheets, the Nyack Hospital has found it necessary to raise the rates for hospital services substantially. The new The new rates, approximately 35 per cent higher than those previously charged, were effective on April 1

With this increase in effect, rates at the Nyack Hospital will be in line with but not higher than the average rates already prevailing in most of the hospitals of similar size in the suburban area around New York City *

Two years of construction work on the 1,000-bed Veterans Hospital at Fort Hamilton was started after Col W F Heavy, New York district engineer, Army Corps of Engineers, broke the ground on March 31 The main building will be 16 stories It will be on an 18-acre site bordering Dyker Beach Park.*

Affiliation of the Department of Physiotherapy of Ithaca College with Auburn City Hospital was

announced April 2

President Leonard B Job of the College and Lawrence E Kresge, administrator of the hospital, in a joint statement, said that under the program begun in March, third-year students will receive clinical instruction under the supervision of Miss Ardis McCarty, head physiotherapist at the hospital, and orientation training from Richard Hardenbrook, Ithaca College instructor

Auburn City is the second hospital with which the college has become affiliated recently, the other being Robert Packer Hospital, Sayre, Pennsylvania A Garman Dingwall, assistant director of the Ithaca College physiotherapy department and supervisor of the three-year courses in Ithaca, com-

pleted the arrangements with the hospitals
Auburn City Hospital will provide a second phase of clinical practice for the Ithaca students will receive training in the care of general medical cases in the physiotherapy clinic, whereas at Robert Packer Hospital they obtain basic instruction

in orthopedics

The purpose of the hospital clinical affiliations is to give the students enough background, so that with the additional work done during the fourth and final year at the Hospital for Special Surgery in New York City, they will be able to judge which field of physiotherapy they would be best suited

Advances in rates from sixty cents to one dollar, went into effect April 1 at Jones Memorial Hospital, Wellsville The new rates are expected to reduce an estimated defeat from 200 and to 200 estimated deficit from \$36,000 to \$30,000

Daily rates announced by the hospital board of managers were \$6 for residents and \$6 50 for nonresidents in wards, \$8 for residents and \$9 for nonresidents in semiprivate room and \$9 to \$9 50 for residents and \$10 to \$10 50 for nonresidents in private rooms.

The differential between residents and nonresidents was made because village taxpayers make up 100 per cent of the deficit in hospital operating costs, while only 40 per cent of the patients are residents of the village.

Dedication ceremonies, attended by 1 000 guests, were held March 29 for the Horace Harding Hospital in Emburst, Queens, the first hospital to be completed in Queens since the war Speakers at the dedication ceremonies were Dr. Edward M. Bennecker commissioner of hospitals

Speakers at the dedication ceremonies were Dr. Edward M. Bernecker commissioner of hospitals Dr. Samuel Frank, representing Health Commissioner Israel Weinstein, Borough President James A. Burke, Dr. Louis J. Toormins, president of the hospital s board of governors. Dr. Edward A. Fleming, president of its medical board and Max Lerner the hospital s administrator.

The new hospital is privately supported Funds for its construction were raised by subscription

Thomas W Fitsgerald, president of the board of trustees of a fund to build a \$2 000 000 hospital to serve the Great Neck section of the North Shore announced April 24 that it will be situated at Bay view Avenue and Old Mill Road in the Village of Old Saddle Rock, to serve residents within a radius of five miles. Mr Fitsgerald said a campaign to raise the money for the 150-bed hospital is now being organised.

Action to keep physicians' medical records up to date at Lockport City Hospital in order to meet the requirements of the American College of Surgeons, which has omitted the institution from its list of approved hospitals for several years, has been taken by the host of menagers.

the board of managers
Physicians will be suspended from the staff seven
days after receiving notification that they are delinquent in their records and will not be parmitted to
practice until complete reports have been filed.

Utica General Hospital formally became Oneida County Hospital of Utica, on March 18, it was announced by Lewis G Fowler president of the new board of managers.

The changeover became effective with the signing a two-year leass of the institution by the county in accordance with provisions of a resolution of the Board of Supervisors and action by the Board of Managers.

The House of the Good Samaritan of Watertown recently was willed half of the \$67,000 estate of George II Bell. The bequest was given to the hospital for the building of rooms or a wing as a memorial to Mr Bell agrandparents.*

The Woman's Auxiliary of Vassar Brothers Hospital in Poughkrepsie has denated \$2,000 to the hospital's school of nursing, to be used as tuition schoolarships for student nurses.*

The growing list of corporations which have made a substantial subscription to the building fund of the North Country Community Hospital, Glen Cove has been further increased by the Columbia Ribbon and Carbon Manufacturing Company Inc., of Glen Cove, which made an unrestricted subscription of \$10,000 to the fund Announcement of the subscription was made by Frank T Powers, Jr., Chairman of the Committee on Corporation Subscriptions of the \$1.750 000 building fund.*

A four floor hospital at Thuresa, Jefferson County, has been opened by Dr Walter G Robinson, of Alexandria Bay With modern equipment, the hospital now has seventeen beds, but the building

lends itself to an easy expansion.

Working with Dr Robinson at the hospital are
Dr Robert B Burtch, recently separated from the
Navy, and Mrs. Roberts Tate Watson, R.N. former
superintendent of the Noble Hospital at Alexandra
Bay Dr Burtch, a graduate of Syracuse Univer
sity College of Medicine in 1943 interned at Brook
lyn Naval Hospital and then served as naval flight
surgeon at Pensacola, Florida. He also served in
the Naval Air Corps in different parts of the world
including New Caledonia, Guam, and Japan.

Eleven hospitals in Queens, including Rockaway Beach and St. Josephs Hospitals, have received donations of \$1 500 from the Queens Borough Lodge of Elks.*

Certain rates at the City Hospital in Schenectady were increased by the city council on March 24

The charge for private nonwelfare patients went from \$3 to \$4.50 a day for children from two to twelve years of age, and from \$5 50 to \$7 50 a day for persons thirteen years of age and older The charge for large x-rays was raised from \$5 to \$7 Other charges for private patients were left unchanged.

The charge for welfare patients went from \$3 to \$4 a day for children two to twelve and from \$5.50 to \$0.50 for persons thirteen years old and over Other charges for welfare patients were left unchanged.

The Jefferson Hospital in Middleburg, an eightbed institution that has served the Schoharze community since it was founded in 1927 by the late Mrs. Blanche Dyckman, has been sold and will be reconverted into a private residence.

The institution, first called the Dyckman Hospital but registered as the Jefferson Hospital by Dr Joseph F Duell after he obtained possession in 1937 had been managed and conducted entirely by the physician in recont years and nover received outade finantical and or exemption from taxes.

The number of cases handled there has not been computed but records reveal that in 1945 the heapital had passed a total of 2,500 major operations in addition to obstetric and other minor case operations.*

Increased rates at Good Samaritan Hospital in Suffern, effective since March 16 have been an nounced by hospital authorities

The increase was necessary to meet the rising costs of almost every item for the care of patients and the maintenance of the hospital, officials said A general increase of \$1 a day for all private and semiprivate rooms, of fifty cents per day for ward rates, and a \$5 increase for the use of the delivery room were announced *

Medical students and interns are learning to provide for mental well-being as well as physical health in the Child Guidance Clinic at Children's Hospital in Buffalo—the only clinic of its type in Upstate New York

The clinic was organized in 1930, but operated only part-time until last summer, when Dr Sherman Little was appointed director and attending

psychiatrist

He is also assistant professor of pediatrics and associate in psychiatry and mental hygiene at the University of Buffalo Medical School

The Child Guidance Clinic attempts to supply, in

organized, scientific form, the kind of information which a family doctor acquired after years of ex-

To make up a deficit in its operating costs, Children's Hospital is conducting its Guarantors' Fund campaign Buffalonians and Western New Yorkers are being asked to subscribe for one or more \$25 shares in the future of their community. If hospital expenses are kept under the budget, the full amount of the shares will not be collected, but each guarantor may be called upon to pay to the hospital annually a proportionate part of the annual deficit for each share taken *

Plans for the new veterans' hospital in Albany are about completed, and bids for the construction of the institution will be sought shortly, according to J J Rockefeller, director of construction for the Veterans Administration 4

Acclaiming Dr Marshall Latcher as one of the greatest humanitarians in Otsego and Delaware counties, a committee of Oneonta men and women have completed plans for a campaign to raise over \$25,000 for construction of a laboratory in honor of the veteran physician

Plans call for the laboratory to be constructed on the Third Street side of the Fox Memorial Hospital in Oneonta The proposed building will cost over \$18,000, it is estimated, with an additional \$7.000 to be spent for equipment. The present \$7,000 to be spent for equipment

laboratory equipment owned by the hospital, valued at over \$4,000, will be used in the new building

The move to construct the laboratory in honor of Dr Latcher for his "services to mankind" during his fifty years as a physicain was started in March. and the committee hoped that the ground breaking ceremonies would be held on the occasion of his anniversary in May *

The operating deficit of Staten Island Hospital continues to mount, the board of trustees was informed at a recent meeting in the hospital.

An operating deficit for February of \$7,019 50 was reported In January, the deficit was announced as \$8,000 Mounting costs of supplies and salaries were cited as primary factors in the It was reported that salaries also had increased \$1,000 over the previous month and \$6,000 over the same amount last year *

New Rochelle Hospital's adult medical and surgical departments were occupied 95 per cent during February, according to the monthly report of Superintendent Alex E Norton Percentage is based upon the number of patients in the hospital and the number of days in the month. vacancy lowers the total percentage

A general solicitation campaign for the hospital's \$2,000,000 building fund got under way in mid-April, the crowded condition of the hospital em-

phasizing the need for the expansion *

The alumni dinner of the New York Eye and Ear Infirmary will be held June 11 at 6 30 PM at the Marlborough-Blenheim Hotel in Atlantic City, New Jersey Announcement of the dinner was made by the alumni association secretary, Dr Brittain F Payne

Hospital public relations will be the subject of a five-day institute to be conducted by the American Hospital Association June 9 through 13 in Princeton, New Jersey, in cooperation with the New Jersey Hospital Association Nationally known public relations authorities, including members of the Princeton University faculty, will take part in the institute, which will be the first of its kind

Enrollment at the institute will be limited to 100 hospital administrators, public relations directors, and others concerned with hospital public relations who are personal members or representatives of institutional members of the American Hospital

Association

At the Helm

After thirty years as head of the obstetrics department of the New Rochelle Hospital, Dr Orville Hickok Schell has resigned from his official hospital duties He will, however, continue his private practice In January he retired as director of obstetrics at Grasslands Hospital, in Valhalla, after twenty-five years of service with that hospital The degree of honorary Doctor of Medicine has been conferred upon Dr H J Stander of the Lying-In Hospital, New York City, by Dublin Honorary Dublin Lealand. University, Dublin, Ireland *

Dr J A Rosenkrantz, formerly chief of the medical section of the outpatient department of the

[Continued on page 1296]



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[Continued from page 1294]

Veterans' Hospital, the Bronx, has recently been appointed chief of the outpatient department of

that hospital

A graduate of the College of Physicians and Surgeons, Columbia University, Dr Rosenkrantz was formerly research assistant at the New York Post-Graduate Medical School and Hospital, in which position he contributed articles in the field of metabo-He served in the US Army Medical Corps as commanding officer of an advance section of a medical laboratory and as chief of the medical service of a station hospital. He is a diplomate of the American Board of Internal Medicine

The Medical Board of the Lutheran Hospital of Brooklyn has elected the following as officers for the current year Dr Harold Barnes, president, Dr Delfino Mascolo, vice-president, Dr Sanford Kaminester, secretary

The herculean task of directing the Pilgrim State Hospital, or any other institution of its size, was explained March 24 by Dr Harry Worthing senior director of the Pilgrim State Hospital in Brentwood, at the meeting of the Civic Association of Bay Shore and Brightwaters Dr Worthing has approximately 10,000 persons under his supervision at the hospital *

Dr Frank Glenn, associate attending surgeon at New York Hospital, has been appointed to the combined position of surgeon-in-chief of the hospital and Lewis Atterbury-Stimson professor of surgery at Cornell University Medical College, it was announced April 27

Dr Glenn will succeed Dr George J Heuer, who reaches the retirement age on July 1, and will be the second man to direct all surgical functions at the New York Hospital-Cornell Medical Center, Sixty-eighth Street and East River since its opening ın 1932 Dr Heuer has held the position since that time *

Dr Herbert L Foster, Montreal, Quebec, has been appointed pathologist and director of the laboratory of the Mercy Hospital in Watertown to fill the vacancy created by the resignation of Dr F W Porro

Dr Foster interned at St Michael's Hospital, in Toronto, and was then connected with the University of Toronto and the Pathological Institute of McGill University, Montreal. During World War II he served as a pathologist with the Canadian Army *

Dr Robert H Lowe, a veteran of five and a half years Army service, has been appointed assistant medical director and director of medical education at Rochester General Hospital

On March 15, Dr Lowe completed a postgraduate internship in hospital administration and public health at Strong Memorial Hospital in conjunction with a course at Columbia University *

staff were announced at a recent meeting of the Board of Managers of the Samaritan Hospital in Trov

The promotions were Dr Kennedy S Creevey, who was named from assistant to associate physician in the department of surgery, and Dr Samuel J Werlin from assistant to full attending physician in the department of pediatrics

Dr Raoul E Vezina, 1905 Fifth Avenue, who has been practicing general medicine here since last fall, was appointed assistant attending physician in

the department of medicine '

At the annual meeting of the Board of Trustees of the Clifton Springs Sanitarium in March, Dr Adrian S Taylor, medical superintendent of the sanitarium for the past fifteen years, tendered his In his letter to the board, Dr Taylor resignation gave no specific reason for his action, but for the past several years he has been in failing health, and it is believed that this fact is behind his action

According to Charles D Corwin, treasurer of the board, the resignation was accepted with deep regret by the members "Dr Taylor is held in high esteem by each and every member of the Sanitarium During his fifteen years here he has climaxed an outstanding career of medical service," he said.

Until such time as a successor is elected, Dr Samuel A Munford will be acting superintendent *

Permission for construction of the proposed addition to St Mary's Hospital, Albany, has been given by the Albany office of Civilian Production Administration, according to a recent announcement

Approval covers a three-story brick building at an approximate cost of \$470,000, permitting the addition of 45 beds for medical and surgical purposes, 85 maternity beds, and 35 beds for members of the order of Sisters of St Joseph of Carondolet in charge of the hospital An addition of one-story to the boilerhouse is included in the CPA permit.

That F F Thompson Hospital in Canandaigus is the only institution of its kind in that area to keep all beds open 100 per cent despite shortage of nurses and other personnel was revealed at the March meeting of the board of directors by Miss Helen F Dannahe, superintendent Statistical reports showed also that the daily average of patients was 1038 and that 60 births were recorded in February, both alltime records for the hospital *

The appointment of Dr William A Zavod as pneumatologist of Mount Vernon Hospital by the Board of Trustees was announced in March by Harold B Storms, president, who said the action was taken upon the recommendation of the Joint Advisory Committee

Commenting on the appointment, Dr Donald M Morrill, hospital director, said the board's action "is in line with new developments in these fields, and should result in improved service to the hospital

patients "*

Two promotions and one addition to the medical

[Continued on page 1298]



Bowel Hygiene in Pregnancy

Constipation in pregnancy presents an important problem—it is usually necessary to prescribe some form of medication to maintain the patient's sense of well-being and to prevent or minimize the occurrence of hemorrhoids

Since many women suffer from bowel irregularity previous to pregnancy, it is understandable that, with the added anatomical and physiological handicaps, constipation may not respond to general measures. Kondremul with Cascara enables your patient to go through pregnancy without the discomfort of constipation.

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[Continued from page 1296]

Recent changes among the personnel of district health officers in Brooklyn districts have been announced by Health Commissioner Israel Weinstein Dr Jerome S Peterson, recently returned from work with UNRRA in China, will take over as health officer of the Red Hook-Gowanus Health Center At the Williamsburgh-Greenpoint Health Center, Dr Dorothy Oppenheim will replace Dr I Oscar Weissman as acting district health officer Weissman has resigned to become assistant director of the Brooklyn Jewish Hospital After twelve years as health officer of the Bushwick District, Dr Anna E Ray Robinson will head the Bedford Health District, replacing Dr Vernon A Ayer, who has transferred to the Central Harlem Health District *

The resignation of Frederick B Richards as a member of the board of directors of the Glens Falls Hospital and as its secretary-treasurer was received by the board at a meeting in March Mr Richards has been a member of the board since 1912 and secretary-treasurer since 1918 He said he was relinquishing these duties on the advice of his physi-

William H Barber resigned as vice-president, and was named secretary-treasurer, and Hubert C Brow was elected vice-president to succeed Mr Barber

Dr Robert Linehan of Glens Falls and Dr Leslie Ofner of Whitehall, were appointed to the courtesy staff, and Dr Ward Jenkins, formerly of Willsboro, was appointed to the position of resident physician.

Dr Eugene Bogen, chief of neuropsychiatric services at the Batavia Veterans Hospital, has been promoted to director of professional services at the Veterans Administration Hospital at Northport, Suffolk County On the Batavia staff since 1938, Dr Bogen has been with the Veterans Administration for twenty years He had previously served at St Cloud, Minnesota, and at Hines Memorial Hospital in Chicago

Dr Bogen's successor in Batavia will be Dr James

Hawks of the Northport Hospital

In a report of the medical staff at St Luke's Hospital, in Newburg, submitted by Dr Charles S McWilliam, the Board of Managers elected Dr James C Donovan, senior surgeon, and Dr Early C Waterbury, senior medical physician, to the cor-

On report of the nominating committee, William L Browning, Jr, was elected assistant secretary to George M Northrop, and Thomas Jamison assistant treasurer to Harry N Jamison *

Improvements

The fourth floor maternity department of the New Rochelle Hospital is being renovated this month at a cost of approximately \$5,000 ing to Alex E Norton, superintendent of the hospital, the floor has needed modernizing, cleaning, and painting for some time. Maternity patients have been moved to the second floor, recently vacated by the children who are now in the new pediatric section *

Dr Ray Palmer Baker, president of the board of Samaritan Hospital at Troy, has announced the purchase of an electromagnetic locator for the hospital's department of surgery

The new locator will be used as a supplement to the x-ray machine in the detection of metal articles in the body It will be useful in the surgery on industrial accident victims *

A check for the purchase of an ovygen tent was recently given to the City Hospital in Binghamton by the Binghamton Co-Operative Club *

New, modern nurseries have been completed at the Evangelical Deaconess Hospital in Ridgewood With space for thirty babies, the nurseries have the latest equipment, such as autoclave-sterilizer, incubators, individual bassinets, cubicles for each bassinet, and separate examination and treatment rooms *

Presentation of a Gordon Armstrong Baby Incubator to the Corning Hospital by Painted Post Lodge 117, F & A M has been announced by Miss Martha Ivers, hospital superintendent

Miss Ivers also announced receipt of a gift of \$50 from the Corning Hospital Nurses Alumni Association The money is for the purchase of needed equipment *

Work of redecorating rooms in City Hospital, Oneida, is underway Miss June Vioe, superintendent of the hospital, has reported *

Two groups of ultraviolet solarium lamps have been presented to St Agnes Hospital, in White Plains, by Westchester Chapter, National Foundation for Infantile Paralysis, Dr. William A. Holla, Westchester Health Commissioner and Chapter chairman, announced on April 2

The equipment, which cost approximately \$1,700 will enable at least 10 patients at a time to receive

treatment, Dr Holla said *

A microfilm machine, which will be used to photograph bed charts and various other hospital records on 16-mm film, has been installed at the Leonard Hospital in Troy *

[Continued on page 1300 bottom]

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Some things you should know about "stomach ulcers"



AS OTHERS SEE US

The Scene Ever Changes

NE of the fascinations of the practice of medicine is the infinite variety of human ailments presented to the doctor Further than this each sickness is an entity for the individual, often distinctly different from the same disease in another Then, too, there is the indefinite illness that does not declare itself in a type Such is our daily experience and challenge, which intrigues our ingenuity, stimulates our curiosity, and calls on the constant evercise of that most valuable of a doctor's assets—the powers of observation

Like the weather-beaten mining prospector, one may at any time run upon something rare, singular, and peculiar This is particularly true of times like these when the biologic pot has been stirred from the bottom with the wanderings of indivuals It obviously behooves us to keep our

wits sharpened and to be on the lookout

An interesting example of the above platitudes appeared in a recent issue of the Journal of the American Medical Association Case reports were given of an obscure, indefinite myalgia which ap-The men were not very peared among some troops sick and yet what was ultimately diagnosed was most interesting It happened that a spinal tap was made on one of the men, and an observant laboratory worker found some minute cells in the spinal fluid that had never been seen there before They turned out to be a yeast Further studies involving the blood showed a high lymphocyte count in all the

men affected There was no fever and no other disability other than the myalgia passed off in a few days

Such stories stimulate the imagination, and al though one realizes how multitudinous are the manifestations of mycotic infection, one thinks also that

the atypical may appear in any infection

How the scene ever changes! Where are the cases of lobar pneumonia that once took so great a death toll? Where are those syphilids which used to be shown in infinite variety to the young medical student? Now one must begin to learn something about new infections beginning to adapt themselves There is definitely a new war on, and to humans the vision of the situation stabilizing itself is not in It perhaps never will be, for the war is a continuous one And who are the soldiers of this war but the rank and file of the medical profession who are alert, intelligent, and observant? Here is an army such as Kipling describes

"An army that's never been listed, That knows no color or crest, But broke in a thousand detachments Is leading the road for the rest "

The country practitioner, the out-of-the-way doctor, need not belittle himself. He may be the Finlay or the Fleming who shows the way to new conquests of disease—Douglas Macgarlan, MD The Pennsylvania Medical Journal, April, 1947

The Physician as a Citizen

THE most difficult and momentous question of government is how to transmit the force of public opinion into public action" (Albert Bushnell Hart in A Lawrence Lowell's "Public Opinion and Popular Government")

The physician, as a rule, is little interested in his city, state, or country He enjoys the benefits of his democratic society without making the effort to continue that way of living, until the threat of

socialized medicine comes along

The physician need not run for mayor or governor or representative or senator to help, although the few physicians, among the many lawyers who make up such representative assemblies, are often able to guide legislation in more sensible and needed direc-

It would benefit the profession and the public if the few physicians who are versed in public relations, who have studied the medical needs of the country and the various plans proposed for their solution, who have given freely of their time and energy to medical societies work, were to be paid full time to continue and enlarge on such activities

The average physician can interest himself in some community activity, be it Boy Scouts, a recreation building for high school youngsters, the construction of a new hospital or improvements in an old one, the sanitation of the city jail, public health problems of all types Many of these activities border on or are in his own field —Clinical Medicine,

April, 1947

RADIO TELEPHONE POLL SHOWS MAJORITY AGAINST FEDERAL MEDICINE

Listeners to the Mutual Broadcasting System's American Forum of the Air, by a majority of 11 to 9, voted "No" in a telephone poll held in connection with a debate on the topic, "Should the Federal Government Provide Medical Care?"

A breakdown of the phone calls showed that 56

per cent of the men voted "No" and 54 per cent of the women also voted in the negative

Of the total calls 60 per cent were from men listeners—Bulletin of Association of American Physicians and Surgeons, February, 1947



Where does the foot end?

Anatomically at the 26th

bone, but as physicians know the pinch of ill fitted shoes is not actually felt at the toes or loot as laymen think. It is really registered at the nerve endings in the head

So perhaps the head is the best measure of a proper shoe, not through the eyes alone for modish lines. but through knowing that the first and last criterion of satisfactory footwear is a properly designed and fitted shoe

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The shock treatments of psychiatric disorders are thoroughly discussed by Kalinowsky and Hoch The book, therefore, may be regarded as an excellent reference volume for psychiatrists, who avail themselves of these procedures in treatment of mental Students and physicians in general will disorders find the book interesting reading Insulin shock and the convulsive therapies, as well as prefrontal lobotomy, are described in detail. An extensive bibliography, with a critical evaluation by the authors of adverse reports in the literature, reveals the controversial issues that these procedures have That there is much need to appear the conscience of those using these procedures is evident in the statement by the authors that "we are treating empirically disorders whose etiology is unknown with shock treatments, whose action is also shrouded in mystery "

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Andrew Babey

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[Continued on page 1306]



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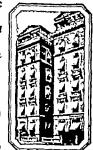
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survival time of the animals that died was twentytwo days, as compared with five and five-tenth days for the controls — It would seem worthwhile, therefore, to employ streptomyein in human infections with this organism

Undulant Fever -Although in vitro studies12 indicated that streptomycin would be useful in the treatment of undulant fever, the results have Herrell and Nichols48 found not been good that the bacteremia associated with the acute phase of the disease could be held in check with Two or 3 cases they treated had streptomycin negative blood cultures after a single course of the agent The symptomatic course of these patients, however, was unaltered The third patient received three courses of streptomycin, the last following splenectomy, and six months after discharge from the hospital was afebrile and well In the latter instance, the spleen was found to be a focus of infection Chronic infections, in which blood cultures are negative, have not responded to streptomycin As pointed out by Spink and Hall,62 and Harris,63 streptomycin is of value in terminating the acute phase of the disease and rendering blood cultures negative. but relapses are the rule The concensus seems to be that favorable results probably can be obtained only if there is no localized focus of infection, or if such a focus of infection can be re-

moved There are two hopeful signs First, in vitro studies of sensitivities have not brought to light any resistant strains, most of them being inhibited by less than 5 micrograms of streptomy-Second, Live, Sperling, and Stubbs⁶⁴ treated guinea pigs infected with Brucella abortus with daily doses of 20,000 micrograms of streptomycin divided into 6 doses and obtained good results Treatment was begun seven days after infection and continued for twenty-four days Only 7 of 35 animals yielded positive cultures on autopsy from one to fifteen days following discontinuation of therapy This is an overall bacteriologic cure of 80 per cent

The report of Keefer et al ¹⁰ on cases with positive blood cultures is not too discouraging. Thirty of 45 patients showed a decrease in fever and only 2 of 29 follow-ups have had relapses (seen from three to eight weeks after treatment was stopped). There was no response in 15 patients who received the agent. Dosage ranged from 2 to 4 Gm of streptomycin per day.

Typhoid Fever—One of the early clinical reports on streptomycin was that of Reimann et al 65 66 These investigators studied 5 cases of typhoid Of these, in only two instances was the effect of streptomycin apparently related to an abrupt improvement in the patient. In one of these patients, although he had become afebratical early streptomycin apparently related to an abrupt improvement in the patient.

stools Elias and Durso, ⁵⁰ who studied the same patients, recovered typhoid bacilli from stools containing 40 and 145 micrograms of streptomycm per gram. In vitro sensitivity tests of typhoid bacilli, isolated before therapy was begun, had shown that the organisms were killed by 6 micrograms of streptomycin. They postulated, therefore, that there might be some substance in the body which inhibited the action of streptomycin. Of considerable importance was their finding that the typhoid bacilli did not develop a resistance to streptomycin during the course of therapy.

In a second series of five typhoid patients, Reimann et al ⁵⁵ found streptomycin to be of apparent value in three of them. However, the

In a second series of five typhoid patients. Reimann et al 55 found streptomycin to be of apparent value in three of them However, the clinical outcome of these patients was not correlated with the sensitivity of the invading bac-One case, in which the streptomycin blood level of the patient was considerably higher than the in vitro sensitivity of the organism, resulted in complete failure, the patient dying after the administration of about 12 Gm of streptomycin at the rate of 4 Gm per day On the other hand, a second patient who was infected with a relatively resistant strain of typhoid bacillus recovered, although her streptomycin blood level was barely that required for the in vitro inhibition of the organism None of the patients treated by Reimann et al

rile, typhoid bacilli were still present in the

received streptomycin by both the oral and parenteral routes, but, as pointed out by Keefer et al, 10 this combined therapy is no better than the intramuscular route alone. The concensus of the Keefer group, based upon the treatment of 51 patients, is that streptomycin in doses of 4 Gm a day did not shorten the course of the disease. What effect the agent has when given during the first week of illness and its ability to reduce

the fatality rate are problems yet to be studied

The problem of streptomycin therapy in typhoid fever is, perhaps, complicated by the finding of Welch, Price, and Randall⁶⁷ that this agent has a stimulating effect on the typhoid bacillus at certain concentration levels, resulting in a higher fatality rate than would have occurred had the streptomycin been withheld. This complication perhaps can be avoided by maintaining the patient on maximum doses of streptomycin (not less than 3 or 4 Gm per day).

Salmently, Enterny Infections and Disentery—

Salmonella Enteric Infections and Dysentery—Too few data are available to evaluate the efficacy of streptomycin in the treatment of these infections, and it is not clear to what extent the oral route of administration has been employed in combination with the parenteral ¹⁰ Although this combined method of administration has not proved of superior value in the treatment of

typhoid fever, it, nevertheless, should be tried in these infections. The organisms vary tromendously in their susceptibility to streptomycin, in view of which fact maximum doses of the agent should be employed.

Tuberculosis. -- Schatz and Wakaman' in 1944 demonstrated that streptomycin was effective against Mycobacterium tuberculosis in vitro Since that time, considerable evidence has appeared which seems to show that streptomyour is effective in controlling experimental infections of tuberculosis in animals 4 65-79. The number and size of the lexions have been decreased and life has been prolonged, but in the majority of animals all of the tubercle bacilli have not been eliminated There is very little information, as yet upon which to base conclusions in regard to tuberculosis in man " To date the results have been disappointing as far as curative effects of streptomycin are concerned Clinical improvement in some early cases of pulmonary tuberculosis has been reported but there seems to be little effect in the patients with long standing disease. In miliary tuberculosis, it is thought that the course is more prolonged than usual and that more fibrous is found at autopsy 🛰 but the results have not been striking 71.72 The most encouraging results have been reported in tuberculosis of the urmary tract7264 and the upper and middle respiratory tract 72.75 A single case of tuberculous meningitis treated with streptomycin and reported by Cooke et al. 14 resulted in a clinical and bacteriologie cure but a great deal more work must be done before the place of streptomycin in the treatment of tuberculosis is established

One discouraging sign is the report by You mans et al ** that the tubercle bacillus possesses the ability to acquire resistance to streptomycin, both in vitro and in vivo, with great rapidity. The chemistry of tuberculosis makes it seem in probable that streptomycin and the natural forces of the body can kill the tubercle bacillus before it becomes resistant.

Pulmonary Suppurative Disease —Streptomyein has been employed in such cases with varying degrees of success depending upon the nature of the flora present. As pointed out by Hirshfeld et al. *many of these infections yield a mixed flora on culture and not infrequently Bacteroides melaninogenious, annarobic streptococci and annarobic staphylococci are present. It has been impossible to eliminate these organisms with combined parenteral and local administration of streptomyein, and where they have per sisted, elinical results have been disappointing

In 44 cases of pulmonary infections caused by a variety of organisms and studied by Keefer's group is twenty-nine recovered or improved, seven showed no response, and eight died. It is not clear from the data presented whether or not anaeroble studies were carried out. It is noteworthy, however that thirty of these infections were caused by Friedlander's bacillus, the in fluenxa bacillus the colon bacillus and Proteus vulgaris, organisms that are known to be, on the whole, very susceptible to streptomycin. More extensive investigation of this group of infections is needed, however before the results of streptomycin can be accurately evaluated. This is especially true of those pulmonary infections in which anaeroble bacteria constitute a part of the flora present

Treatment of these suppurative pulmonary infections has been mainly by the intramuscular route but in several of them streptomycin aerosol was employed, or the agent was introduced supraglottically. Olsen employed 0.5 Gm. of streptomycin dissolved in 20 co of saline which was nobulized over a twenty four-hour period. In these instances it was possible to free the sputum of susceptible organisms and to decrease the quantity of the sputum. This regimen is also of definite value in preparing patients for surgory but is only a temporary expedient and, of course will not cure a deformed bronchial tree.

Peritonitis —Streptomycin has not shown any spectacular results in the treatment of peritonitis but, as pointed out by Hirshfeld et al., this disease is an unpredictable one and its treatment by chemotherapy is difficult to evaluate. These authors stated, however, that streptomycin should prove to be of value in the treatment of peritonitis if the organisms causing the infection are sensitive to the agent. When its use is not attended by marked beneficial results the explanation probably lies in the presence of a mixed flora among which are nonspore-bearing anaerobes.

The report to Dr Keefer's committee's substantates the results obtained by Hirshfeld et al. Of 53 patients treated 39 recovered, 2 failed to respond to the agent and 12 ded. In the light of these findings, the committee felt that streptomycin should be used in all cases of pertonnts caused by streptomycin-sensitive organisms.

Spirochetal Infections —Herrell and Nichols* treated 4 cases of early syphilis with doses of streptomycin which they considered as inadequate.

Temporary improvement occurred but in 3 cases in which darkfield examinations were positive relapses ensued. Dunham and Rake⁷ have shown that in experimental syphilis of rabbits penicillin G is more than 3 000 times as effective as is streptomycin. It does not seem likely

therefore, that streptomycin will come to occupy an important place in the therapy of syphilis

Heilman⁹ employed streptomycin in the treatment of experimental infections with Borrelia novyi and Leptospira icterohemorrhagiae antibiotic exerted a marked protective effect, but it was not as active as penicillin

The Use of Streptomycin in Preparation for Surgery on the Gastrointestinal Tract—Smith and Robinson⁷⁹ have demonstrated that when given orally to mice, streptomycin will eliminate the majority of the coliform organisms from the stool and greatly decrease the total bacterial count Similar results have been obtained by Reimann et al 55 for man They were able to eliminate all aerobic bacteria from the stools of some patients, but the anaerobic organisms persisted tional study of this problem may well result in the addition of streptomycin to succinylsulfathiazole and phthalylsulfathiazole as a means of preparing the intestinal tract for surgery

Miscellaneous Surgical Infection —In such conditions as infected compound fractures and chronic ulcers, streptomycin has not been of striking benefit 5 This is probably due to the rapidity with which certain bacteria can acquire resistance to the agent, to the presence of naturally resistant bacteria, and to the difficulty of freeing any such infection of bacteria quickly

Summary

- Streptomycin, an antibiotic introduced by Schatz, Bugie, and Waksman, in 1944, has been shown to be effective against a number of gram-positive and gram-negative bacteria as well as mycobacterium tuberculosis both in vitro and in vivo
- Studies of its absorption, distribution, and excretion in man following oral and parenteral injection have been made Enough information has been accumulated to permit establishment of dosage schedules and to prove that it is relatively nontoxic
- Unfortunately, many bacteria are able to develop resistance to streptomycin very rapidly when exposed to sublethal concentrations This demands that large initial doses be employed if treatment is to be successful
- Streptomycin has proved to be strikingly effective in the treatment of tularemia, many bacteremias due to gram-negative bacilli, urinary tract infections due to susceptible organisms. Friedlander's bacillus infections, and infections caused by hemophilus influenzae Its place in the treatment of undulant fever, tuberculosis, and infections, such as peritoritis and supperative pulmonary disease, usually caused by a mixture of organisms, has not been determined

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NORTON MEDICAL AWARD IN VITES MANUSCRIPTS

W W Norton & Company are again offering the Norton Medical Award for book manuscripts written for the lay public by professional workers in the field of medicine. Terms of the Award have been slightly altered. The publishers now set no final closing date for the submission of manuscripts which may be submitted at any time the Award not being limited to any one year. The Norton Award offers \$5 000 as a guaranteed advance against royalties. Either complete manuscripts or detailed table of

contents together with one hundred pages of manuscript may be submitted. A descriptive folder giving full details of the terms of the Award may be secured on request from the publishers, W. W. Norton & Co. Inc., 101 Fifth Avanue. New York 3, N.Y. Books that have previously won Norton Medical

Books that have previously won Narton Medical Awards are The Decdor's Job by Carl Binger, M.D., Doctors East Doctors West by Edward H. Hume, M.D., and A Surfeen's Domain by Bertram M. Bernheim, M.D. published this garing.

NO TIP FOR THE WAITER

While my husband was overseas I stored all his equipment and furniture in his consultation room Our three small children used the waiting room as a playroom.

On entering the playroom one afternoon I found a little old man wedged into a small rocking chair. Toys books, and games were piled high

around him. All the furniture was child-sized. The only reading matter he had been able to find was a comic bool.

When I saled what I could do for him, he smiled with total unconcern and said, 'Oh, nothing, thank you. I m just waiting for the doctor'—Afedical Economics April 1947

MEDICAL NEWS

\$3,000,000 Grants Aid Cancer Study

TOTAL of nearly \$3,000,000 in grants for cancer A TOTAL of nearly \$5,000,000 in gradual 1945 and 1946 research was distributed during 1945 and 1946 to finance 240 research projects in forty-eight universities, hospitals, and other institutions, it was announced in April by the American Cancer Society at a press luncheon at the Hotel New Yorker

The speakers outlined a broad coordinated attack on the cancer problem in which chemistry, biology, physics genetics, and other scientific disciplines will cooperate in the greatest concentrated effort ever made in the field of cancer to learn its cause and find methods for its prevention and cure

Passano Foundation Award Goes to Dr Waksman

A FORMAL presentation of this \$5,000 award will be made at a dinner to be given at Atlantic City, June 12, 1947, to Dr Selman A Waksman, microbiologist at the New Jersey Agricultural Station, New Brunswick, N J Dr Waksman's address is entitled, "Antibiotics and Tuberculosis,—a Microbiological Approach" Established in 1943 by the Williams and Williams Company medical by the Williams and Wilkins, Company medical

publishers, of Baltimore, the two previous winners of the Award were Dr Edwin J Cohn of the Har vard Medical School and Dr Ernest W Goodpasture of Vanderbilt University Medical School. The Foundation includes on its Board as representatives of the medical profession, Drs. Emil Novak, Nicholson J Eastman, and George II Corner, all of Baltimore

Annual Meeting of the Society for Investigative Dermatology

THE eighth annual meeting of the Society for Investigative Dermatology will be held at the Ritz-Carlton Hotel, Atlantic City, on Tuesday, June 10, 1947

The following who will speak at the morning session of the scientific program are Dr Herman Beerman, of Philadelphia, Drs Samuel M Peck and Sheppard Siegal, and Miss Rose Bergamin, New York, Mr John F Madden, St Paul, Minne-sota, Drs Stephen Rothman, J H McCreary, and A. Smiljanic, of Chicago, Drs Arthur C Curtis, Holman Taylor, and Robert H. Grekin, Ann Arbor, Drs Marion B Sulzberger, Franz Herrmann, and

Frederick Zack, New York City, Dr James B Hamilton, Long Island College of Medicine

The afternoon session speakers will be Dra. Jerome Sherman and Eugene Walzer, Brooklyn, Robert R Kierland and Eugene M Farber, from the Mayo Clinic, Rochester, Minnesota, S Wilham Becker, Chicago, Edgar A Hines and Hamilton Montgomery, Mayo Clinic, Rochester, Minnesota, Sonia Dobkevitch and Rudolf L Baer from the New York Skin and Cancer Unit, Eugene S Bereston, Baltimore, Lawrence Katzenstein University ton, Baltimore, Lawrence Katzenstein, University of Pennsylvania, and A Benson Cannon, New York City

Personalities

Dr Tracy J Putnam, director of the Neurological Institute of New York, and Dr Houston Merritt, chairman of the epilepsy committee of the American Psychiatric Association, were cited April 24 for development of new drugs to treat epilepsy

At the annual luncheon of the American Epilepsy League in the Hotel Pierre it was declared that dilantin, mesantoin, and glutamic acid, developed by the doctors, had "alleviated the suffering of thousands of people with epilepsy"*

Delaware County Medical Society recently helped Dr Robert Brittain, of Downsville, celebrate his eightieth birthday Dr Brittain has served Downsville more than fifty years, settling there in 1896

In the early years of his practice it was common for him to be called to Cooks Falls or Shavertown, making the trip with horses No weather was No weather was ever too stormy nor rough nor distance too great

He still has the spirit of his youth but now makes

calls with an automobile

Among those who were with him for the celebra tion were three of his sons, Robert, of Franklin, Ned of Bloomfield, New Jersey, and Dr hnor Brittain of Spencerport *

Dr John D Stewart, professor of surgery in the University of Buffalo Medical School and head of the Department of Surgery at Meyer Memorial Hospital, is one of 12 surgeons appointed to a sur gery committee which will act as an advisory body to the federal services

The committee has been named by the Division of Medical Sciences of the National Research Coun-It will be concerned with the problems of the - Administration * armed services and t

^{*} Ast.

Dr John J Wittmer assistant vice-president of the Consolidated Edison Company of New York, has been elected a trustee of the Long Island College of Medicine Dr Frank L. Babbott, chairman of the

board of trustees announced recently

In making the announcement Dr Babbott said "Dr Wittmer, a graduate of the college in the class of 1922, was instrumental in the establishment of our postgraduate course in industrial medicine and of other services by the college to industry We are fortunate to enlist the help of a man whose experi ence has embraced both the scientific aspects of medicine and their practical application to the prob-lems of industry. His guidance will be of particular value in helping to plan for the college s expansion and development in the future.

Dr Frank O Franco has begun a practice in Bedford Hills.

Serving with the U.S Army three years, twenty two months of which was spent overseas with the 133 Evacuating Hospital in the European Theatre Dr Franco achieved the rating of captain *

Three Long Island doctors were recently honored in the first banquet staged by the Queens Clinical Society to recognize outstanding members of the society

This process of choosing members who have distinguished themselves and of recognizing the distinction, will be a regular part of the society's program from now on, according to Dr G E. Night-

ingale of Jamaica, president.

The three who were honored, at the banquet are Dr David Utz, of Rockville Centre for having qualified before the American Board of Pedlatrica.

Dr John A. Singleton of St. Albans, for outstanding citizenship—Dr Singleton is a member of the Mayor a Committee on Unity

Dr John E. Lowry of Flushing, for outstanding citizenship—he is a member of the Board of Trustees of the Queens Library *

Dr Paul A. Dwyer Beech Grove Place, has returned to Utics and opened an office at 272 Genesce. Dr Dwyer was graduated from Manhattan College and from the Georgetown University School of

Medicine. He served his internship and residency in medicine

at St. Mary's Hospital Rochester

Dr Horace C Montgomery of Watertown, president of the Jefferson County Unit of the American Cancer Society has been named associate state chairman, of the 1947 cancer campaign in seven of New York's northern counties.

Dr Montgomery will supervise campaign ac-tivities in Essex, Oswego Jefferson, Lowis, St Lawrence, Franklin, and Clinton counties.*

Dr Leslie H. Backus of Buffalo personal phy dician to the late President Roosevelt at the Yalta Conference was the speaker at a recent meeting of the Genesce County branch of District Number 1 of he State Nurses Association held at the Legion Home with 64 present.

Speaking on "Modern Trends in Reconstructive Plastic Surgery," Dr Backus told of his experiences while serving with the Navy and showed films of some of the work done in that line during the war At present Dr Backus is affiliated with hospitals in Buffalo and is on the teaching staff at the Univer sity of Buffalo Medical School. He is also con sultant at the Veterana Hospital.

Dr Robert Peterman, of Hicksville, has resumed his medical practice at his home after a six year ab-

sonce while in service.

He entered the Army Medical Corps in January 1941, and landed with the first troops in the North African invasion and later in the assault on Sicily During those invasions he was awarded the Silver Star for gallantry in action, the Bronze Star for professional skill and personal courage as battalion surgeon, and was given special mention by the late Ernic Pyle in his book, 'Here Is Your War' Since his return to the States in November 1943

he was assigned to Fort Lewis Washington, where he was chief of the medical and surgical technical

courses and was advanced to rank of major *

Dr William M. Smith, who before entering public health work ten years ago was a practicing phy sician in Olean, has returned to that city and resumed the practice of medicine at his former office about April 21

Dr Smith served as district State health officer in

the New York State Health Department until he entered the Army Medical Corps in World War IL. He served overseas as well as at posts in this country and was discharged from the service with the rank of major He held a number of important posts in

the Army's field of preventive medicine. On leaving the service Dr Smith returned to the field of public health and became the State Health officer of North Dakota. He resigned that post, effective April 1 to re-enter private practice in

Olean *

Dr Leon Star recently returned after four and a half years in the Navy has opened an office for the practice of surgery in Rockaway He was a flight surgeon in the Navy holding the

rank of lieutenant-commander After obtaining his wings at Pensacola, Florida he saw service in the African invasion, Okinawa, Iwo Jima, and finally went to Japan with Admiral Halsey. He was recommended for the Legion of Merit in the Pacific theatre of war

Before entering the service he was graduated from the Long Island College of Medicine and served as intern and resident in surgery at Mount Smail

Hospital *

Dr M. S. Richards and Dr William Padget have opened their new offices in Tully *

Dr Jacob Sirkin of Newark, former State School physician and Army Medical Corps officer, has opened an office for the general practice of medicine On A Mark to was commissioned a first

syphilis'

Oneida County

Oswego County

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Queens County

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Medical Society at the stated meeting on April 29 Dr Greene is associate dean and clinical professor of surgery, Long Island College of Medicine

the treatment to overcome sickness and disabilities

It is stated that registered occupational therapists

now number 2,200, far short of the nation's demand for trained personnel The program of the Veterans Administration alone has called for 1,300 therapists

by the spring of 1947

demand offers an op-

Schenectady County

Another step toward providing free blood trace fusions in hospitals and climes in Schenellet

County was taken in April when the Schenetar County Medical Society, meeting at the Elis

Hospital, agreed unanimously to sponsor theplan If and when the plan goes into effect, the Schene tady Red Cross will be responsible for typing and recruiting volunteers, who will keep the Elle flor

pital blood bank up to about 30 pints and will be on call to provide rare types of blood *

Officers were elected at a meeting of the Eastern New York Eye, Ear, Nose, and Throat Associate held in April at the Mohank County Club, Dr

Frank C Furlong, president, said recently Guest speaker was Dr James H Barnard at tending allergist at Roosevelt Hospital, New York His topic was "Allergy of the Eyes and New Pre-ent Concepts and Treatment" Dr Barand B an authority on allergy and has done extensive re-

Beah and writing on the subject A disassion period following the address in led by Dr. H. Congdon and Dr. C. F. Rourb Schenectady, and Dr. Kenneth Crounse, and R. Harold P. McG. Albany.*

county *

Warren County A quota of \$4,000 as set for Warren County in the national fund calcaign for Cancer County which was conducted in first Dr. Morte Making who is chairman of the calcar control committed the Warren County Medicis control committed by the New York State Bocciety, was required by the New York State Bocciety, as required the New York State Bocciety, to take chairch of the America of the drive in its

A PIONEER PROFESSION One of the latest and most useful adjuncts to medical practice is occupational therapy which has proved its usefulness and rehabilitating possibilities during the two world wars, being particu-

New York University, College of Medicine, "Peni-

cillin in Treatment of Syphilis in Pregnancy",

Dr Bruce Webster, assistant professor of medicine

Cornell University Medical College, "Latent and

Cardiovascular Syphilis", and Dr Bernhard Datt-

ner, associate clinical professor of neurology, New

York University, "Penicillin in Treatment of Neuro-

Dr Lloyd E Hawes, Boston, who was stationed at Rhoads Hospital for several months, was principal speaker at the March meeting of the Utica

Academy of Medicine and the Medical Society of

Oneida County
Dr Hawes' subject was "Permanent Changes in

the Abdomen Following Gunshot Wounds" Local

speaker on the program was Dr Joseph J Witt,

Postgraduate instruction was given to the mem-

bers of the Oswego County Medical Society on May 20 by Dr Jules Redish, assistant professor of medicine, New York University, College of Medicine The lecture, held at the Sweet Memorial Building, Phoenix, was entitled "Hypertension and Hyper-

"Surgery in China" was the subject of a talk given by Dr Phillips F Greene to the County

who spoke on "Bronchiectasis"*

larly elaborated during and subsequent to World War II This form of therapy was instituted during World War I, when General Pershing called for 500 therapists to do "bedside occupational work at the front" During World War II it was adopted by the War Department for use in all army and navy hospitals It has been announced that countless thousands were speeded in their recovery n hen physicians prescribed this therapy as a part of

portunity for training a large number and women to enter this useful forn is not only applicable to army and me but also should have a field in civil legislation.

The success of occupational therap specialized training for this class on the In order to establish and protect trans this profession, the American Occupation Association (33 West 42nd Street, Per N Y) issued "Essentials of an Accr [44]. Occupational Therapy" in 1935 [325] yidual schools established at the transfer vidual schools established at that timing to "twenty-five which now traing therapist in medical information and of arts and skills, leading to a diploment. The American Occupational There has established the "American Jou got tional Therapy" which will be issued the state of the state will be of use to both laymen any Northwest Medicine, March, 1947

NECROLOGY

Edward B Angell, M.D., 90, of Rochester, died on April 23 Dr Angell received his medical degree in 1881 from the University of Pennsylvania Medical School. A founder and former president of the Rochester Medical Society Dr Angell had also been vice-president of the American Neurological Assoclation and the New York Medical Society practiced medicine in Rochester for more than fifty years, and was a former president of the Rochester Medical Society a member of the Rochester Academy of Medicine, the American Medical Association, and the State and County medical societies.

Rose Anne Bebb, M.D., of New York City, died on April 16 She was a graduate of the University of Minnesota Medical School in the class of 1899 Dr Bebb was a member of the American Medical Association, the Medical Society of the State of New York, New York County Medical Society, the New York Academy of Medicine, and the New York Neurological Society She was assistant allenist to the Department of Hospitals New York City, at Bellevue Hospital Dr Bebb was 50 at

the time of her death.

Frederick Garlick, M.D., of Rochester, died on April 22. He was graduated from Albany Medical College in 1913 He was a member of the staffs of General and Park Avenue hospitals, Rochester the American Urological Association, American Medical Association, and the State and County medical societies. He had been urologist of the Monroe County Hospital. Dr Garlick was 59 at the time of his death.

James A. Holley, M.D., of Walton, died on April 20 in his ninety-second year He was graduated from Albany Medical College in 1886 Dr Holley was a physician in Delaware County for sixty years and the author of the book 'Recollections of a Country Doctor He was a member of the State Country Doctor

And County medical societies.

Harwood L. Hollis, M.D., 53 died on April 28.

He was director of the Oswego County Tuberculosis Sanatorium, Orwell, and a member of the American Medical Association, American College of Chest Physicians, and the State and County medical socie-

ties. He was graduated from Syracuse University College of Medicine, in 1920 Hans E. Kudlich, M.D. 68 of New York City died on February 20. In 1904 he was graduated from the College of Physicians and Surgeons, Columbia University He was consultant on gynecology and obstetries to the Lenex Hill Hospital, New York,

outpatient department.

Frank Liberson, M.D., 58, of Brooklyn, died on April 13 He was roentgenologist in charge of the

United States Public Health Service in New York, and had been proviously associated with the radiological clinic of the United States Marine Hospital Stapleton Staten Island, and the Immigration and Naturalization Service on Ellis Island Dr Liber son was graduated from the Long Island College of Medicine in 1917 He devised many x ray improvements and wrote many articles on radiology for scientific publications. He was a member of the American Board of Radiology, and the State and County medical societies.

J Francis Messemer, M.D of the Bronx, died on April 16 He was a pediatridan at Fordham Hospital in the Bronx. In 1915 he was graduated from Columbia University College of Physician and Surgeons He was a member of the Bronx County Medical Society, the Medical Society of the State of New York and the American Education

State of New York and the American Medical Association. He was 67 years old.
Robert F Sheehan, M.D., of Scarsdale died on April 16 He was 67 Dr. Sheehan was a former April 16 He was 67 Dr Sheehan was a former professor of psychiatry at Fordham University and consulting neurologist at Kings Park State Hospital Kings Park, Harlem Valley State Hospital Wingdale and the Benedictine Hospital, Kingston. He was precident of the board of visitors of Harlem Valley State Hospital from 1928 to 1935, and attending neurologist at St. Mary's Hospital, Brook lyn. from 1935 to 1944 lyn, from 1935 to 1944.
Dr Sheehan was also chief neurologist at St.

Vincent's Hospital and the Community Hospital, New York consulting neurologist at Misericordia Hospital and St. Clares Hospital, New York, director of the child guidance clinic at St Unicent's Hospital, and consulting psychiatrist at St. Vincent's

Retreat.

He was a member of the American Association for the Advancement of Science, the American Psychiatric Association, American Medical Association, the New York County Medical Society, Dutchess County Psychiatric Association, the Association of Military Surgeons of the United States, and the State and County medical societies.

Dr Sheehan received his medical degree in 1904

from the University of Buffalo, School of Medicine. George W Shoemaker, M.D., of Syracuse, 91, died on March 29 He was one of the founders of deed on March 29. He was one of the founders of Onondags General Hospital and the People a Hos-pital Syracuse In 1897 he was graduated from Syracuse University College of Medicine. Dr Shoemaker had practiced in Syracuse for over fifty years, and, as well as assisting in the founding of Onondaga General Hospital, he was president and chief of the medical staff for two years.

AMERICAN BOARD OF ORTHOPEDIC SURGERY

The American Board of Orthopedic Surgery will hold its next examination-Part II-in Chicago, Illinois on January 22 and 23, 1948.

The deadline for receipt of completed formal appli cation and application fee is September 15, 1947 Correspondence and applications related to Part II of the examination should be sent to the Secretary of the American Board of Orthopedic Surgery, Dr Francis M. McKeever 1136 West 6th Street, Los Angeles 14, California.

HOSPITAL NEWS

Master Plan Given for City Hospitals

THE Hospital Council of Greater New York Lunfolded its master plan for hospitals and related facilities at a dinner meeting on April 22, where the plan was acclaimed by leaders in the field of health and hospital service

Geared to meet the city's requirements in 1950, the plan envisages the need for 129,000 hospital beds, based on an estimated population of 8,-

000,000 three years hence

Of this total, 33,600 beds are designated for general care, 8,000 for convalescent care, 16,000 for long-term illnesses, 800 for acute communicable diseases, 6,600 for tuberculosis, and 64,000 for psychiatric care. These figures generally are in excess of present facilities and the recommended distribution is in many cases markedly different

The plan was drawn with the idea that distribution and location of hospital facilities should be determined by the needs of the people, the need for teaching and training programs, and the need for

medical research

While no attempt was made to mind the new hospitals should go, although the new hospitals should go, although the some covers forty-one study areas, the that with Manhattan now has fifty-seven better the 16,561 beds, the Bronn, nineteen with 2,439 beds, and Religioush the state of the seven with 2,439 beds, and Religioush the seven sounded out the seven 541 beds It was pointed out that the relation either to present or privated thank population

The plan was endorsed at the meeting Eva.
A Salmon, chairman of the City Process mission. Dr John B Pastore erecting of the Hospital Council, Dr George Ending dent of the New York Academy of Mannet To William B Rawls, representing the metal centres of the City, Dr Claude W More a rector of St Luke's Hospital, Dr Erwill Bernecker, City Commissioner of Hospital and Arthur A Ballantine, chairman of the The Hospital Fund and the Greater New York Finns

News Notes

Supreme Court Justice Henry Greenberg, in an appeal for support of the New York University-Bellevue Medical Center Fund of \$15,575,000, said April 17 that the New York University Medical School "should receive a Congressional Medal

of Honor for its lack of prejudice

The justice, who asked business and professional groups in the metropolitan area to support the fund, spoke at a dinner on behalf of the drive held at the New York University Faculty Club, 22 Washington Square North, and attended by thirty members of the state bar He praised the lack of prejudice and anti-Semitism at the medical institution and declared that a large percentage of the student body represented minority groups

Under pressure of steadily rising expenses which produced red ink on monthly balance sheets, the Nyack Hospital has found it necessary to raise the rates for hospital services substantially rates, approximately 35 per cent higher than those previously charged, were effective on April 1

With this increase in effect, rates at the Nyack Hospital will be in line with but not higher than the average rates already prevailing in most of the hospitals of similar size in the suburban area around

New York City '

Two years of construction work on the 1,000-bed Two years of constitution work on the 1,000-bed Veterans Hospital at Fort Hamilton was started after Col W F Heavy, New York district engineer, Army Corps of Engineers, broke the ground on March 31 The main building will be 16 stories It will be on an 18-acre site bordering Dyker Beach Park.*

Affiliation of the Department of Programme of Ithaca College with Auburn City House we announced April 2

President Leonard B Job of the College in Lawrence E Kresge, administrator of the hours in a joint statement, said that under the more begun in March, third-year students clinical instruction under the supervise a lise Ardis McCarty, head physiotheraps; at the livering and orientation training from Richard Harden Ithaca College instructor

Auburn City is the second hospital with with college has become affiliated recently to being Robert Packer Hospital, Savre, Personal A Garman Dingwall, assistant direct of the supervisor of the three-year courses in lines.

pleted the arrangements with the hospits! Auburn City Hospital will provide s of clinical practice for the Ithaca suches will receive training in the care of general cases in the physiotherapy clinic, where the Robert Packer Hospital they obtain best provided in the case of the c

in orthopodics

The purpose of the hospital clinical to give the students enough background on the with the additional work done during the and final year at the Hospital for Special in New York City, they will be able to prove field of physiotherapy they would be to the for *

Advances in rates from sixty cents to ore office went into effect April 1 at Jones Memoria Energy Wellsville The new rates are expected a direct estimated deficit from secondary contains. estimated deficit from \$36,000 to \$30,000

Daily rates announced by the hearth had a managers were \$6 for residents and \$ 100 residents and \$ 100 residents are residents and \$ 100 residents are residents and \$ 100 residents are residents are residents are residents are residents are residents. residents in wards, \$8 for residents and \$ 1,520

residents in semiprivate room and \$9 to \$9 50 for residents and \$10 to \$10.50 for nonresidents in private rooms.

The differential between residents and non residents was made because village taxpayers make up 100 per cent of the deficit in hospital operating costs while only 40 per cent of the patients are residents of the village.

Dedication ceremonies, attended by 1 000 guests, were held March 29 for the Horace Harding Hospital in Elmhurst, Queens, the first hospital to be completed in Queens since the war

Speakers at the dedication ceremonies were Dr Edward M Bernecker commissioner of hospitals Dr Samuel Frank, representing Health Commissioner Israel Weinstein, Borough President James A Burke, Dr Louis J Taorinian, president of the hospital a board of governors, Dr Edward A Fleming, president of its medical board and Max Lerner the hospital a administrator

The new hospital is privately supported Funds for its construction were raised by subscription

Thomas W Fitzgerald, president of the board of trustees of a fund to build a \$2,000 000 hospital to serve the Great Neck section of the North Shore, announced April 24 that it will be situated at Bay view Avenue and Old Mill Road in the Village of Old Saddle Roak, to serve residents within a radius of five miles. Mr Fitzgerald said a campaign to raise the money for the 150-bed hospital is now being organized.*

Action to keep physicians medical records up to date at Lockport City Hospital in order to meet the requirements of the American College of Surgeons, which has omitted the institution from its list of approved hospitals for several years, has been taken by the board of menagers.

the board of managers.

Phymalans will be suspended from the staff seven
days after receiving notification that they are delinquent in their records and will not be permitted to
practice until complete reports have been filed.

Utica General Hospital formally became Oneida County Hospital of Utica, on March 18, it was announced by Lewis G Fowler president of the new board of managers.

The changeover became effective with the signing of a two-year lease of the institution by the county in accordance with provisions of a resolution of the Board of Supervisors and action by the Board of Managers.

The House of the Good Samaritan of Watertown recently was willed half of the \$67,000 estate of George H. Bell. The bequest was given to the hospital for the building of rooms or a wing as a memorial to Mr Bell s grandparents.*

The Woman's Auxillary of Vassar Brothers Hospital in Poughkeepsie has donated \$2,000 to the hospital's school of nursing, to be used as tuition scholarships for student nurses.

The growing list of corporations which have made a substantial subscription to the building fund of the North Country Community Hospital, Glen Cove has been further increased by the Columbia Ribbon and Carbon Manufacturing Company Inc., of Glen Cove, which made an unrestricted subscription of \$10 000 to the fund Announcement of the subscription was made by Frank T Powers, Jr., Chairman of the Committee on Corporation Subscriptions of the \$1 750 000 building fund.

A four floor hospital at Theresa, Jefferson County, has been opened by Dr Walter G Robinson, of Alexandria Bay With modern equipment, the hospital now has seventeen beds but the building leads that the an exercise and the second services are seventeen beds.

lends itself to an easy expansion.

Working with Dr Robinson at the hospital are Dr Robert B Burtch, recently separated from the Navy, and Mrs. Roberts Tate Watson, R.N., former superintendent of the Noble Hospital at Alexandra Bay Dr Burtch, a graduate of Syracuss University, College of Medicine in 1943 interned at Brook Iyn Naval Hospital and then served as naval flight surgeon at Punsacola, Florida. He also served in the Naval Altr Corps in different parts of the world including New Caledonia Guam and Japan.

Eleven hospitals in Queens including Rockaway Beach and St. Josephs Hospitals have received donations of \$1 500 from the Queens Borough Lodge of Elks.*

Certain rates at the City Hospital in Schenectady were increased by the city council on March 24

The charge for private nonwelfare patients went from \$3 to \$4.60 a day for children from two to twelve years of age and from \$5 50 to \$7.50 a day for persons thirteen years of age and older the charge for large x rays was raised from \$5 to \$7 Other charges for private patients were left unchanged.

The charge for welfare patients went from \$3 to \$4 a day for children two to twelve and from \$5.50 to \$6.50 for persons thirteen years old and over Other charges for welfare patients were left unchanged.

The Jefferson Hospital in Middleburg, an eightbed institution that has served the Schoharie community since it was founded in 1927 by the late Mrs Blanche Dyckman, has been sold and will be reconverted into a private residence.

The institution, first called the Dyckman Hospital but registered as the Jefferson Hospital by Dr Joseph F Duell after he obtained possession in 1937 had been managed and conducted entirely by the physician in recent years and never received out side finantical and n of exemption from taxes

The number of cases handled there has not been computed, but records reveal that in 1945 the hospital had passed a total of 2,500 major operations, in addition to obstetric and other minor case operations.

Increased rates at Good Samaritan Hospital in Suffern effective since March 16 have been announced by hospital authorities. The increase was necessary to meet the rising costs of almost every item for the care of patients and the maintenance of the hospital, officials said A general increase of \$1 a day for all private and semiprivate rooms, of fifty cents per day for ward rates, and a \$5 increase for the use of the delivery room were announced *

Medical students and interns are learning to provide for mental well-being as well as physical health in the Child Guidance Clinic at Children's Hospital in Buffalo—the only clinic of its type in Upstate New York

The clinic was organized in 1930, but operated only part-time until last summer, when Dr Sherman Little was appointed director and attending psychiatrist

He is also assistant professor of pediatrics and associate in psychiatry and mental hygiene at the University of Buffalo Medical School

The Child Guidance Clinic attempts to supply, in organized, scientific form, the kind of information which a family doctor acquired after years of experience

To make up a deficit in its operating costs, Children's Hospital is conducting its Guarantors' Fund campaign Buffalonians and Western New Yorkers are being asked to subscribe for one or more \$25 shares in the future of their community. If hospital expenses are kept under the budget, the full amount of the shares will not be collected, but each guarantor may be called upon to pay to the hospital annually a proportionate part of the annual deficit for each share taken.*

Plans for the new veterans' hospital in Albany are about completed, and bids for the construction of the institution will be sought shortly, according to J J Rockefeller, director of construction for the Veterans Administration *

Acclaiming Dr Marshall Latcher as one of the greatest humanitarians in Otsego and Delaware counties, a committee of Oneonta men and women have completed plans for a campaign to raise over \$25,000 for construction of a laboratory in honor of the veteran physician

Plans call for the laboratory to be constructed on the Third Street side of the Fox Memorial Hospital in Oneonta The proposed building will cost over \$18,000, it is estimated, with an additional \$7,000 to be spent for equipment The present laboratory equipment owned by the hospital, valued at over \$4,000, will be used in the new building

The move to construct the laboratory in honor of Dr Latcher for his "services to mankind" during his fifty years as a physician was started in March, and the committee hoped that the ground-breaking ceremonics would be held on the occasion of his anniversary in May *

The operating deficit of Staten Island Hospital continues to mount, the board of trustees was informed at a recent meeting in the hospital

An operating deficit for February of \$7,019 50 was reported In January, the deficit was announced as \$8,000 Mounting costs of supplies and salaries were cited as primary factors in the deficit. It was reported that salaries also had increased \$1,000 over the previous month and \$6,000 over the same amount last year.*

New Rochelle Hospital's adult medical and surgical departments were occupied 95 per cent during February, according to the monthly report of Superintendent Alex E. Norton Percentage is based upon the number of patients in the hospital and the number of days in the month. Each vacancy lowers the total percentage.

A general solicitation campaign for the hospital's \$2,000,000 building fund got under way in mid-April, the crowded condition of the hospital em-

phasizing the need for the expansion

The alumni dinner of the New York Eye and Ear Infirmary will be held June 11 at 6 30 PM at the Marlborough-Blenheim Hotel in Atlantic City, New Jersey Announcement of the dinner was made by the alumni association secretary, Dr Brittain F Payne

Hospital public relations will be the subject of a five-day institute to be conducted by the American Hospital Association June 9 through 13 in Princeton, New Jersey, in cooperation with the New Jersey Hospital Association Nationally known public relations authorities, including members of the Princeton University faculty, will take part in the institute, which will be the first of its kind

Enrollment at the institute will be limited to 100 hospital administrators, public relations directors, and others concerned with hospital public relations who are personal members or representatives of institutional members of the American Hospital

Association

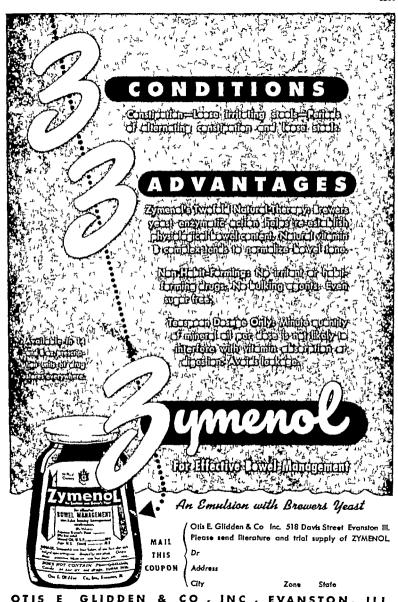
At the Helm

After thirty years as head of the obstetrics department of the New Rochelle Hospital, Dr Orville Hickok Schell has resigned from his official hospital duties. He will, however, continue his private practice. In January he retired as director of obstetrics at Grasslands Hospital, in Valhalla, after twenty-five years of service with that hospital.

The degree of honorary Doctor of Medicine has been conferred upon Dr H J Stander of the Lying-In Hospital, New York City, by Dublin University, Dublin, Ireland *

Dr J A Rosenkrantz, formerly chief of the medical section of the outpatient department of the

[Continued on page 1296]



EVANSTON.

[Continued from page 1294]

Veterans' Hospital, the Brony, has recently been appointed chief of the outpatient department of

that hospital

A graduate of the College of Physicians and Surgeons, Columbia University, Dr Rosenkrantz was formerly research assistant at the New York Post-Graduate Medical School and Hospital, in which position he contributed articles in the field of metaboic disorders He served in the U.S. Army Medical Corps as commanding officer of an advance section of a medical laboratory and as chief of the medical service of a station hospital He is a diplomate of the American Board of Internal Medicine

The Medical Board of the Lutheran Hospital of Brooklyn has elected the following as officers for the current year Dr Harold Barnes, president, Dr Delfino Mascolo, vice-president, Dr Sanford Kaminester, secretary

The herculean task of directing the Pilgrim State Hospital, or any other institution of its size, was explained March 24 by Dr Harry Worthing senior director of the Pilgrim State Hospital in Brentwood. at the meeting of the Civic Association of Bay Shore and Brightwaters Dr Worthing has approximately 10,000 persons under his supervision at the hospital *

Dr Frank Glenn, associate attending surgeon at New York Hospital, has been appointed to the combined position of surgeon-in-chief of the hospital and Lewis Atterbury-Stimson professor of surgery at Cornell University Medical College, it was announced April 27

Dr Glenn will succeed Dr George J Heuer, who reaches the retirement age on July 1, and will be the second man to direct all surgical functions at the New York Hospital-Cornell Medical Center, Sixty-eighth Street and East River since its opening ın 1932 Dr Heuer has held the position since that

time *

Dr Herbert L Foster, Montreal, Quebec, has been appointed pathologist and director of the laboratory of the Mercy Hospital in Watertown to fill the vacancy created by the resignation of Dr F W Porro

Dr Foster interned at St Michael's Hospital, in Toronto, and was then connected with the University of Toronto and the Pathological Institute of McGill University, Montreal During World War II he served as a pathologist with the Canadian Army '

Dr Robert H Lowe, a veteran of five and a half years Army service, has been appointed assistant medical director and director of medical education at Rochester General Hospital

On March 15, Dr Lowe completed a postgraduate internship in hospital administration and public health at Strong Memorial Hospital in conjunction

with a course at Columbia University *

staff were announced at a recent meeting of the Board of Managers of the Samaritan Hospital in

The promotions were Dr Kennedy S Creevey. who was named from assistant to associate physician in the department of surgery, and Dr Samuel J Werlin from assistant to full attending physician in the department of pediatrics

Dr Raoul E Vezina, 1905 Fifth Avenue, who has been practicing general medicine here since last fall, was appointed assistant attending physician in

the department of medicine *

At the annual meeting of the Board of Trustees of the Clifton Springs Sanitarium in March. Dr Adrian S Taylor, medical superintendent of the sanitarium for the past fifteen years, tendered his resignation In his letter to the board, Dr Taylor gave no specific reason for his action, but for the past several years he has been in failing health, and it is believed that this fact is behind his action

According to Charles D Corwin, treasurer of the board, the resignation was accepted with deep regret by the members "Dr Taylor is held in high esteem by each and every member of the Sanitarium During his fifteen years here he has climaxed an outstanding career of medical service," he said.

Until such time as a successor is elected, Dr Samuel A Munford will be acting superintendent *

Permission for construction of the proposed addition to St Mary's Hospital, Albany, has been given by the Albany office of Civilian Production Administration, according to a recent announcement

Approval covers a three-story brick building at an approximate cost of \$470,000, permitting the addition of 45 beds for medical and surgical purposes, 85 maternity beds, and 35 beds for members of the order of Sisters of St Joseph of Carondolet in charge of the hospital An addition of one-story to the boilerhouse is included in the CPA permit *

That F F Thompson Hospital in Canandaigua is the only institution of its kind in that area to keep all beds open 100 per cent despite shortage of nurses and other personnel was revealed at the March meeting of the board of directors by Miss Helen F Dannahe, superintendent Statistical reports showed also that the daily average of patients was 1038 and that 60 births were recorded in February, both alltime records for the hospital

The appointment of Dr William A Zavod as pneumatologist of Mount Vernon Hospital by the Board of Trustees was announced in March by Harold B Storms, president, who said the action was taken upon the recommendation of the Joint Advisory Committee

Commenting on the appointment, Dr Donald M Morrill, hospital director, said the board's action "is in line with new developments in these fields, and should result in improved service to the hospital

patients "*

Two promotions and one addition to the medical

[Continued on page 1298]



Bowel Hygiene in Pregnancy

Constipation in pregnancy presents an important problem—it is usually necessary to prescribe some form of medication to maintain the patient's sense of well-being and to prevent or minimize the occurrence of hemorrhoids

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[Continued from page 1296]

Recent changes among the personnel of district health officers in Brooklyn districts have been announced by Health Commissioner Israel Weinstein Dr Jerome S Peterson, recently returned from work with UNRRA in China, will take over as health officer of the Red Hook-Gowanus Health Center At the Williamsburgh-Greenpoint Health Center, Dr Dorothy Oppenheim will replace Dr I Oscar Weissman as acting district health officer Weissman has resigned to become assistant director of the Brooklyn Jewish Hospital After twelve years as health officer of the Bushwick District, Dr Anna E Ray Robinson will head the Bedford Health District, replacing Dr Vernon A. Ayer, who has transferred to the Central Harlem Health District *

The resignation of Frederick B Richards as a member of the board of directors of the Glens Falls Hospital and as its secretary-treasurer was received by the board at a meeting in March Mr Richards has been a member of the board since 1912 and secretary-treasurer since 1918. He said he was relinquishing these duties on the advice of his physi-

William H Barber resigned as vice-president, and was named secretary-treasurer, and Hubert C Brow was elected vice-president to succeed Mr Barber

Dr Robert Linehan of Glens Falls and Dr Leslie Ofner of Whitehall, were appointed to the courtesy staff, and Dr Ward Jenkins, formerly of Willsboro, was appointed to the position of resident physician

Dr Eugene Bogen, chief of neuropsychiatric services at the Batavia Veterans Hospital, has been promoted to director of professional services at the Veterans Administration Hospital at Northport, On the Batavia staff since 1938, Suffolk County Dr Bogen has been with the Veterans Administration for twenty years He had previously served at St Cloud, Minnesota, and at Hines Memorial Hospital in Chicago

Dr Bogen's successor in Batavia will be Dr James

Hawks of the Northport Hospital

In a report of the medical staff at St Luke's Hospital, in Newburg, submitted by Dr Charles S McWilliam, the Board of Managers elected Dr James C Donovan, senior surgeon, and Dr Early C Waterbury, senior medical physician, to the corporate body

On report of the nominating committee, William L Browning, Jr, was elected assistant secretary to George M Northrop, and Thomas Jamison assistant

treasurer to Harry N Jamison.*

Improvements

The fourth floor maternity department of the New Rochelle Hospital is being renovated this month at a cost of approximately \$5,000 ing to Alex E Norton, superintendent of the hospital, the floor has needed modernizing, cleaning, and painting for some time Maternity patients have been moved to the second floor, recently vacated by the children who are now in the new pediatric section *

Dr Ray Palmer Baker, president of the board of Samaritan Hospital at Troy, has announced the purchase of an electromagnetic locator for the hospital's department of surgery

The new locator will be used as a supplement to the x-ray machine in the detection of metal articles in the body It will be useful in the surgery on industrial accident victims

A check for the purchase of an oxygen tent was recently given to the City Hospital in Binghamton by the Binghamton Co-Operative Club *

New, modern nurseries have been completed at the Evangelical Deaconess Hospital in Ridgewood With space for thirty babies, the nurseries have the latest equipment, such as autoclave-sterilizer, incubators, individual bassinets, cubicles for each bassinet, and separate examination and treatment rooms *

Presentation of a Gordon Armstrong Baby Incubator to the Corning Hospital by Painted Post Lodge 117, F & A M has been announced by Miss Martha Ivers, hospital superintendent

Miss Ivers also announced receipt of a gift of \$50 from the Corning Hospital Nurses Alumni Association The moncy is for the purchase of needed equipment *

Work of redecorating rooms in City Hospital, Oneida, is underway Miss June Moe, superintendent of the hospital, has reported '

Two groups of ultraviolet solarium lamps have been presented to St Agnes Hospital, in White Plains, by Westchester Chapter, National Founda-tion for Infantile Paralysis, Dr William A Holla, Westchester Health Commissioner and Chapter chairman, announced on April 2

The equipment, which cost approximately \$1,700, will enable at least 10 patients at a time to receive

treatment, Dr Holla said *

A microfilm machine, which will be used to photograph bed charts and various other hospital records on 16-mm film, has been installed at the Leonard Hospital in Troy *

[Continued on page 1300 bottom]

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AS OTHERS SEE US

The Scene Ever Changes

ONE of the fascinations of the practice of medicine is the infinite variety of human ailments presented to the doctor. Further than this each sickness is an entity for the individual, often distinctly different from the same disease in another. Then, too, there is the indefinite illness that does not declare itself in a type. Such is our daily experience and challenge, which intrigues our ingenuity, stimulates our curiosity, and calls on the constant exercise of that most valuable of a doctor's assets—the powers of observation.

Like the weather-beaten mining prospector, one may at any time run upon something rare, singular, and peculiar. This is particularly true of times like these when the biologic pot has been stirred from the bottom with the wanderings of indivuals and races. It obviously behooves us to keep our

wits sharpened and to be on the lookout

An interesting example of the above platitudes appeared in a recent issue of the Journal of the American Medical Association Case reports were given of an obscure, indefinite myalgia which appeared among some troops The men were not very sick and yet what was ultimately diagnosed was most interesting It happened that a spinal tap was made on one of the men, and an observant laboratory worker found some minute cells in the spinal fluid They turned that had never been seen there before out to be a yeast Further studies involving the blood showed a high lymphocyte count in all the

men affected There was no fever and no other disability other than the myalgia The sickness passed off in a few days

Such stories stimulate the imagination, and all though one realizes how multitudinous are the man ifestations of mycotic infection, one thinks also that

the atypical may appear in any infection

How the scene ever changes! Where are the cases of lobar pneumonia that once took so great death toll? Where are those syphilids which use to be shown in infinite variety to the young medical student? Now one must begin to learn something about new infections beginning to adapt themselve to humans. There is definitely a new war on, and the vision of the situation stabilizing itself is not it sight. It perhaps never will be, for the war is a continuous one. And who are the soldiers of this was but the rank and file of the medical profession who are alert, intelligent, and observant? Here is an army such as Kipling describes.

"An army that's never been listed,
That knows no color or crest,
But broke in a thousand detachments
Is leading the road for the rest"

The country practitioner, the out-of-the-way doctor, need not belittle himself. He may be the Finlay or the Fleming who shows the way to new conquests of disease—Douglas Macfarlan, M.D.

-The Pennsylvania Medical Journal, April, 1947

The Physician as a Citizen

THE most difficult and momentous question of government is how to transmit the force of public opinion into public action" (Albert Bushnell Hart in A Lawrence Lowell's "Public Opinion and Popular Government")

The physician, as a rule, is little interested in his city, state, or country. He enjoys the benefits of his democratic society without making the effort to continue that way of living, until the threat of

socialized medicine comes along

The physician need not run for mayor or governor or representative or senator to help, although the few physicians, among the many lawyers who make up such representative assemblies, are often able to guide legislation in more sensible and needed directions It would benefit the profession and the public if the few physicians who are versed in public relations, who have studied the medical needs of the country and the various plans proposed for their solution, who have given freely of their time and energy to medical societies work, were to be paid full time to continue and enlarge on such activities

The average physician can interest himself in some community activity, be it Boy Scouts, a recreation building for high school youngsters, the construction of a new hospital or improvements in an old one, the sanitation of the city jail, public health problems of all types Many of these activities border on or are in his own field —Clinical Medicine, April, 1947

RADIO TELEPHONE POLL SHOWS MAJORITY AGAINST FEDERAL MEDICINE

Listeners to the Mutual Broadcasting System's American Forum of the Air, by a majority of 11 to 9, voted "No" in a telephone poll held in connection with a debate on the topic, "Should the Federal Government Provide Medical Care?"

A breakdown of the phone calls showed that 56

per cent of the men voted "No" and 54 per cent of the women also voted in the negative

Of the total calls 60 per cent were from men listeners—Bulletin of Association of American Physicians and Surgeons, February, 1947



Where does the foot end?

A natomically at the 26th bone, but as physicians know the pinch of ill fitted shoes is not actually felt at the toes or foot as laymen think. It is really registered at the nerve endings in the head

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BOOKS

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REVIEWED

Shock Treatments and Other Somatic Procedures in Psychiatry By Lothar B Kalınowsky, M D, and Paul H Hoch, M D Octavo of 294 pages New York, Grune & Stratton, 1946 Cloth, \$4 50

The shock treatments of psychiatric disorders are thoroughly discussed by Kalinowsky and Hoch The book, therefore, may be regarded as an excellent reference volume for psychiatrists, who avail themselves of these procedures in treatment of mental disorders Students and physicians in general will Insuln shock find the book interesting reading and the convulsive therapies, as well as prefrontal lobotomy, are described in detail. An extensive bibliography, with a critical evaluation by the authors of adverse reports in the literature, reveals the controversial issues that these procedures have That there is much need to appease the conscience of those using these procedures is evident in the statement by the authors that "we are treating empirically disorders whose etiology is unknown with shock treatments, whose action is also shrouded in mystery '

A M RABINER

The Medical Clinics of North America Mayo Clinic Number July, 1946 Octavo Philadelphia, W B Saunders Company, 1946 Published Bimonthly (six numbers a year) Cloth, \$16 net, Paper, \$12 net

As always, this edition of the Clinics stresses clinical, bedside medicine Penicillin in syphilis, thiouracil, streptomycin, thiocyanates, insulins are a few of the topics covered One excellent review of about 60 pages by Hargraves presents very valuable studies on the differential diagnosis of splenomegaly

ANDREW BABEY

Psychoanalytic Therapy Principles and Application By Franz Alexander, M D, and Thomas Morton French, M D, with Catherine Lilhe Bacon, M D, Therese Benedek, M D, and others Octavo of 353 pages New York, Ronald Press Co, 1946 Cloth, \$500

There have been senous complaints that orthodox psychoanalysis, and even some of the modern and allied methods of psychotherapy are time-consuming and accessible to but a limited group of people. Hence the need for a shorter and yet efficacious method of psychotherapy, which, however, should comprise the basic principles of psychoanalytic treatment. The authors apparently have succeeded in developing such a method, and have presented it in a well-written, legible book, which, though brief and abridged, nevertheless, contains the essential principles of psychoanalysis, and offers means of brief psychotherapeutic approach in the treatments of many forms of neuroses. The book should have a wide field of application, not only to the psychiatrist, but also the psychiatric nurse

The social service worker and the sociologist als should find it very instructive and helpful

IRVING J SANDS

Preoperative and Postoperative Treatmen Edited by Lt Col Robert L Mason (MC), AUS an Harold A Zintel, M D Second edition Octavo 584 pages, illustrated Philadelphia, W B Sau ders Co, 1946 Cloth, \$7 00

This volume brings up to date the first edition which was published in 1937, and contains the receip advances in pre- and postoperative treatment, sure as consideration of the Rh factor in transfusion. The chapter, "Venous Thrombosis," by Dr Linte is an excellent one, and although the treatment recommended may not be in accord with the ideas some surgeons, it, nevertheless, has proved to a important as a lifesaving measure

The book is divided into two parts, one general and one regional, and the various contributors each part have done an excellent job. In the region part, the pre- and postoperative care of surger from ear, nose, and throat to traumatic injuries,

discussed

The contributors to this volume should be corplimented for compiling a book that will be great help to students and surgical practitioners

HERBERT T WIKLE

Motor Disorders in Nervous Diseases. By Ern Herz, M D, and Tracy J Putnam, M D Octav of 184 pages, illustrated New York, Kings Crow Press, 1946 Cloth, \$3 00

Originally intended as a compendium to go with series of motion pictures illustrating this subject the volume was amplified with diagrams and illustrations, and the result is an excellent manual on the examination of the motor aspects of the nervolesystem. Unfortunately, sensory aspects of the neurologic examination were not included, which makes it necessary for the student to possess or consult another volume. The material is well presented, accurate, and up-to-date, with clear an ample illustrations.

I S FREIMAN

Carbohydrate Metabolism Correlation
Physiological, Biochemical and Clinical Aspect
By Samuel Soskin, M.D., and Rachmel Levin
M.D. Octavo of 315 pages, illustrated Chicag
University of Chicago Press, 1946 Cloth, \$600

The authors are eminently fitted to present the subject by virtue of their own considerable contributions to the knowledge of the metabolism carbohydrate

In discussing the apparent differences betwee the nonutilization and overproduction theories of the genesis of diabetes, the authors are not very covincing in their attempt to break down the case for

[Continued on page 1306]



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[Continued from page 1304]

nonutilization, especially by attacking the validity of the D.N ratio. Although they have been the major proponents of the overproduction theory, their arguments become difficult to reconcile in view of the more recent investigations from Cori's laboratory which appear to indicate that insulin plays a specific role in facilitating the enzymatic breakdown of glucose by herokinase. This, the first in vitro evidence of the role of insulin in glucose ovidation, would tend to support the nonutilization theory of diabetes, especially the demonstration that insulin destroys the inhibitory effect of anterior pituitary hormone on hexokinase activity. This is a brilliant book on the biochemistry and physiology of carbohydrate metabolism with all the controversial material presented.

WILLIAM S COLLENS

Group Psychotherapy Theory and Practice By J W Klapman, M D Octavo of 344 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$4 00

Owing to the need for treating large numbers of mentally affected patients, group psychotherapy has become an imperative prerequisite in large institutions and clinics

The author's thorough orientation in the field of psychoanalysis has facilitated his competency in understanding and describing the dynamics of transference relationship which, as in individual analysis, is the potent factor in group psychotherapy. The theoretic principles involved are based on Freud's book *Group Analysis and the Psychology of the Ego*, wherein he showed the identification of the members of the group with their leader

Several technics such as psychodrama and reeducation procedures are amply described and clinically illustrated. This book is fascinatingly written and scientifically authentic

SIMON ROTHENBERG

Ce Que la France a Apporté à la Médecine Depuis le Début du XX-e Siècle By Th Alajouanine, M D, and others Duodecimo of 276 pages Paris, Flammarion (New York, French Press and Information Service) 1946

This is a review of medicine in France since the beginning of the twentieth century. The great work of Pasteur and his pupils, organized and radiated through the Pasteur Institute, is the glorious story which it tells

There are various other contributions on the progress of medical and surgical specialties. The volume is easy reading, and makes a splendid review for any physician who has the time. The writer thinks that the frankly stated aim of this book to restore to Frenchmen their pride in their past, and in the present, will accomplish its purpose. And we agree with Professor Pasteur Vallery-Radot, that, "Car la France est grande dans le passé, grand dans le présent. Elle sera grande dans l'avenir"

STURDIVANT READ

A Bibliography of Infantile Paralysis, 1789–1944 With Selected Abstracts and Annotations Prepared under Direction of the National Foundation for Infantile Paralysis, Inc. Edited by Morris Fishbein, M.D. Compiled by Ludvig Hektoen, M.D., and Ella M. Salmonsen. Quarto of 672 pages Philadelphia, J. B. Lippincott Co., 1946. Cloth, \$15

This volume is a comprehensive compilation of the clinical and laboratory work on poliomyelits since the first description by Underwood in 1789. The papers are listed according to the year of publication. The large proportion of careful abstracts as well as the clarity of the arrangement should make this an invaluable reference work for students of the subject.

BERNARD BENJAMIN

ISSUE POSTAGE STAMP COMMEMORATING A M A CENTENNIAL, JUNE 9

Postmaster General Robert E Hannegan has approved the issuance of a commemorative postage stamp honoring the doctors of America

The special stamp will be of the three-cent variety and will be placed on sale on June 9 on the occasion of the 100th anniversary of the founding of the American Medical Association

"In so honoring the American doctor," Mr Hannegan said, "we are paying tribute to the men and women of medicine who devote their lives to the cause of humanity Alleviation of pain and suffering and the betterment of mankind is their creed. The contribution which they have made to our national life is one of which all Americans can be proud and grateful"

Details as to the place of sale and description of the stamp will be announced later—American Medical Association News, April 17, 1947

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Size of Articles —It is earnestly desired that scientific articles shall not exceed 6 Journal pages at the outside Longer articles tend to lower reader interest. An average of five or six seems to be the most desirable from this point of view. Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths, e.g., twelve manuscript pages will make five Journal pages.

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Subheadings —Subheadings should be in serted by the author at appropriate intervals

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a. Books—author's surname followed by initials, title of book, edition, location and name of publisher, year of publication, volume, and page number Thus, Osler, W Modern Medicine, 3rd ed, Philadelphia, Lea & Febiger, 1927, vol. 5, p. 57

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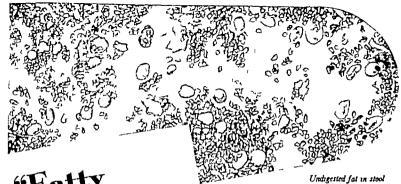
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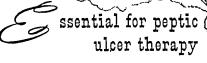
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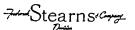
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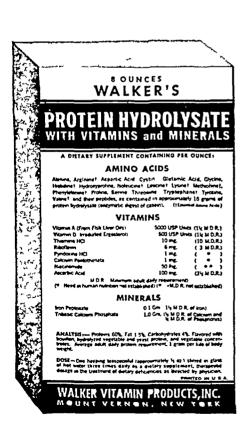
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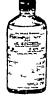
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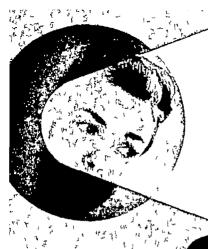
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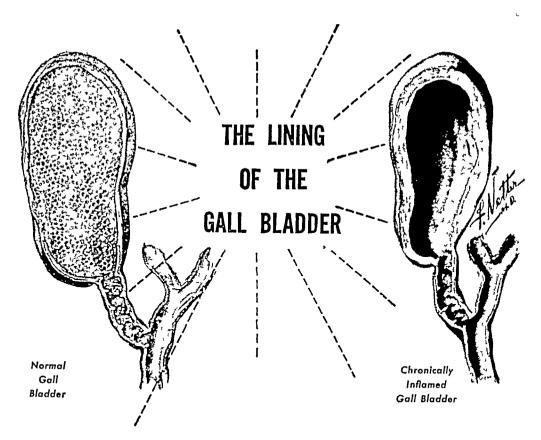
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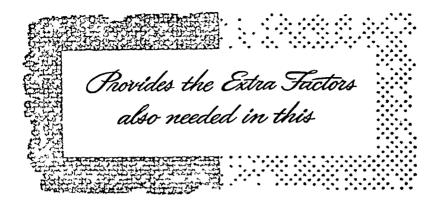
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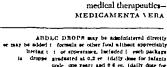
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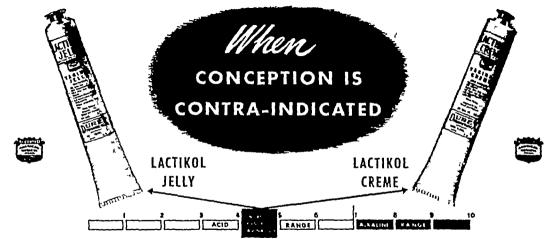
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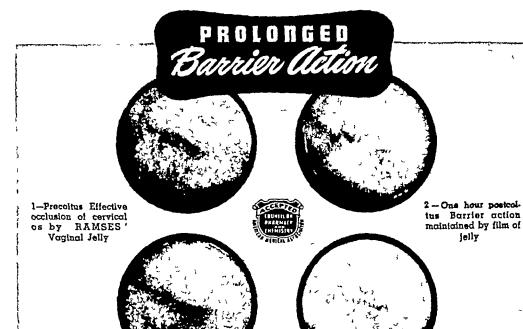
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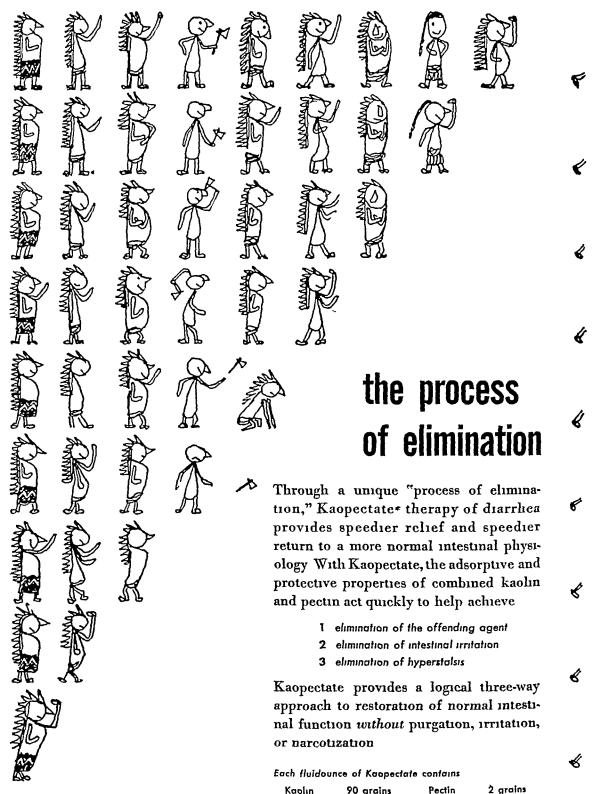
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NEW YORK STATE JOURNAL OF MEDICINE

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VOLUME 47

JUNE 15 1947

NUMBER 12

Editorials

The Annual Meeting

Held this year for the first time in the Memorial Auditorium at Buffalo, the Annual Meeting of the Medical Society of the State of New York, May 5 through May 9, was attended by 1,316 physicians, 254 guests, and 401 exhibitors, a grand total of 1,971 persons

Normal local weather conditions prevailed, but could not compete with the cheerful friendliness and well remembered hospitality of the Buffalonians whose warm hearts and kindliness made one forget the cold, the ice in the lake, and the echoing drab, cavernous vastness of the Memorial Auditorium

The House of Delegates convened on May 5 for the one hundred and forty-first Annual Meeting Dr Albert F R. Andresen, of Brooklyn wielded the gavel as speaker of the House

Dr Louis H Bauer, of Hempstead, Long Island, President of the Society, called on the medical profession to assume a militant leadership in guiding the public toward an improved and wider national health program

Dr Bauer, President-Elect of 1046, who took office as president last January, follow-

ing the death of Dr William Hale, of Utica, said the medical profession must be forward looking in its program of medical care

He declared that physicians could not wait for things to happen on the question of

a national health program

"We must exercise leadership and guide the public," he said "Our voluntary plans of insurance, which are but one factor in an improved national health program, have progressed more rapidly the past year, but progress is still too slow. Controversies between indemnity and service plans, and between nonprofit and commercial plans must be eliminated.

"Whatever is best for the public must be our aim. The next few years will settle this matter once and for all and our action must be both progressive and aggressive."

He stressed the importance of the medical profession being alerted "to the importance of our planning." He warned of an existing laussez-faire attitude on the part of too many doctors

Dr Bauer expressed the belief that physicians could endorse in principle, but with some amendments, the Federal Taft-Smith Ball-Donnell Bill which calls for establishment of a national health agency outside the Cabinet, with a doctor of medicine as its head

He was critical of the Wagner-Murray-Dingell Bill, on which committee hearings have been held in Washington, "because medical care would be placed under bureaucratic control"

Dr Bauer declared that the Fulbright-Taft bill, which provides for establishment of an executive department of education, health, and security, with an undersecretary in charge of each division, had some merit

The further proceedings of the House of Delegates will be reported in later issues of the Journal

Well over one hundred scientific papers were read before the various sections and general sessions. Many of these papers will appear in the Journal as rapidly as space and paper will permit, so that those who could not hear them presented at the Annual Meeting may read them in these columns

A special advisory committee, headed by Dr Milton I Levine, of New York City, reported the first state-wide program using BCG vaccine in the fight to prevent tuber-culosis

Bacillus Calmette Guerin, known as BCG, developed from TB germs in cows, is being prepared in the State Health Department laboratory and has been distributed in limited quantity to a few hospitals and other institutions ¹

Papers dealing with the role of vitamin E in fibrositis, the condition of patients exposed to the effects of atomic bombing, balneotherapy in poliomyelitis, the three principal causes of maternal deaths with a discussion of their prevention, and the role of music in the treatment of psychiatric cases

elicited much interest at the scientific sessions

The annual reception tendered by the officers of the Society to the exhibitors was well and enthusiastically attended. Under many unavoidable difficulties due to the use of the Memorial Auditorium for the first time, our friends, the exhibitors, made a splendid and attractive showing of the latest improvements in drugs, apparatus, and scientific equipment of all kinds.

The Annual Banquet on Wednesday night featured the recognition of those physicians of the State who have practiced fifty years or more, and the presentation to them of certificates honoring their service to humanity Dr Nathan B Van Etten graciously responded for the group of 400, seventy-one of whom were present at the Banquet

The President-Elect, Dr Leo F Simpson, was introduced by Dr Louis A Bauer, incoming President

Dr R L Sensenich, chairman of the Board of Trustees of the American Medical Association, and guest of honor of the Society, spoke briefly but eloquently of the "Future of Medicine" His address will be reported in full in the Journal

Dr Helen G Walker, newly elected presi dent of the Women's Medical Society, read a short address

Presentation of the President's Medal for William Hale, M D, posthumously awarded to his son, Mr William Hale, Jr, by Dr James F Rooney, honored one who had literally given to the Society the last full measure of devotion

The Editors wish to extend on behalf of the Society sincere thanks to the Committee on Arrangements who are to be heartily congratulated on an excellent and intricate job well done

The Problem of Specialty Boards

Speaking to the American Orthopedic Association in 1947, Dr J Albert Key in his presidential address voiced alarm because of the rigidity of the standards set up by the various specialty boards to determine the qualifications of the practitioners of medi-

cine or surgery who wish to be admitted to the practice of their professions as qualified specialists. We quote from the standards set up by the American Board of Orthopedic Surgery

1 One year rotating internship

¹ See N Y State J Med April 1 1947, p 698

- 2. One year in adults' orthopedic surgery
- 3 One year in children's orthopedic surgery
- 4 One-half year internship in fractures
 5 One-half year full time study of funda-
- o One-half year full time study of fundamental subjects—anatomy, pathology, bacteriology, physiology, and biochemistry

6 Two years in practice limited to orthopedic surgery

To those interested in the qualifying of specialists by boards we recommend the close reading of Dr. Key's address, which we cannot reprint here '

We defy any milhonaire aspirant—one to whom time and money are no object—to find the internships which are required by the American Board of Orthopedic Surgery. If he could, he would then be stymied by item No. 5, and after he had passed that, how could he serve two years in the practice of orthopedic surgery as required in item 6? He is still unqualified. How could the Board recommend that? According to them, he should be restrained from practicing as a specialist without their hierose, though qualified by the state or national boards to practice medicine and surgery.

There is thus created a dilemma The specialty boards have assuredly done an excellent and praisoworthy job of elevating standards Nobody would undo that work But in all uplifting there is a point beyond which too many other values must be sacrificed to gain one objective Has that point been reached?

Of course there must be qualifications set up for the fitness of those who exercise over the rest of us the power of life and death Hitherto this has been done by the State Board Examinations and by the reputation—good or bad—which a surgeon ac quired in his community The judgment of his peers. Remember?

We feel that to allow self-styled selfappointed specialists to crown themselves as censors to determine the qualifications of others to earn their living in a certain way can be dangerous

Is there not a place in the practice of the profession of surgery for men who have

drifted along in it and by some freak of fortune—war, for example—find themselves with an absorbing interest in orthopedic surgery, or plastic surgery, or any specialty for which their general experience and their later interest makes them qualified? The Board system takes us back to the medieval days of Henry VIII, when the surgeons, forced to unite with the barbers, set up the rigid apprenticeship and guild system, a partnership from which they were not able to escape until 1740

Examiners on boards are rarely omniscient. May we remind the members of these boards, who are now so blithely setting the standards for their successors, that, brilliant men as they may be, outstanding as they are in their specialties, they are older men who never had to pass such examinations themselves and, if faced with them, could probably not do so now

Our purpose in raising the question of present practices in qualifying doctors as specialists is not pointless criticism of the boards, but sincere evaluation of method, and some remarks on possible abuses. The boards have done too much good to risk having their work jeopardized by a senseless wave of reaction.

There must be a moderate course realistically related to human and economic values which could preserve the gains without sacrifice of abilities obtained through simple experience. We know of no way to improve matters except by raising the question for free discussion

We realize that these associations, these boards, are set up out of zeal for the protection of the people. With the passage of the vears many of them seem to have been in vaded by the corruption of the self-interested. Those who are now in, being after all human beings, are potentially able to keep others out. They could reserve their privileges for their sons, their assistants—in short, for their successors. We fear a reversion to the guild system. We seem to remember that the 'common man' did a pretty good job of protecting himself in the past. He simply stayed away from the incompetent practitioner and let him starve to death

To those of our readers who are really

interested in every aspect of this perplexing problem we recommend an article in the Saturday Evening Post of March 15, 1947 (Vol 219, No 37, page 23) by Comdr W J Lederer, USN

He got himself into Annapolis and subsequently attained his present rank without any formal training. He devoted sedulous and unflagging attention to the care of the head. It's a good idea.

Current Editorial Comment

Get Her Up Get Her Out!—We have been much interested in the recent development of a radical trend in surgery—that of getting patients out of bed and on their feet as early as the first or second postoperative day. We all know that postoperative complications such as pneumonia and thrombophlebitis occur, but they have usually been ascribed to an act of God. We congratulate the surgeons who have the courage—and the confidence in their suture material—to insist on this early ambulation, though we shudder to think of what the blow to a man's reputation might be who got his patient early out of bed and then had a thrombophlebitis occur anyway.

We vividly remember a friend of ours who was a surgeon, and had done much work in the treatment of empyema. He, unfortunately, contracted pneumonia, and subsequently developed empyema, and was operated on. When we saw him some time after, we enquired as to how he had enjoyed his personal experience with empyema.

"Empyema?" he replied "There's nothing to that But my God, that bed pan!" And we should have said, to use a homely phrase, that he was one of the toughest eggs we knew We are sure that early ambulation and avoidance of the bed pan will do much to mitigate the rigors of postoperative convalescence

Accordingly, we were interested in Mr Thackeray's views upon the subject written just ninety-nine years ago ¹ Miss Crawley was seriously ill because of her nephew Rawdon's unfortunate marriage and was being devotedly nursed by her brother's wife, Mrs Bute Crawley, who hoped thus to divert the old of the stantime to her own

1 Thackeray William boards to inity Fair Vol 1 London, 1848

family Her family doctor had called in a consultant

"That Hampshire woman will kill her in two months, Clump, my boy, if she stops about her," Dr Squils said "Old woman, full feeder, nervous subject, palpitation of the heart, pressure on the brain, apoplexy, off she goes Get her up, Clump, get her out, or I wouldn't give many weeks' purchase for your two hundred a year"

We Suspected It. "The kitchen," says the Statistical Bulletin, 1" is the most dangerous room in the house" Many persons are injured there annually by cuts, scalds, burns, gas poisoning, conflagration. About 6,000 men, women, and children are killed every year from mishaps originating in kitchens. Seems as though kitchens were concentrated bad luck, 2,000 yearly are fatally burned or scalded there, about 1,500 die as the result of falls, gas suffocates many, roach powders, rat poison, kept there frequently, are mistaken for flour or baking powder with unhappy results

Kitchens seem to combine all the worst hazards of factory, bakery, cannery, laundry, butcher shop, restaurant, and household workshop, not to mention, as the Bulletin

points out, playground

Incidentally, this survey takes no account of the possible, though not necessarily fatal, indigestion, chronic grouches, sour dispositions, idiopathic high blood pressure, stubborn constipation, gallbladder disease, to name a few conditions, which have their origin in bad, indifferent, unattractive, and, sometimes, ruinous food preparation Young brides take notice. We bring this up for what good it may do

¹ Metropolitan Life Insurance Co , February, 1947

Scientific Articles

CLINICAL USE OF PRODUCTS OF HUMAN PLASMA FRACTIONATION

CHARLES A JANEWAY, M D, Boston, Massachusetts

(From the Department of Pediatrics Harvard Medical School and School of Public Health and from the Infants and Children & Hospitals Roston)

IT IS a great pleasure to be here and an honor to give this first Elliot T Bush Memorial Lecture I did not have the good fortune to know Dr Bush personally but I have heard that he was the kind of person who exemplified by his own conduct the way of dealing with patients with fellow physicians and with pupils which all of us in the practice of medicine would like to follow

Tonight we are to cover a field where we have a union of one of the most basic of all the medical sciences—physical chemistry—with public health medicine, surgery pediatrics and all the fields of medical practice. I would like to empha size that the work we are reviewing was carried on as a team project involving a great many people in our own particular medical center people in many other universities, and physicians in many parts of the United States and abroad It would not have been possible without the remarkable job of blood collection by the American Red Cross, and could not have been carried out as fast as it was without the financial support of the government through the Office of Scientific Research and Development

In these days of great enthusiasm for pouring large quantities of funds into medical research is very important to bear in mind that the type of research which I am going to review had its real source in the curiosity of human beings about fundamental phenomena. We in the practice of medicine are frequently the beneficiaries of the investigations of scientists who work in fields that seem extremely remote from the everyday practice of medicine

Blood is an extremely complex fluid which ties all parts of the body together, the blood stream is the transportation system for foodstuffs, waste

First Annual Elliot T Bush Memorial Lecture, delivered at a meeting of the Chemung County Medical Society Elmira, New York, April 24 1946

Most of the work described in this lecture was carried out under a contract recommended by the Committee of Medical Research between the Office of Scientific Research and Development and Harvard University products, and the many enzymes, hormones and chemically active substances which regulate bodily functions. The blood performs its many functions through a large number of highly specialized molecules which have been developed in the course of evolution for these various purposes.

If a bottle of blood is centrifuged, the lower layer consists of millions and millions of red cells each of which contain millions of protein molecules, principally hemoglobin, which consists of a protein globin and a prosthetic group, in which the active principle is ferrous iron. The latter makes it possible to transport oxygen in large amounts to the tissues. Within the red cell, in addition to hemoglobin, are many ensymes. In the next layer lie the white cells and platelets. rather unstable components of the blood, which so far have not been separated and preserved for therapeutic use Plasma, the fluid in which these cells are suspended, differs from the physiologic salt solution that we administer so often by virtue of its content of proteins. These plasma proteins carry out numerous functions Perhaps the most basic one is the maintenance of osmotic pressure due to the fact that the molecules are so large that they do not traverse readily the wall of the capil laries and, therefore, are retained within the blood stream to a very large extent. In consequence of this and certain other chemical characteristics, they hold an adequate volume of fluid in the circulation so that the plasma proteins and the blood cells can circulate through the capil laries of the body We know that if we reduce the plasma proteins sufficiently the osmotic rela tionships are markedly disturbed, and edema results

In addition they have a function of binding many small molecules. For instance, iron, so necessary for the building of hemoglobin in the red cells, has to get to the hemoglobin forming tissues and recently it has been found that there is a plasma globulin which is able to take up iron and transport it from one portion of the body to another Certain other small molecules are held within the blood stream and carried by similar mechanisms. Vitamin A, for example, circulates in combination with protein, and probably most of the other lipids which circulate in the blood are not present free, but attached to proteins. This makes it possible for fat-soluble substances to be carried in aqueous solution.

In addition, there are numerous enzymes, some of them present only in traces as a spill-over in the normal functioning of organs The amounts may rise markedly in disease, as, for example, the increase in blood diastase in acute pancreatitis These enzymes are proteins, consisting generally of a globulin molecule to which is attached a smaller group which gives it its specific function hormones, such as the steroid hormones of the adrenal cortex, or hormones arising from the pituitary gland, are most of them proteins or attached to proteins and circulate in small traces in the plasma The immune substances, antibodies and complement, are plasma proteins, as are those substances responsible for the normal clotting of the blood

Not only is the plasma a complex system in itself, but its protein components stand in very intimate relationship to the protein systems of the body tissues. The liver cells perhaps enter into this relationship more intimately than any other cells in the body, taking protein from the circulation, utilizing it for their own ends, and synthesizing it into other combinations which are needed both within the cells and outside Although plasma proteins stay within the circulation to a large extent, small amounts constantly are passing through the capillary walls, and thus are present in all the body fluids, almost indubitably they enter into the cells all over the body in one form or another

Methods for the separation of blood into its active components are not new Centrifugation makes it possible to separate the cells on the one hand and the plasma on the other If we are going to utilize blood properly we should not discard those cells and just use the plasma are already under way which show that it is possible to use the cells, resuspended in a suitable medium, as replacement therapy for patients with various types of anemia in which there is an adequate supply of plasma proteins but a deficiency in red blood cells. Using resuspended cells, a patient can be given as much as a liter and a half a day so that the erythrocyte count is restored to normal in a much shorter time than would be possible with whole blood, where only 40 per cent of the material injected is what the patient needs

The fractionation process begins with separation of the plasma from the cells Plasma from

a group of donors is pooled in a large flask, from which material is then siphoned into a number of 500 cc bottles, frozen, and dried from the frozen state. Plasma prepared in this way is stable enough to be shipped all over the world and is ready for use when reconstituted with sterile distilled water.

Besides whole plasma, it is possible to prepare the various plasma protein components as separated fractions for therapeutic use. This seems like a very complicated process, but, actually, when carried out on a large scale, it is remarkably economical and simple. In the large plants which grew up during the war to prepare blood derivatives for the armed forces the process of plasma fractionation was carried on in cold rooms at 5 degrees below zero centigrade, that is, below the freezing point of water. The attendants work in warm clothing, and a few chemists with several assistants can process pools containing as many as 10,000 bleedings a week.

The basic process depends upon precipitating the proteins selectively with alcohol The classic methods of separating proteins consist of salting them out with neutral salts, chiefly sodium or ammonium sulfate You cannot inject a high concentration of sulfate ion into patients, and in order to get rid of these ions the protein must be dialyzed During the process of dialysis, bacteria are apt to multiply and render the product unsuit-Furthermore, it is an expensive able for use By the new process devised by Dr process Cohn and his associates the proteins are precipitated with alcohol, then run through a centrifuge, similar to a cream separator, which takes off the supernatant fluid and throws out the precipitated protein as a paste. These pastes consist of protein, a little water, and alcohol In the next step in the process, the paste is quick frozen and dried from the frozen state by the same process which is used for drying of plasma. Alcohol ordinarily damages plasma proteins, but if all manipulations are kept below the freezing point of water, which is possible in the presence of alcohol, the proteins are protected from denaturation low temperature inhibits bacterial growth, and thus the final products obtained from this process are satisfactory for human injection 1

After drying, the materials appear as dry white powders, in which form most of the plasma proteins are stable and can be stored until needed. They then can be dissolved, sterilized by filtration, and filled into final containers.

We pass now to a consideration of these fractions themselves and then uses in clinical medicine and surgery ²³ Fraction I, the first fraction precipitated, contains 60 per cent fibringen, which is an adequate degree of purification for clinical use Fibringen molecules are special-

ized to form the blood clot They are long needle-like molecules The result is that a solu tion containing more than 2 per cent fibrinogen becomes very viscous Fibrinogen circulates in the blood at about 0.2 Gm per cent concen-In clotting, thrombin acts on these long fibringen molecules so that they are linked together to give the tangled fibrillar structure of the clot. Fibringen is quite stable when dried from the frozen state. In fraction I, 60 per cent of the protein is pure fibringen while the other 40 per cent is a mixture of globulins, among which is a substance lacking in the blood of hemophilic patients.

June 15 19471

In hemophilia the blood clots very slowly, but if a small amount of normal human plasma, or of fraction I is added, the clotting time is reduced to normal As packaged for use fraction I is distributed in vials containing 200 mg of protein of which at least 120 mg are fibringen which is not what the hemophiliac lacks, while in the remaining 80 mg of protein is the substance which the hemophilic patient needs. A dose of 200 mg may be injected intravenously in 5 cc of solution and will reduce the clotting time of the hemophilic patient as satisfactorily as an injection of plasma or whole blood It has been possible to control hemorrhage in these patients either as a result of trauma or operation with repeated doses of this size given every few hours These results can be duplicated by the infusion of 100 cc. of fresh plasma or blood The chemist has merely separated what the hemophiliac needs from the blood and put it in a convenient small ampule in stable form, so that it will be available for reconstitution and injection when needed 4

The surgical applications of this fibrinogen containing fraction are manifold. It is a natural plastic substance and depending upon the conditions under which a clot is produced a variety of useful products can be prepared for different purposes. Fibrin foam is a very useful hemostatic agent. When dropped in a solution of thrombin pleces of fibrin foam seak up the thrombin which is the active hemostatic principle. Unless the patient has no fibrinogen at all you can always make a clot form if you apply thrombin to a bleeding surface. However, you cannot make the clot stick unless there is a means of applying it with pressure.

If a cotton sponge is applied it must be removed and bleeding is apt to recur but fibrin foam provides a sponge made of human protein which can be left in situ. The material is slowly digested away in the body and in the case of the nervous system where it has been used extensively no serious degree of reaction or adhesion formation results.

In the war this material was extremely useful

in head injuries where the major venous sinuses were torn and patients were having severe hemorinage. Fibrin foam could be packed against the sites of bleeding from these sinuses and left in place. It also makes it possible for neurosurgeons to speed up their work a great deal. Fibrin foam also has been used for hemostasis in general surgery in sites like the liver and as a pack for bleeding sockets in dentistry.

Another product made by forming a fibrin clot under proper conditions is known as fibrin film, which resembles a sheet of cellophane. It, too, can be sterilized by heat so that it is ready for surgical use as soon as it is soaked in sterile salt solution and regains some of its elasticity and strength. Films have proved to be very useful as a substitute for the dura mater which often must be removed in brain operations. It too like fibrin foam, can be left in situ and is gradually replaced by a new membrane without the formation of adhesions to the underlying brain

The antibodies which carry the immune properties of the blood are in the gamma globulin The terms alpha beta and gamma fraction globulins refer to an electrophoretic classification of proteins, based on the speed with which they will move in an electric field because of their Most immune bodies from all species studied have been found to reside in the gamma globulin or slowest moving component of the plasma A solution containing a twenty five fold concentration of the gamma globuling of plasma was the first by product of the fractiona tion process to be developed and used clinically It gives a relatively clear colorless solution which is viscous but can be dissolved and handled read ily in concentrations up to about 17 per cent protein

Chemically this solution contains 25 times as much gamma globulin per unit volume as the plasma from which it came When those antibodies measured readily and present in the blood of most adults, are titrated, we find that the average of those which can be measured most accurately comes very close to the 25 times which it has been possible to concentrate the gamma In other words when 5 cc of this gamma globulin solution is injected, it is equivalent in antibody to 125 cc of whole plasma It does not contain anything not present in the plasma pool from which it came. Measles, at least and probably infectious hepatitis are relatively universal diseases, and therefore, it seems possible to get a relatively uniform product for use in the prophylaxis of these two infections Since from 2,000 to 10 000 bloods went into most of the lots of gamma globulin produced under the Red Cross program individual variations have been eliminated fairly well

When gamma globulin was first tested by Dr Stokes and his colleagues in Philadelphia, its value for the control of measles became quickly the results with gamma globulin been at least as good as those with convales. serum, previously accepted as the best agent the prophylaxis of measles, and as good as se obtained with placental extract, which for iny reasons is less satisfactory than convales-

There is very little to be said for the universal dminstration of gamma globulin to prevent On the other hand, until we get a vaccine against this universal and sometimes quite serious disease, gamma globulin does give us a fairly reliable method of active immunization, by administering globulin in proper dosage after a child has been exposed, a mild attack can be produced which should give immunity without

We also need an agent which will prevent the disease every time we do want to prevent it, for example, in a susceptible mother in the first tra $much \, risk$ mester of pregnancy, a small child with tuberculosis, or a group of children in a hospital ward We have attempted to find out how regularly

we could modify or prevent the disease at will, using gamma globulin in intimately exposed susceptible children. We know that given the type of exposure and the age group with which we have worked roughly 80 per cent of children should Of a group given small doses of gamma globulin (0.02 cc per pound) 76 per cent developed measles, the great majority very develop measles mild cases In other words, approximately 5 per cent of children were kept from having measles Therefore, we feel that the sults are reasonably regular, and it is justifiable o recommend that people try to modify the disby this procedure ease in almost every child as a routine public health measure If large doses of globulin (01 cc per pound) are given to a similar group of children, approximately 80 per cent are protected completely, while the remainder get mild measles, and if a similar dose is used on hospital wards, we get 96 per cent complete protection, is a much higher percentage than in children at home for the simple reason that, if nothing is done in an exposed hospital ward, only 40 or 50 per cent of the children will get the disease in-

stead of the 80 per cent who might at home The administration of gamma globulin is a benign procedure Reactions have been exceednelly intreducer, and we have not observed a mery mireducing, and we make more among 2,000 children who have been followed for at least A comparison was nade in New York City between placental exfour months after injection Ninety children who tract and gamma globulin

received placental extract were poorly protected and experienced a 41 per cent reaction rate, with gamma globulin, 800 children gave less than 1 per gamma Brownin, ooo ommerch Bave 1000 omm r per cent reactions, of which the vast majority were slight soreness at the site of injection Is mild sugue solcuess in one stood of injourned measles? In measles a safer disease than typical measles? In some 55 cases where gamma globulin failed to diminish the severity of the disease, three compheations occurred of which two were severe, one a case of encephalitis, and another a severe case of pneumonia and empyema, due to Staphylococcus In some 500 cases of mild measles where modification was successful, we observed only mounterston was successful, no observed omy one-tenth as many complications, namely, 2 cases of simple offits media In a poks, school where there was an epidemic of measles and of hemolytic streptococcal infection at the same time, the incidence of severe septic infection was six times as high in the control group who had mensles as in the group who were given gamma Two summers ago, Drs Joseph Stokes and globulin and developed the disease

John Neefe demonstrated that gamma globula was effective in the prevention and modificatio In a camp where a Severe nater-borne outbreak occurred, there was 67 per cent incidence of disease compatible with of infectious hepatitis hepatitis, and 45 per cent of the group developed clinical jaundice, whereas in a small group given gamma globulu only 6 per cent developed visible nundice while 21 per cent experienced an illness which was suggestive of the disease results were observed in New Haven by Dr John Paul and Dr W Paul Havens Although this is an important discovery from the military and institutional standpoint, hepatitis is not like measles as it occurs in general practice increase of hepatitis in a family, all the other children do not necessarily develop the disease Therefore, at the moment, gamma globulin is not authorized by the Red Cross for use in hepatitis, because none of us know how to tell physicians to II gamma globulin is prepared from convalesuse it in private practice

cent rather than normal blood, a preparation may be obtained which is much more potent with re-If this is done with scarlet fever, for example (there is roughly ten times a much antispect to a particular antibody ten times as much antitovin in convalescent serum as there is in normal adult serum), convalescent gamma globulin will contain roughly ten times as much antibody as normal gamma globulin load many instances it is unnecessary to bother looking for convalescent serum because a sufficient titer of antibody may be obtained by concentration. ing the gamma globulin from normal serum is the case with measles, for example case of mumps, however, there seems to be go ouse or manys, nowever, there seems to be go evidence that you do not get sufficient antibody in normal gamma globulin solution for a therapeutic effect. The titer by the complement fivation test is very low in normal blood. It comes up to about the convalescent lovel when normal serum is concentrated. If convalescent serum which has a titer equivalent to normal gamma globulin is used as starting material, a globulin solution with a very high titer is obtained. The same process but using the serum of hyperim munized adults, has been used in the case of whooping cough.

June 15 1947)

A study was made in the Army on the use of convalescent gamma globulin from mumps serum on the prevention of orchitus in early cases of epidemic parotitis. In this series 100 patients admitted to the hospital in the first day of mumps, were treated either symptomatically with a 28 per cent incidence of orchitis or in every alternate case with 20 cc of mumps convalescent gamma globulin the equivalent of about 600 cc of convalescent serum. In this group the incidence was reduced to just about a fourth, or 7 per cent On the other hand when 50 cc of normal serum gamma globulin was given the results were equivocal as one would expect since there is so much less antibody in normal serum camma clobulin than in the convalescent ma terial

Any blood program must use whole blood For this, reliable reagents for blood grouping are needed. If bloods of a single group only are pooled and fractionated it is possible to concentrate the agglutinins against cells of the opposite group. Such an isoagglutinin preparation is concentrated sufficiently so that it nots like a high titer plasma making it possible to get accurate typing by the side method in a matter of a min ute to a minute and a half

The final fraction, fraction V, contains serum albumin. The whole program of plasma fractionation was started in order to develop a light compact blood substitute for the Navy for use in place of plasma in aituations where plasma was too bulky for transportation or storage A bottle of albumin containing 100 cc. of 25 per cent solu tion has the camotic effect of 500 cc of plasma This means that in a given weight or given space on a plane, a submarine, or in a pack, it was possible to carry six to seven times as much comotic activity in the form of albumin as in the form of plasma. If a patient is dehydrated and needs fluids to make up this plasma volume you have to get the water from somewhere but it is easier to carry the protein in this form and give the water as salt solution by vein, or as water with salt tablets by mouth

Another advantage of albumin is that it is in solution ready for administration while plasma has to be reconstituted. Albumin is only a such

stitute for blood and most patients who get injured in automobiles or hurt in factory accidents need a whole blood transfusion as soon as possible

Albumin differs from concentrated plasma which may hurt the patient because it is much more viscous than blood whereas albumin is not viscous. Albumin has been used in a consider able number of cases of trauma, hemorrhage, and burns with very satisfactory results, particularly if additional saline solution is administered. Doses of 50 to 75 Gm are needed in most cases, blood should be given before more is administered.

The chief use of albumin after the war will be in cases of hypoprotemenia For example small baby entered our hospital very ill with ascites fluid in the chest, and tremendous edemo due to weeping eczema, secondary infection with the staphylococcus and a poor food intake baby had a serum albumin level of 10 Gm, per cent with a total protein of 30 Gm. per cent This child was a very difficult problem, since the administration of continuous intravenous fluids through its infected skin seemed risky possible to give this child what it would take by injection of 25 cc of concentrated albumin solu tion daily for four days. This was readily infused in a few nunutes. At the end of four days the baby's weight had fallen from 12 pounds to its normal weight of 8 pounds, with disappearance of the edema and a rise in serum albumin to 3.0 Gm per cent At that point the baby began to eat well taking care of his own nutritional requirements This case represents nutritional hypoproteinemia, a type seen more frequently in surgery than medicine In the hypoproteinemin of liver disease albumin is very useful since in cirrhosis the level of serum albumin rises very slowly if at all on a large intake of calones and protein In nephrosis albumin prepared as lowsalt or salt poor albumin using a diluent con taining but one-seventh as much sodium as an comotically equivalent volume of plasma is frequently an effective diuretic agent. However, most of the injected albumin is excreted in the urine there is little change in the serum protein. and the benefits are usually only transient, the edema reaccumulating as soon as treatment is

In summary separation of blood into its functional components makes it possible to accomplish many therapeutic purposes with each donation. For example eight pints of blood may beused as whole blood, so necessary for the treatment of shock, or separated into their components. If all eight are made_into plasma, four-500-cc units of dried plasma and two liters of ţ

fractionated, one obtains two 25-Gm bottles of albumin, several packages of blood grouping globulins, twelve 5-cc vials of gamma globulin, several packages of fibrin foam and film, an excess of thrombin, and, ultimately, we hope, a number of other useful products. Thus the process of plasma fractionation has given us a number of valuable therapeutic agents, whereby we can take advantage of the particular properties of the various plasma proteins which enable them to perform their specific functions.

In addition, it has given us important tools for the study of disease—It has been possible to do things which could not be done with whole blood By giving albumin it is possible to raise the patient's serum albumin level in a way you never could with plasma, and by that means we have learned a lot about the control of water balance in liver disease, and we are learning something about nephrosis in which albumin, incidentally, is probably not the answer to the problem

How, as doctors, are we going to get these therapeutic agents? They were developed in the war for the Army and Navy but not for civilian use, although certain surplus products, dried plasma, and gamma globulin, are being distributed by the Red Cross It looks as though they might come in three ways The products of plasma fractionation are commercially available today, prepared from the blood of paid donors However, that has certain drawbacks The cost

of this process is not so much in the manufacturing as it is in the price of the blood and its collection and in the price of distribution of the final product. Those are much more than the cost of manufacture, so that commercial products are good but expensive

Another possible way is for the Red Cross and the state to cooperate in collecting blood from volunteer donors, then to turn it over to a commercial laboratory for processing to final products for distribution by public agencies like state and local health departments In Massachusetts and Michigan, the Red Cross is cooperating in getting donors, blood is collected by the states, processed in the states' own laboratories, and it is planned to distribute whole blood, resuspended red cells, plasma, albumin, gamma globulin, and the whole range of blood derivatives at public It is to be hoped that various types of programs will be developed in different parts of the country, each best suited to the facilities and needs of the area

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1947

COMPREHENSIVE POSTGRADUATE COURSE IN RHEUMATIC FEVER AND RHEUMATIC HEART DISEASES

A comprehensive postgraduate course in rheumatic fever and rheumatic heart disease will be held at St Francis Sanatorium for Cardiac Children, Roslyn Long Island, New York, July 14 to July 25

The course, which will consist of informal lectures and discussions, supplemented by examination and study of patients demonstrating all clinical phases of rheumatic disease, is designed to give intensive training in the diagnosis and treatment of rheumatic fever and rheumatic heart disease

The daily schedule will be 9 00-10 00 AM,

Lecture, 10-12 Noon, examination of patients, 1 00-3 00 PM, informal discussion and review of cases, 3 00-4 00 PM, roentgenography and electrocardiography, and 4 00-5 00 PM, demonstration of laboratory procedures

The icc for the course is \$75 and the attendance is limited

For further information, address Rev Mother Superior, FMM, St Francis Sanatorium for Cardiac Children, Roslyn, Long Island, NY

THE USE OF TRIDIONE IN THE TREATMENT OF CONVULSIVE DISORDERS*

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(From the Departments of Medicine and Psychiatry Cornell University Medical College and New York Hospital)

A NEW drug 3 5 5-trimethyloxazolidine-2 4-dione (Tridione), has been offered for the treatment of petit mal sensures. It was originally studied bocause of its analgesic properties. Then it was observed to have an almost specific action against petit mal. We have had an opportunity to use the drug in 15 patients over a nine months period but the effects are so dramatic and definite that a brief report on the action of this new preparation is warranted.

Material

The present report concerns 15 patients 7 patients had petit mal seizures, 5 had grand mal seizures, and 3 had fits of other types

The patients with petit mal seizures ranged in age from four to eighteen years of age. The duration of the illness varied from twenty two months to twelve years. The age at the time of onset varied from four to nine years.

A petit mal seizure is defined as a momentary loss of consciousness It occurs suddenly without There is no outery The patient does not fall and usually does not drop what he has in his hands. There is no tonic phase and there are no clonic movements or tongue biting continence of urine is rare. There may be flick ering of the closed evelids at the rate of 3 per There may be some movement of the second ins. Attacks measured by the electroencephalograph last from a fraction of a second up to about thirty five seconds averaging about twenty seconds Each attack begins and ends abruptly No abnormal neurologic signs can be elicited during or after a fit. There are no sequelae The subject returns to full consciousness without disorientation fatigue or headache encephalograms in all cases show the typical three a second alternating dart and dome seizure pattern described by Gibbs Davis, and Lennox 1 2

Most of the patients in this group had been treated with phenobarbital and/or Dilantin with variable and generally unsatisfactory results in the reduction of frequency of attacks Some had shown an appreciable reduction with use of 25 mg of ephedrine sulfate twice a day

Tridione is supplied in rather large capsules each containing 0.3 Gm of the white crystalline

chemical The drug was administered in 0.3 Gm to 0.9 Gm doses, three times daily before meals

Four of the patients with grand mal had seizures of unknown origin. The duration of the illness varied from one to twenty three years. The age at the time of onset varied from twelve to twenty years. There were no focal aspects to seizures in any of these patients. The fifth patient land jacksonian seizures affecting the right side of the body, without loss of conscious-

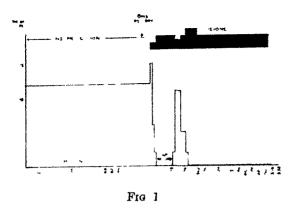
The other 3 patients had abnormal electroencephalograms. The seizure manifestations were quite individual and they are described in the case reports.

Results

All of the 7 patients with petit mal experienced a reduction in the number of attacks within two weeks Some became attack free within twenty four hours One patient (Case 5) who had averaged ten attacks daily for a year had an attack of grappe and omitted the drug for my days There was no recurrence of the sergures This is in accord with the during this period subsequently reported observation of Lennors who found that when the drug was omitted sersures did not return during the course of a three months' period of observation. Six days is admittedly an inconclusively short period of time yet considering the previous frequency of the patient sattacks ten a day and the fact that febrile infections commonly increase the frequency of fits the failure of the attacks to recur is the opposite of what might be expected and is therefore noteworthy

Two complications were observed ** In doses of 0.6 Gm, three times daily an eruption may develop about the mouth and chin and over the chest and back. This rash is indistinguishable from acne vulgaris. Patch tests with the drug have been negative. A biopsy of a skin lesion showed folliculitis. Withdrawal of the drug did not bring about the disappearance of the crup-

^{**} I am indebted to Dr. Frederick Reiss of the Department of Medicine (dermatology) and to Dr. John M. M. Lean of the Department of Surgery (ophthalmology) for observations and interpretations of the skin and ye symptome



tion Six of the 15 patients experienced this complication

The second complication was "misty" or "foggy" vision, or "glare" which occurs in bright One patient feared to cross the street because she felt that she could not see an approaching automobile through the "mist," and another dropped her wrist watch at her feet and was unable to see it even when it was pointed out This "glare" disappears as soon as the intensity of light falling upon the eye is reduced below the critical level In only one instance was the phenomenon associated with pain the presence of this symptom, which can be reproduced by exposing the patient to a frosted light bulb of sufficient wattage, examination of the pupillary responses, the fundi, the visual fields, and the visual acuity showed no defects It would appear that the drug produces a defect in visual adaptation to light, a function of the Six of the 15 patients had this comretinal rods plication Three had both complaints

It was possible to repeat the electroencephalograms in 7 cases All of them showed a definite change for the better though all but one were still abnormal.

The results in the 5 patients who suffered from grand mal seizures were poor. One patient became attack-free when taking Tridione in combination with Dilantin and phenobarbital (Case 10). Only one patient was definitely improved while taking Tridione alone (Case 11).

The results in the 3 patients who suffered from psychomotor seizures were likewise poor One of the 3 was slightly improved

Conclusion

From these observations it may be concluded that Tridione is an effective drug in the treatment of petit mal seizures and that it is ineffective alone against grand mal and psychomotor seisures

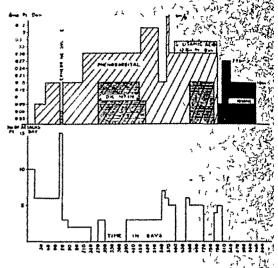


Fig 2

Case Reports

Petit Mal Seizures—Case 1—B H L (girl, born December 11, 1940) began to have attacks in January, 1944 Attacks occurred on days when the patient had nasal congestion and ceased with the development of fever—A typical attack exhibited loss of consciousness, starting with slight rotation of the eyeballs upward, and some twitching of the eyebrows—They lasted about five seconds and often terminated with a sigh—She would sometimes go on with what she was doing or saying before the fit, at other times continuity was lost.

Neurologic examination revealed no abnormalities. No attacks occurred between May, 1944, and January, 1945 With a return of nasal congestion in January, 1945, attacks recurred. This time they lasted ten to twenty seconds, and exhibited flaccidity although the patient fell only once. Frequently incontinence occurred during an attack, There was never any warning or tonic manifestation Between January and September, 1945, the patient had from 10 to 80 attacks each day with an average of 12 a day according to the observations of her. mother, a skilled observer (Fig 1) During the first three days, when the patient was taking 0.3 Gm of Tridione, she averaged 15 attacks a day During the next four days, attacks averaged six a day with none on one day. During the second week, 06 Gm were given daily, attacks dropped to The patient became less tense, none in four days less irritable, and less overactive, her disposition was milder and sweeter The attacks were shorter, less conspicuous, and showed less flaccidity Following this there was an increase in the frequency of attacks which averaged six to ten a day with a range Dosage was increased to three capof none to 18 sules a day (0 9 Gm.) with an immediate drop in frequency to an average of two a day and a subscquent drop to an average of one a day with frequent. periods of no attacks in four consecutive days? There have been no attacks since January 13, 1946 No side-effects of the drug have been noted ***

Case 2—A. D (girl, born December 1, 1927) began to have attacks at the age of seven years (1934) In these she "became blank and her eyes stared." They occurred at the rate of three to ten times a day

There was no family history of fits Neurologic examination was unremarkable. The patient was a somewhat shallow forward girl of average intelligence An electroencephalogram revealed three scirures in a five-minute resting record when the patient was taking phenobarbital. These seizure patterns showed few darts. Taking 60 mg. of phenobarbital, three times daily seizures occurred at the rate of five a day Because of an alveolar infection phenobarbital was omitted for a few days "Almost constant seizures ensued. Upon return ing to phenobarbital, attacks were reduced to none in three days to two a day (Fig 2) When 0 1 Gm of Dilantin, twice daily was added to the phenobar bital a period of several weeks ensued without an attack. Attacks then recurred at the rate of one to four times daily. It became necessary to stop Dilantin because of severe gingivitia, slight unsteadi ness and impairment of school grades. Attacks averaged about five a day and she experienced 'dizziness which she thought replaced attacks Glutamic acid had no effect on the attack rate

Phenobarbital was gradually reduced and 0.3 Cm. of Tridione exhibited. Sixty two attacks were noted in the first two weeks. The dosage was in creased to 0.0 Cm and she has now been free from attacks for three and a half months which is the longest free period since the onset of her illness. The patient developed an acneiform eruption over the chin, forehad back, and chest.

She complained also that upon exposure to bright light her eyes hurt and that there was a white mist in front of everything Examination by Dr John M McLean showed marked retraction, blepharospasm, and epiphora. The visual acuity and the pupillary reactions were not impaired. The fundi were negative This reaction was considered typical of photophobia

Maile the patient was taking Tridione and was attack-free a ten-minute continuous electroencephalogram showed no seisures this is in contrast to the occurrence of three seisures in five minutes when the patient was taking phenobarbital and eight exisures in nine minutes when she was taking ephenoirine sulfate. Overbreathing educed a big build-up of three a second waves but no dart and dome's solrure patterns occurred. This is in contrast to seven dart and dome seisures in a previous recording.

In this 18-year-old girl with true petit mal Tridione has entirely stopped the seisures.

* * The author is indebted to Dr H G Wolff for per

mission to report this case:

† The term dart, introduced by Lennox (J.A.M.A. sp.

† The term dart, introduced by Lennox (J.A.M.A. sp.

ct.) is used in this paper to describe sharp-pointed waves

whose beas is 2 mm. or less in width, and the term spike

is used to describe blunt-pointed wavres whose base is greater

than 2 mm. The dart is commonly associated with a symmetrically freed, dome-shaped three cycles per second wave

while the spike is causily associated with an asymmetrically

formed wave which is often slower than three cycles per second.

Dart and dome sequences are common is cryptogram

petit mai. Spike and wave sequences, which were not often

seen in any of the patients reported here occur according to

Lennox.!

Grand Mal Sexure—Case 3—8 J (man, born December 27 1923) had his first grand mal sexure in January 1943 one week before induction into the Navy Attacks were not characterized by sura or outery. There was 'slight twitching of the muscles of the body' and drodling of saliva from the mouth. Tongue biting and incontinence did not occur. He was tired but had no headache after a fit. Sometime after this, he had several attacks of loss of consciousness lasting a few seconds. These episodes were preceded by a 'faint feeling' with nausca. He is said to have talked right through one such attack. A second grand mal fit occurred in December 1943. In subsequent fits (1944) he has been incontinent of

A sister had convulsions in childhood. There was no history of head injury or of fits in the patients infancy. Neurologic examination was unremarkable. An electroencophalogram showed a high incidence of five a second waves occurring singly, and in groups in all leads. Overbreathing was abnormal.

À physician prescribed 0.2 Gm. of Dilantin daily which reduced the frequency of minor seizures to three or four attacks per week for two weeks with none for three weeks and then a return of attacks From September 1944, to January 1946 careful count of his attacks was kept. While taking phenobarbital, 30 to 60 mg three times daily, and Dilan tin 0.1 Gm three times daily, he averaged one attack overy ten days some of these attacks were only aurae

During January 1946 the phenobarbital and Dilantin were gradually reduced over a three-week period, and 0 6 Gm. of Tridione, three times daily was given During this period he felt poorly his attack rate jumped to one every four days and the attacks were more severe Phenobarbital, 60 mg. three times daily was added to the Tridione 0 6 Gm. three times daily during the escond month with a reduction in the number of attacks to one in five days. He developed a marked papular eruption on the face and he complained of a strange taste in his mouth. He felt very tired and could not keep up with his school work.

Tridione did not help this young man who suffers from cryptogenic grand mal major and minor sersures.

Psychomotor Seizure -- Case 4 -- G M born November 23 1918) began in August 1945 at the age of 27 to have momentary periods of loss of orientation for place. These occurred about twice a week during August there were none in September there were two in October In November he had an attack while visiting his mother. He realized that something was wrong with him but he could not tell exactly what it was He recognized people and places but seemed unable to grasp what was taking place On the way home he stopped off to see a friend who advised him to make a note of his own name address, and the fact that he had paid him a When the patients wife came home, she found him resting on his bed. He wakened spontaneously and said that he might have had a dream he could not be sure. The note was found and verified This experience lasted about five hours

After this, attacks occurred about twice daily, lasted sixty to minety seconds, and were characterized by amnesia for the events of the preceding half hour. In the fifteen to thirty minutes following the attack, he would recover practically all of the events of the amnesia period. Occasionally, the amnesic period was of several hours' duration. There has never been any warning. He has never fallen down. There have been no tonic or clonic manifestations. Except for the amnesia, which really constitutes the attack, there were no sequelae. Since the onset of the illness, he has had more difficulty in thinking and he seems to himself "mentally duller" than formerly. He complained of being prone to sleep.

There is no family history of fits, and the patient had no fits in infancy — There is no history of head injury — An inventory of neurologic signs and symptoms was unrevealing — Neurologic examination was

negative

An electroencephalogram showed not infrequent six a second waves and there were some four a second waves in the frontal areas. There were occasional spindles in the parietal leads where slow waves were rare. The occipital leads showed very occasional six a second activity. Overbreathing educed considerable slow activity in the frontal leads. The patient was considered to have psychomotor seizures.

Tridione, 10 Gm, was administered three times daily before meals. In the first eleven days, the patient had only four attacks (instead of two a day) and during one week was free of attacks. A second

electroencephalogram taken on the eleventh day of Tridione showed none of the parietal spindles. Slow waves were present in the frontal areas as before. The frontal and parietal leads showed outbursts of irregularly formed higher than average amplitude six and seven a second waves. There was no response to overbreathing. The record was considered to show a definite improvement over the first test.

Because the patient complained that in strong light "everything looks overexposed," the dosage was reduced after the eleventh day to 0 6 Gm, three times daily. During the second month, the number of attacks was about half what it was before he started taking Tridione, and his amnesia cleared much more quickly. Attacks now left him "spent" Phenobarbital, 60 mg, three times daily, was added to the Tridione, 0 3 Gm, three times daily, without significant change in the frequency of attacks.

It appears that this young man who suffers from psychomotor attacks was only slightly benefited by Tridione and that the addition of phenobarbital to

Tridione was also ineffective

Tridione used in this study was supplied by the Abbott Laboratories of North Chicago Illinois

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NEEDS OF NURSING SERVICE TO BE STUDIED

A study to determine the basic needs of nursing service was approved recently by the National Nursing Council The Carnegie Corporation of New York will provide funds with a grant of \$28,000 The study will be directed by Dr Esther Lucile Brown, Department of Studies in the Professions, Russell Sage Foundation It is expected that the study will be completed in six months

Preceding approval of the study, 19 young professional nurses from hospitals and health centers throughout the country concluded a nine-day workshop on April 25 The workshop was devoted to

evaluation of present-day nursing services and the immediate need for thousands of additional nurses of several types. The approach, however, was on the basis that it is not economically sound to prepare all nurses with the same basic curricula and outline of experience. The workshop examined the variation in abilities of those now called registered nurses and found that present and future demands for different types of nursing service call for a relatively small number of professional women in nursing and for a greater number of nurses prepared at less expense and in a shorter period of time

BONE BANK

Establishment of the nation's first "Bone Bank" to provide a constant supply of bone for frageting operations has been announced Dr Leonard F Bush, head of the George G Geissinger Memorial Hospital, Danville, Pennsylvania, revealed establish-

ment of the bank at the hospital in a talk before the New York Academy of Medicine's Orthopedic Section

-News Digest, Greater New York Hospital Association, New York City, March, 1947

SCLEROSING THERAPY OF VARICOSE VEINS WITH SOTRADFCOL (SODIUM TETRADECYL SULFATE)

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(From the Hospital for Joint Diseases)

IN A previous paper "Sclerosing and Surgical Treatment of Varicose Veins" published in the NEW YORK STATE JOURNAL OF MEDICINE March. 1946. I pointed out the value of the combination of injection therapy with high ligation of the saphenous vein and tributaries Combination of ligation with injection therapy in my opinion is advisable not only because of the obvious mechanical factors involved but also because of the limitations of the sclerosing agents used at the present time. In discussing the agents used for injection therapy. I emphasized in the same paper that those which have to be used in high concentrations e g sodium chloride, sodium suli cylate are very poorly tolerated causing excruclating pains and cramps. They must be used in high concentrations because they are mactive sclerosing agents in greater dilutions. Some of the more potent agents have been found to be too

The soap-type sclerosing agents which are most generally used at the present time have the most all round desirable properties even in the concentrations and doses in which they are now being given they are not sufficiently effective in producing obliteration Originally sodium morrhuate was used in a 10 per cent solu tion and produced excellent obliteration but at the same time many untoward reactions were observed some of them fatal The concentrations of sodium morrhunte had to be decreased to 5 per When used in this dilution, recanalization occurs frequently Even when this dilution and small volumes are used as I advocated side reactions such as mentioned above and local perivenous inflammation are not infrequently en countered

My associates and I have therefore been searching for a more potent and less toxic selerosing agent. After a thorough pharmacologic investigation we instituted a clinical study of the material described below and this paper constitutes a report of the results obtained in 300 cases treated without ligation and 131 cases treated with ligation and injection.

Sodium tetradecyl sulfate is a synthetic compound having the following formula 2 methyl 7-ethylundecyl-sulfate-4

It also has an MW of 316.4 Its pharmacology has been investigated by Reiner who I believe, was the first to attempt a quantitative comparison of the sclerosing effects produced by various agents used

for this purpose therapeutically By measuring the average length of obliterations produced by solutions of different concentrations, he arrived at what seems to be a rational measure of the potency of sclerosing agents By this method sodium tetradecyl sulfate was found to be about three times as effective as sodium morrhuate Moreover if it was injected subcutaneously it proved to be almost free from producing inflammatory reaction within twenty four hours which, with other agents sometimes results in an alisseess.

The toxicity of sodium tetradecyl sulfate by in travenous injection is about the same as that of the sang-type selerosing sigents. Freedom from nutror enous material and from material of natural origin (allergens) raised in us the hope of having found an agent which is not likely to produce untritoid reactions. Obviously the local inflammatory reactions produced by the scape are in part due to high alkallinty. Sodium morrhante solutions usually have a pH of 9–10 * whereas sodium tetradecyl sulfate has a pH of 7 6 which is close to that of blood and tissue fluids. These properties, together with a relatively low toxicity and high potency in sclerosing action made the clinical investigation of this product of interest.

One per cent 3 per cent, and 5 per cent sterile buf fered solutions of sodium tetradecyl sulfate containing also 2 per cent benzyl alcohol were used.* Their physical appearance is much superior to that of the scap-type sclerosing agents inasmuch as they are water-clear transparent and nonviscous. The rela tive viacosity of sodium tetradecyl sulfate 5 per cent was found to be 1 55, while sodium morrhuste has a viscosity of 1.77 times that of water. Because of their low surface tension and low viscosity the solutions are readily miscible with blood, producing plus and minus uniform distribution of the material after injection The specific gravity of the solution is I 007 which is an advantage over the concentrated sait and dextrose solutions, as it safeguards the set tling of the solutions by gravity and provides uniform distribution throughout the injected area

At the clinic we ran several series of cases where we gave injections of sodium morrhuate sodium chloride 20 per cent or sodium richoleate in one leg and sodium tetradecyl sulfate in the other. On comparison we noted that the side injected with sodium tetradecyl sulfate showed a stronger adher ent thrombosis of the veins that more of those veins and tributaries were thrombosed than with the other solutions that the cosmetic effect was better and the discoloration was less. There were no irritations inflammations sloughing or systemic reactions. After a total of 5 341 injections, there were no side.

^{*} Supplied by the Research Department of Wallace & Tiernan Products, Inc.

reactions or allergic manifestations. Another noteworthy observation was that, unlike using the soap solutions, some of the patients resumed treatment, following a temporary cessation of several weeks, without any unfavorable reaction.

Sodium tetradecyl sulfate may be administered in either 1 per cent, 3 per cent, or 5 per cent solutions. At the clinics, we used the 1 per cent in the superficial veins, in burst flares, and telangiectatic lesions, The 3 per cent and 5 per cent solutions were used in the thick tortuous varicosities, the dose usually being from 1/2 to 1 cc for each injection. Several areas may be injected at the same time, not to exceed 3 cc totally. The needles used varied from 22 to 25 mm gage, ranging from 2/4 to 5/5 inch. In the spider veins, bursts and flares, a 26-mm needle was used. These facilitated firm anchorage and prevented leakage.

It is very important to remember in the injection treatment of varicose veins that once the operator pierces the skin and enters the vein, the syringe and the needle must at all times be kept steady in order to avoid perivenous infiltration After the solution is injected, the needle is withdrawn, the puncture compressed with gauze impregnated with alcohol and strapped with adhesive

These patients were observed carefully at each admission for the past eleven months. Those injected with sodium tetradecyl sulfate showed no more canalization or recurrence of any varicosities. They were asked whether they experienced any pain following the injections, or if they had any untoward reactions, but their answers were negative. Three hundred patients were treated by injections alone, and 64 have had unilateral saphenous ligation with subsequent injection

therapy to one or both legs Sixty-seven have had bilateral saphenous ligations with subsequent injection therapy A total of 5,341 injections were given with no unfavorable reactions

Summary

- 1 Sodium tetradecyl sulfate (sotradecol) is an effective, soothing sclerosing agent
- 2 A small amount of sclerosing fluid is sufficient in the injection treatment
- 3 There is no reaction or urticarial manifestation with sodium tetradecyl sulfate
- 4 The thrombosed clot is more firm and adherent than that which is obtained with sodium morrhuate 5 per cent, or sodium ricinoleate
- 5 There were no recurrences and recanaliza-
- 6 Sodium tetradecyl sulfate (sotradecol) is a clear transparent, nonviscid solution, with a low surface tension which is readily miscible with blood and provides a uniform distribution following injection
- 7 The toxicity is much less than sodium morrhuate or sodium ricinoleate
- 8 Sodium tetradecyl sulfate, according to our clinical studies, is, to date, the most satisfactory sclerosing agent

41 FIFTH AVENUE

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PUBLIC HEALTH SERVICE TO GIVE GEORGIA CHILDREN BCG TO FIGHT TUBERCULOSIS

The United States Public Health Service has disclosed that Columbus, Georgia had been selected for a long range study of BCG vaccination for tuberculosis, widely used in both Europe and South America

The plan is to start the United States study, which will require several years, with school children, both Negro and white, paying especial attention to those highly subject to exposure to tuberculosis. Only children who show through tests that they have not previously been infected with tuberculosis germs will be vaccinated.

The Columbus program will be carried out in cooperation with state and local health authorities Permission of parents will be obtained prior to vaccinations

The vaccine for the Columbus experiment will come from the BCG laboratory at Cook County Hospital, Chicago

Its production is a joint undertaking of the Public Health Service, the University of Illinois College of Medicine, and the Chicago Municipal Tuberculosis Sanatorium.

ANDROGENIC ARREST OF FAMILIAL ENURESIS*

A Study in 75 Children

I NEWTON AUGELMASS M D Ph.D Sc D New York City

TNINTENTIONAL and unconscious di urnal or nocturnal discharge of urine may be a Mendelian recessive trait. It occurs in the absence of local or systemic disease in one or more children of the same family with a predecessor's history of enuresis in childhood While the symptom may clear at maturity, the adult remains subject to urmary frequency, urgency, and nocturia despite unwillingness to admit it. This lack of bladder control is a behavior pattern usually inherited from the affected parent or grandparent whose lower half of the body the child favors, irrespective of sex or social status The familial defect is observed in about one third of patients with urmary incontinence after the third year of life They rarely fail to wet the bed night after night, year after year, without being awakened by the incident. Some have such urgent and frequent desire to empty the bladder that their clothing becomes wet during periods of nervous tension and cold weather by day and regularly during the night in spite of intelligence or training The others remain constantly wet with offensive decomposing urine, day and night no matter what therapy is instituted.

Urination is a reflex not involving the muscula ture of the bladder, spinal centers, and the efferent and afferent nerves. Any local or systemic disturbance interfering with this regulatory mechanism will inhibit the process even during sleep. Various attempts have been made to determine the nature of these disturbances inside and outside this reflex are without considering the degree of maturity of the urogenital structures for the arg of the child

Nature provided an elaborate mechanism for regulating so simple a function as emptying the bladder. In a sense it works like a combination safe whose purpose is not so much the opening of the bladder or safe at the proper time, but of preventing its being emptied at some other time. The combination of nerve impulses involved in bladder control in the normal child responds to training and will in the presence of adequate maturations of the urogenital mechanism.

In enuress the infantile condition persists with the detrusor muscle holding mastery over the sphincter Disparity between the innervation of the two sets of muscles allows the detrusor normally held in check by the sphincter to overcome the comparatively weak action of the latter But enuresis clears spontaneously at puberty when sexual maturation strengthens the action of the sphinoteric mechanism. Trousseau¹ attributed functional enuresis to an irritable bladder Cana² demonstrated an immaturity of the musculature. Hoffman² attempted to improve it development by anterior pituitary like hormones. Schlutz² succeeded with male sex hormone in a random group of enureties. We have found this immaturity to be especially applicable to child dren with familial enuresis. While the condition clears by adolescence, the affected child is still subject to urinary frequency, urgency, and nooture a sex and the sex

A child over three years of age who has never learned to control his bladder is evaluated for local irritation from foci in the genitourinary tract or adjacent structures, i.e., urologic malformation cystitis, calculus vaginitis, balanitis intestinal parasites, anal polyp or fissure, or for systemic organic dysfunction, i.e., spina bifida occults, epilepsy, brain or cord lesion, diabetes mellitus or insipidus, allergic disease intercur rent infection neuropathic personality, or mental retardation. The vast majority of cases are functional in origin, devoid of organic disease of the urogenital or nervous systems. They suffer from familial tendency, emotional conflict, or improper truining

Seventy five normal children of familial enu retics, with and without emotional and training difficulties, were studied since 1940 because they failed on all forms of therapy Boys predom: nated in this group (3 to 1) probably because of their greater difficulty in learning bladder control. They actually go through two successive trainings first sitting down, then standing up Treatment consisted of methyl testosterone 10 to 30 mg daily, in divided doses for one to three months If oral administration produced no significant improvement within a fortnight, it was supplemented by intramuscular administra tion weekly of 10 mg of testosterone proprionate Fluid intake was restricted throughout the day except for milk morning and noon, cracked ice between meals and rusing of the mouth with water to quench thirst

Mothers were advised to remain unemotional about wetting episodes because parental anxiety has an untoward influence on the child's psyche If the maternal bond has been sufficient the child's resolve to please his mother will permeate

TABLE 1 —DISTRIBUTIONS OF FAMILIAL ENURETICS
TREATED WITH ANDROGENS

Age	s	ex	—Effec	t of Treatn	nent
1 ears	Boys	Girla	Failed	Improved	Cured
4-8	24	8	3	6	23
8-12	14	5	2	2	15
12~16	18	6	1	2	21

the deeper layers of his mind and lead to better control of the nervous mechanism of the bladder. With insufficient desire to please his mother, the child is concerned with his own comfort and empties the bladder when tension causes the slightest discomfort. In the series studied the situation was explained to both mother and child to establish better decorum between them

Most children were anxious to cooperate after years of wetting, shame, and embarrassment The androgenic material gave them more confidence and less anxiety about bladder control Indeed, some of the associated emotional disturbances eased with improvement Nocturnal enuresis diminished in both frequency and urgency in from three to ten weeks, but diurnal enuresis was more resistant, requiring months to clear in four cases. Until such improvement became manifest, the child was awakened once or twice during the night to youd. As the condition

cleared, testosterone was diminished gradually and fluid intake resumed slowly without return of the symptom for six months to one year in the cases reported. Each child was informed of the nature of his infantile difficulty, the method of attaining his bladder control, and the need for assuming complete responsibility for his body behavior to make him master of a mature function.

Conclusions

Fifty-nine normal children with familial enuresis were cured by oral administration of methyl testosterone or intramuscular injection of testosterone proprionate for a period of three to ten weeks. Ten children were improved in fifteen weeks but six failed to benefit from this form of therapy.

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CONSERVATION DEPARTMENT REPORTS FIRST RABID COYOTE IN NEW YORK STATE

The first coyote with rabies in New York State was reported recently by the Division of Conservation Education, State Conservation Department, in an announcement to the press While the presence of coyotes in the State is not new, the statement points out, the positive identification of a rabid animal of this species was of special interest to the

Department because of its rabies control campaign among foles. Coyotes, according to the announcement, have been introduced into the eastern United States partly through the transportation of young animals by tourists and partly by what seems to be an eastward migration of the species—Health News, April 21, 1947

^{*}We are indebted to Ciba Pharmaccutical Products Summit, New Jersey for providing us with the androgenic materials

OCULAR FINDINGS IN ONE HUNDRED AND TWENTY EIGHT IUVENILE DIABETICS*

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A OPPORTUNITY was had to study oph thalmologically 128 children with diabetes practically all under insulin control, at a camp of the New York Diabetes Association Not withstanding the fact that only one examination could be made on most of the cases and no follow-ups were obtainable, the retinal findings were of sufficient interest to be noted. All cases were studied under I per cent paredrine hydrobromide cycloplegic instillations after complete physical examinations, including urinalysis, had been done.

The group included 34 children between the ages of 5 to 10 and 94 between the ages of 10 to 19 Seventy-eight had known diabetes one to five years, 44 five to ten years and ten children had had diabetes from ten to sixteen years

Interest and speculation in the project was stimulated by the following statements in the literature. Duke-Elder' states that patients under 40 are exceptional with diabetic retinopathy He further says there is no demonstrable relation between the severity of the diabetes and the extent of the retinal changes for they are not seen in young subjects in whom the diabetes is most frequently accentuated The youngest case a 22-year-old patient to whom he refers is that of Adams 2 Moore' concluded that diabetic retinitis does not occur under the age of 35 McKee⁴ does not list his 2 360 cases of diabetes by age but states that of 96 consecutive cases of the last 1 000 from 6 to 31 years of age 92 were nega tive 1 was hypertensive and 3 had retinal hemor Of the entire series, only 105 had retinal Waite and Beetham's studied hemorrhages 297 juvenile diabetics under the age of 20 found no hemorrhages under the age of 10 and in the 10 to 19 age group they constituted 0.8 per cent

In regard to lens changes Waite and Beetham found flocculi cataract in 4 per cent of their juvenile diabetics. In half of the cases in which diabetic cataract occurred the diabetes was poorly controlled. In the present series only 3 showed retinal changes.

Case Reports

Case 1 -S L agirl, agod 12 had known diabetes

* From Camp NYDA of the New Y rk Diabetes Association Inc.

for eight years. Her blood pressure was 96/60 albumin was + in urine.

The right eye was negative, the left eye had one small pinpoint hemorrhage near, but not in juxtaposition to a perimacular vessel inferior to the fovea. Connected with the terminal point of an adjacent capillary was an aneutysmal dilation its connection with the vessel helped differentiate it from a hemorrhage as did its sharp demarcation.

Case 2—R. E. a boy aged 15 had a known duration of diabetes for eleven years. The albumin was negative and his blood pressure was 110/70

In the right eye there was one ancuryamal dilation of a capillary in the macula region. In the left eye there was one small purpoint hemorrhage

Case 5—A I a boy, aged 15 had a known dura tion of diabetes for nine years with the albumin + and blood pressure 120/82.

The right eye had two pinpoint hemorrhages the left eye had one pinpoint hemorrhage and one dilated capillary

Case 4.—D B a girl, aged 15 had had a known diabetes for seven years. The mother and brother were known diabeties. There were typical subcapsular opacities of diabetic cataracts in each cyt. Albumin was + and the blood pressure was 118/78. The fund as well as could be seen, were negative

Comment

In discussing the findings three aspects are worthy of consideration

1 What is the relationship if any of the duration of the disease to retinal findings?

2 What is the relationship if any, of albuminum and diabetic retinopathy?

3 What does one find histologically in early diabetic retinopathy?

In regard to the first question, Waite and Beetham concluded that deep retinal hemorrhages in diabetes multiply with age and multiply with the continued duration of diabetes out of proportion to the age factor but they show no obvious correlation with sclerosis of retinal vessels with vascular hypertension with renal disorders with maulin dosage or with blood sugar or calcium levels Dolger states that when 200 patients below 50 years of age were followed dilligently for twenty five years, not one escaped retinal hemorrhages, albuminuma, and/or hyper tension in varying degree. His group included 16 whose age of onset of diabetes was below 10 years and 30 whose onset was between 10 and 20 years He states that retinal hemorrhage is the predomi-

TABLE 1

Age Group		Visible Fundi		Deep Hemorrhages	Percentage of Fundi			
_	NYDA	Walte and Beetham	NYDA	Waite and Beetham	NYDA	Waite and Beetham		
Under 10 years 10 to 19 years	68 188	130 464	5	4	2 6	0 8		

nant lesion and often precedes the appearance of albuminuria and a hypertension

It would seem, therefore, that the duration of the diabetes is the determining factor in retinal hemorrhage, and that the latter, since it is frequently the only lesion found, is probably the earliest manifestation if one does not differentiate pinpoint hemorrhages and aneurysmal capillary dilations

In regard the second point, Gray found that 49 out of 66 cases of definite diabetic retinopathy were consistently without albuminuma Garrod,8 on the other hand, argues that the clinical absence of albumin may be transitory or may be associated with pathologic changes in the kidney Dolger believes that the presence of albumin in diabetics is commonly found in patients having normal urea nitrogen and that the cause of albumin in the urine is changes in the Lidney comparable to that observed in the retina He has stated that 50 per cent of patients with retinal hemorrhages of diabetic origin have albuminuma

Of the 128 cases of diabetes in this study, there were only 4 that showed any albumin 4, 2 showed retinal hemorrhages, 1 an incipient diabetic cataract, and 1 case was without eye changes There was 1 case of retinal hemorrhage without albuminuma

Credit is due Ballantyne, who noted "the appearance of minute globular aneurysms in the retinal arteries usually discovered singly or in small numbers within or near the macula area The occurrence of these micro-aneurysms in such a situation, and without other changes in the fundus, we believe to be the earliest unequivocal sign of diabetes The aneurysms are situated in the inner nuclear layer and are globular distensions of the capillaries which form a link between the first capillary plexus in the ganglion cell layer and the deeper plexus situated at the outer boundary of the inner nuclear layer, that is, the aneurysms are situated between the precapillaries on the arterial side and those in the venous side of the retinal circulation "

Summary and Conclusion

In a routine fundoscopic examination of 128 diabetic children, 3 were found to have retinal hemorrhages and 1 a diabetic cataract none of the patients had complaints referable to vision, and since the importance of retinal hemorrhages in regard to a better evaluation of the case has been emphasized, it would seem good medicine to study every diabetic patient under a Special emphasis should be put on mydriatic pinpoint hemorrhages and aneurysmal capillary dilations as they can be overlooked easily, unless the picture is constantly kept in one's mind

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BETTER CASE-FINDING URGED

Case-finding methods for mental illness are in the horse-and-buggy stage, Dr Robert H Felix, chief of the Mental Hygiene Division of the US Public Health Service, charged at the Jewish Board of Guardians' annual meeting

He urged that we begin to think of broad case-finding programs and of developing mass used case-finding technics comparable to those 11, April Times, for tuberculosis —Better 1947

EXPERIENCES IN INFANT FEEDING WITH THE ADMINISTRATION OF A CEREAL CONTAINING PAPAYA FRUIT*

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(From the Department of Pediatrics Long Island College Hospital)

FOR the past year the Department of Pedi Tatres at Long Island College Hospital has used a multigrained cereal which contains 50 per cent dehydrated papaya fruit and 50 per cent grain by weight. In our experience it has been highly satisfactory and we believe that it has certain advantages over other types of cereal

A digest of the manufacturer's description of the product follows "This multigrain cereal is precooked and fortified with papaya powder"

An analysis of the powder shows

	Percentage
Moisture	150
Ash	56
Fat	08
Protein	64
Other carbohydrates by difference	59.3
Crude fiber	8 6
Pectins (alcohol precipitated)	4 3

This powder exhibits a proteolytic enzyme activity. In a mixture of 2 Gm. of papaya powder and 100 cc of fresh cow's milk incubated at 60 C for four hours, approximately 50 per cent of the total nitrogen is converted to nonprotein nitrogen.

The taste and physical properties of papaya powder are similar to those of apple powder Papaya powder readily absorbs water and so acts in the intestinal tract. This tends to correct constination

Methods of Study

This study was begun in August, 1945, and continued to September, 1946 All infants cared for in the Well Baby Clinic were given papaya cereal as the first solid food and it was advised that it be continued at least until the time of discharge from the clinic at twelve months of age

A dietitian advised the mothers as to methods of preparation and the manner of feeding. The usual directions were. The desired quantity of cereal should be mixed with sufficient heated formula to make a thin paste. This mixture should be offered twice a day before the formula feeding. The mothers were encouraged to taste the preparation and advised against the addition

of sugar or other ingredients. A supply sufficient for four weeks was given at each clinic visit

Observations were recorded as to (1) general health, (2) weight gain, (3) appetite for the cereal, (4) the presence of diarrhea or constipation before the cereal feeding was begun and the subsequent incidence, and (5) unfavorable effects such as diarrhea vointing, skin cruptions etc.

Our results were as follows Of 751 cases studied, 289 were observed in the Well Baby Clinic and 462 in the wards of the Long Island College Hospital We observed that the general health and weight gain was that expected of the average normal infant Only 2 patients of all those observed refused the cereal Ton patients who had manifested diarrhea before Cerol* was given showed prompt improvement after this addition to the diet Fifty four out of 62 patients who had constipation improved after Cerol was fed to them. No unfavorable effects were noted Following the introduction of Cerol to the feeding schedule, particular attention was paid to diarrhea, voniting, and skin eruptions.

Two hundred and eighty nine cases were carefully studied in the outpatient department Home visits were made by a nutritionist to observe the methods of preparation and the patients reception of the food. These visits were made to homes of patients of all economic levels The mothers were of widely variable grades of intellectual capacity It was found that all prepared the food easily, and were enthusiastic over the infant's appetite for it Only two mothers had failed to continue its use Most mothers who had other children volunteered the informa tion that they had fed the cereal to them with success and asked for an additional supply to enable them to continue to do so

In addition the cereal was used in the wards of our hospital All patients admitted to the children's medical ward and the children's surgical ward from May 1 to September 1, 1946, who required cereal received papaya cereal (un less specific request for other cereal was made by the attending physician) We observed, and the nurses reported, that the cereal was enthusiastically received and well tolerated by both infants and children Many of these children had histories of dislike for cereal so that little had been taken at home

^{*} The material for this study was supplied by John Wyeth & Brothers, Iuc., Philadelphia, Pennsylvania.

The entire hospital experience was favorable. there being no instances of diarrhea, vomiting, or The observers were cautioned skin eruptions particularly to record any and every instance

Constipation was not a problem in the group of children studied by us Sixty-four patients who previously had been constipated were relieved soon after the initiation of Cerol feeding Only 3 per cent of the group studied complained of constipation after Cerol was started our impression that the entire experience with Cerol disclosed an unusually low incidence of constipation for patients of this age group rough check, some 60 patients' charts were taken at random from a private pediatrician's files Forty per cent of this group had notations on

their records which indicated constipation f lowing the prescription of the usual cereal foo Even though the group compared is small. ! marked contrast suggests that the addition papaya is of decided value in the reduction constipation during early cereal feeding

Conclusion

This study of 751 infants and children indica that papaya is a valuable and palatable addit to the cereal introduced into their diet Ben the customary effects on general health: weight gain, there was almost uniformly g appetite for this type of cereal, virtually no stipation, and no instance of diarrhea, vomit or skin eruption

BIRTHS CONTINUE HIGH-INFANT AND MATERNAL MORTALITY REACH NEW LOW

Compared with the first three months of 1946. births in the first quarter of 1947 increased by 51 per cent The birth rate was the highest since 1918, while deaths decreased by 3 per cent Infant mortality reached a new low level, entirely because of A reduction in deaths among babies under one month

Maternal mortality has also never been lower Ten years ago, when the birth rate of New York State declined to the lowest point on record, it was observed that "if the downward trend continues the State will soon approach a demographic equinovi when the birth and death rates will just balance—the threshold of a decreasing population "* However with an improvement in economic conditions, the birth rate was temporarily stabilized and then moved upward, the new trend being accelerated by the upsurge in marriages which followed the outbreak of the war The departure of hundreds of thousands of young men for service overseas was reflected in a decline in births, but upon the termination of the war the rise was resumed. The number of births recorded in March of the present year was greater by 10,000 than in the same month a year ago and the rate, 24 1 per 1,000 population has not been equally high in almost thirty years. In the twelve months April, 1946, to March, 1947, births reached the exceptionally high total of 316,000, exceeding the deaths recorded in the same period by 164,000

The death rate in March was 11 5, practically the

* Annual Report, New York State Department of Health 1936 Vol II page zm

same as the minimum recorded in the two precedi vears

Infant mortality, 30 deaths under one year I 1,000 live births, was the lowest for the month

A remarkably favorable record was established maternal mortality 7 deaths per 10,000 live a stillbirths—less than one-half the rate a year a Of special interest is the fact that for the first tim month has passed without a single death from ab tion In March of last vear there were 6 such deat

HEALTH CONDITIONS IN NEW YORK STATE

Burth rates per 1,000 population March, 1947 March 1946 1 Annual average for March 1942-1946 Death rates per 1 000 population March 1947 March 1946 Annual average for March 1942-1946

Infant mortality (deaths under 1 year per 1,000 live births) March, 1947 March 1946

Annual average for March, 1942-1946

Stillbirth rates per 1 000 births (including stillbirths) March 1947 March, 1948 Annual average for March 1942–1946

Maternal mortality (deaths from puerperal causes per 104 live and stillbirths) March 1947

Annual average for March 1942-1940

-Health News, May 19, 1947

AN ATTEMPT TO UNIFY THE CURRENT THEORIES OF RENAL LITHIASIS

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A FEW years ago I had occasion to remove a voung woman's kidney containing several calculi. Upon section of the organ a rather cur ious condition was noted within one of the papillae, which was seen to be honeycombed with a network of small cells and each cellule con tained a hard, smooth dark-green, oval calculus As the situation was unique in my experience, I was stimulated to turn to an investigation of the pertinent literature. Before long one's interest is certain to be caught by Randall si-4 keen observations including his supposition of an initiating lesion in the collecting tubules of the renal papilla.

A few months after this first experience my enthusiasm was forcefully revived by another in tensely interesting renal specimen Scattered throughout the substance of all the papillae were seen small specks of yellow, hard material which made a grating sensation when cut. The long axis of these deposits was parallel to the collecting tubules, and they were distributed in a fanlike manner converging toward the papillary tip Clinging to the surface of one papilla was a much larger deposit which more appropriately might be called a calculus With moderate resistance the latter was freed leaving a shallow papillary ulcer Here again it would seem that Randall's theory emerges into the foreground

It might be fitting at this time to review briefly my impression of Randall's theory pothesizes that there must be a preclinical initiating lesion in the collecting tubules near the papil lary tip This lesion originates as a definite trauma to the lining epithelium of the tubule and as such the cells may pass through the various phases of cell proliferation degeneration necrosis and desquamation, or in vitamin A deficiency kera tinization. The occurrence of this localized con dition acts as a midus for calculus formation, and in so far as most calculı require months or possibly years to reach clinical proportions, they seem to find the necessary fixed habitat in the basement membrane of the damaged collecting tubules Should any of these subspithelial plaques erode through the papillary surface, they are in a favor able ate to be constantly bathed by the calvecal urine. Chemical analysis of calculi show them to be mainly composed of the salts commonly present in the urine Once in the environment of the calvecal urine the calculus grows through the deposition of successive layers of crystallized salts. Eventually the calculus reaches such proportions that its very weight, acting through the

forces of gravity, tears it free from its bed to travel forth into the realm of a clinical entity. This mechanism is essentially similar to type I as described by Randall. His type II mechanism differs in so far as the salt deposition occurs within the lumen of the tubule and is thought to be due to a hyperexcretory state of the unne, that is to say, a supersaturated solution.

If we look at the kidney as a whole, it is fair to assume that like any other body tissue it is meant to function normally within relatively fixed ranges In other words, the excretory prod ucts should not exceed a certain physiologic limit Should the concentration of any excretory product exceed its normal physiologic range, it would be considered pathologic and as such serve as a tissue irritant The point of maximum concentration of any of these irritants logically would seem to be placed in the terminal collecting duct or duct of Bellini Here then, we have the maximum concentration of a tissue irratant in the terminal collecting tubule where it can produce an asentic cellular necrosis leading to Randall's initiating. precalculus lesion The sequence of events to the stage of a clinical calculus has already been noted

Let us digress for a while to reflect upon this theory in the light of anatomic facts age kidney possesses about ten papilla and each papilla carries 20 to 30 terminal collecting duets The number of collecting tubules supplying each terminal duct has been variously estimated Some place the number of structural units involved per terminal duct at 120 others state the collecting ducts bifurcate to the twelfth order which would mean slightly over 2 000 units per terminal tubule On the other hand the average kidney is said to contain 3 000 000 to 4 500 000 glomeruli. Mathematically, one could compute therefrom a minimum of 10 000 nephrons or a maximum of 22 500 nephrons for each terminal collecting duct. Just ponder for a moment the amount of stress and strain placed on each duct of Bellini even granting the supposition that not all glomeruli function simultaneously

On the physiologic side of the problem Richards states that the function of the kidney is to maintain a uniformity of internal fluid composition. It is well known that many useless and harmful substances are carried away in the glomerular filtrate. At the same time this filtrate also contains several required substances such as water, inorganic bases, diffusible foodstuffs and so on, which nature has tried to conserve through a

process of active, selective reabsorption in the convoluted tubules As a result, the waste products of metabolism and other remaining foreign substances reach the collecting tubules in Again we see that the a concentrated state terminal ducts are not only responsible for a heavy load, but also that this heavy load is concentrated with potentially irritant materials In the light of these facts it is a wonder that we all do not suffer from repeated attacks of colic As a matter of fact, Anderson, after a careful microscopic study of the pyramids of 168 diseased kidneys, concludes that practically everyone contains these preclinical deposits

It might be well at this point to examine some of the more common current theories to see how they may be adapted to the single, unifying theory herein proposed Probably the least complicated example is that of the hyperparathyroid patient in whom there is a pathologic mobilization of calcium and phosphorus urine approachs the collecting tubules, it becomes supersaturated with these chemicals and thereby they assume pathologic proportions and as such are tissue irritants Flocks has pointed out that acidification, an acid-ash diet, and vitamin D therapy serve to mobilize additional calcium, and by that means intensify the entire process through further tissue irritation The case of the bedridden patient is quite similar No matter whether the prolonged immobilization is due to trauma, poliomyelitis, a cord injury, or some other equally debilitating condition, excessive skeletal demineralization occurs, producing pathologic amounts of calcium in the terminal collecting ducts and the modus operandi for epithelial damage

Restricted fluids, an unfavorable pH, or any other physical condition facilitating precipitation of salts will readily produce a situation compatible with the unifying theory Let us examine the renal complications which may result through the failure to use proper supportive therapy when employing the sulfonamides Antopol, as well as others, states that in the absence of sufficient fluids and proper alkalinization large amounts of the free sulfonamide compounds will precipitate in the collecting tubules near the papillary tip In rats an ensuing degeneration of the collecting duct epithelium followed by considerable calcification has been demonstrated The calcification may be nature's way of attempting to repair the tissue damage previously wrought

If we accept the theory of a necrotized epithelium in the collecting tubules as the necessary precalculus lesion, we would like to be able to detect this nidus in all stones. Then let us turn to Becke, who states that all calculi have a matrix of fibrin-like material. Carrying this thought a little further Thompson asserts that small amounts of nitrogen are consistently found in all calculi. It would seem to me that the presence of a fibrin-like matrix, as well as nitrogen in all calculi, indicates the universal existence of organic material. What could be more fitting that to ascribe this finding to its most likely source, the degenerated epithelium of Bellim's duct?

How does the problem of infection conform to the unifying theory? First, there are few who will disagree with the statement that a pure pyelitis as an entity is merely a fleeting and hypo-Pyelitis per se is always assothetical state ciated with a pyelonephritis to a greater or lesser By direct extension from the pelvis the first point of assault logically would be the terminal collecting ducts Second, if bacteria or bacterial products such as toxins are filtered through the glomeruli, their point of maximum concentrations, after selective tubular absorption has taken place, brings us back once again to the terminal collecting ducts Should the local infection produce systemic symptoms such as pyrexia and fluids are not forced, a condition of dehydration will result in further concentration of the tissue irritants and at the same time the mechanical factor of washing away these substances will be less evident

Moreover, if the infection is supported by urostasis, the above-mentioned influences are accentuated and quite likely, as in the sluggish colon, there is superimposed an additional means of concentrating the urine by virtue of a slower drainage and a greater fluid reabsorption in the renal units If Barney⁵ is correct in his statement that 74 per cent of urmary infections possess urea-splitting qualities, we have in the ma-Jority of cases a calyceal urine supersaturated with alkaline salts just looking for a nidus to which they may become fastened For those of you who subscribe to the colloid-crystalloid balance theory, we must also concede that infection can alter the colloid with a resultant upset of the balance in favor of crystalline precipitation

By this time it should be clear to all how the unifying theory can accommodate the current hypotheses offered to explain the occurrence of renal lithiasis For fear of creating boredom I shall barely mention the potentialities of other less widely held theories There are some who believe that vitamin A deficient diets are stone producing The answer would be that an insufficiency of this vitamin produces changes in epithelial tissue leading to cellular necrosis or keratinization, especially in the urinary tract Need I state that this fulfills our requirements for producing an initiating lesion? Similarly, monotonous diets may lack vitamin balance Stones occurring in the dry tropics may be due largely to a supersaturation of the urine in the terminal collèbeting tubules produced by the dehydrating effect of the climate. Likewise those ulcer parties to an alkaline regimen who develop calculing do so through a supersaturation or hyper excretory mechanism. In summation all these situations seem to eatisfy our primary initiating lesion theory. This theory also welcomes Vermooten seem to eatisfy our primary initiating the south African negro by virtue of the fact that his diet is simple stable rich in vitamin A, on the acid ash side, and low in calcium, all these factors protect the terminal duct epithelium.

Conclusions

In order for a renal calculus to form we should expect the following events

1 An initiating lesion in the epithelium of the terminal collecting tubules of the kidney

2 The production of this lesion through the presence of pathologic proportions of unnary salts, bactora, or toxins which per se serve as tissue irritants

3 The initiating lesion serves as a nidus for stone growth only when bathed by a highly sat-

urated calveeal urine

4 And, last, since not all initiating lesions are favorably placed for growth through accretion, many potential calculi may take years to grow or may actually never reach clinical proportions. Hence nature has spared a good number of us the agonies of renal colic.

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URGE WIDER USE OF RADIUM FOR ASTHMA TREATMENT IN CHILDREN

Treatment of 34 asthmatic children with radium proved to be so encouraging that three Baltimore physicians urge more extensive use of this new type of therapy in the April 12 issue of the Journal of the

American Medical Association
The physicians—Arthur T Ward Jr., Samuel Livingston, and Dean A Moffat from the departments of otolaryngology pediatrics, and allergy division of the Medical Clinic, of the Johns Hopkins University School of Medicane and Johns Hopkins Hoppital—state that 15 patients were completely relieved of astimatic attacks five children were relieved to such a degree that they have only an occasional mild attack three children showed mod crate improvement and 11 have obtained no relief

The 34 patients were all under 14 years of age They were chosen for this study because they had recurrent attacks of asthms and masses of adenoid tissue in the nasopharyux (the back of the mose) Twenty four children had a family history of allergic disease and 18 children had allergic manifestations beades their asthmatic symptoms

All of the children received complete physical examinations The first attack of asthma in 22 of the 34 children was precipitated by a respiratory in-

fection for example a common head cold, tonsillitis pneumonia or the respiratory infections which are so often a part of the contagious diseases of childhood.

In 16 patients attacks developed after exposure to the common inhalants—house dust and animal danders or orris root and the common pollens.

Treatment of each child consisted of applications of radium to each side of the nasopharyms once each month for an average of four treatments. The immediate effect of the radium on the respiratory tract differed in these children Many complained of sneezing and nasal discharge for 12 to 48 hours after the exposures. In a number of children asth matic symptoms developed several days after the first or second radium treatment and the attacks were occasionally severe.

In conclusion, the authors state that the "object of this report is to arouse interest in this new form of therapy so that its larger use may prove and extend the true value that we consider evident from the results of this detailed study and from experience with hundreds of cases not included herein."—American Medical Association Veirs April 10

SENSORY POLYNEURITIS

A Common Postgrippal Syndrome

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(From the Manhattan State Hospital)

URING the past year I have seen 23 cases in which the complaint was deep, aching sensations in one or all four extremities tients presented a uniform clinical picture of sensory polyneuritis without involvement of motor nerves In the lower extremity, the discomfort was most frequently localized in the region of the metatarsal bones and less frequently in the muscles of the foreleg and thigh wise, in the upper extremity, the complaint was usually about the metacarpal bones and only occasionally in the muscles of the forearm and The sensation was described as intense soreness such as after a severe contusion porary relief was obtained by gentle massage and by certain movements of the affected limbs numb or heavy feeling with paresthesias was present in 3 cases In 2 patients, in addition to aching sensations in the left leg and thigh, pain was felt in the left lower quadrant of the abdomen, and the course of the left tenth dorsal nerve was hyperalgesic *

All the cases, regardless of which limb was affected, presented a "glove and stocking" zone of hypalgesia in all the limbs, with diminished thermal sensation The sensation of touch was slightly altered and was described as a rough or ticklish feeling in the hypesthetic zone Deep pressure over the region of discomfort elicited tenderness The reflexes were normal and muscle power was unaffected The "glove and stocking" zones of diminished sensation were symmetric in both upper and both lower extremities (Fig. 1) No other abnormal findings were present in the routine physical and laboratory examinations

Pain sensation was tested by moving a long pin along the extremity with uniform moderate pressure and marking the point when it was felt "sharper" or "more painful" on the anterior, posterior, and both lateral surfaces This method of determining the level of a hypalgesic zone is more accurate than the use of pin prick, as the pressure employed is more uniformly controlled Thermal sensation was tested with test tubes containing hot and cold water applied above and below the hypalgesic zone. Touch sensation was tested by the application of a piece of cotton twirled to a point

In 17 of the 23 cases an attack of grippe (severe or mild) occurred one to three weeks prior to the

complaint In two of the remaining cases, the fauces was congested without local symptoms. The high incidence of grippal infection prior to the onset of the complaint in the majority of the cases is highly suggestive of a causal relation. No

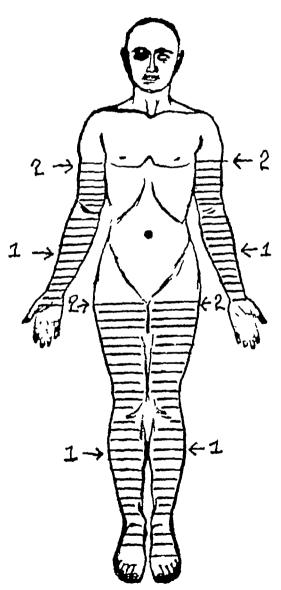


Fig 1 (1) Indicates the usual lower level of diminished sensation symmetrical on both sides (2) Indicates the usual upper level of diminished sensation symmetrical on both sides

other cause of the polyneuritis was found, such as contact with heavy metals, unbalanced diet indulgence in alcohol, or pregnancy only the sensory nerves were involved in these cases, while other forms of polyneuritis practically always involve both motor and sensory nerves

One should be alert to the existence of this sensory form of polyneuritis, since most of the patients had been incorrectly diagnosed as hav ing rhoumatic infection fallen arches, and arterio-

acleratic disease

The treatment employed included salicylates or phenacetin for relief of pain. Thiamin chloride (100 mg) was injected once a week and six capsules of betalin compound (vitamin B complex) were given daily In 16 cases the symptoms were relieved and the glove and stocking" zones of hyperthesia disappeared after two to four weeks Two cases which failed to respond to this regimen cleared up after three weeks of injections of 2 cc of crude liver twice a week. The remaining 5 cases did not report for follow up examination.

Conclusions

- A syndrome is described of "sensory polyneuritis' causing aching in the lower or upper extremities associated with 'glove and stocking' zones of diminished sensation to pain, tempera ture and touch in all the limbs without involvement of any motor nerves.
- Occasionally a lower dorsal nerve is also affected causing pain in the abdomen
- The condition is preceded by a grippal in fection in the majority of the cases
- Treatment with vitamin B or crude liver for a few weeks is effective

MORE THAN 18 000 NEW CANCER CASES REPORTED UPSTATE IN 1946

At least two out of every 1 000 persons in New York State developed some form of cancer in 1946 according to a report compiled recently by Dr Morton L. Levin director of the Department s Division of Cancer Control During the past year 13,616 new cancer cases were reported to the Division by physicians hospitals, tumor clinics, and laboratories throughout the State, except New York City where cancer is not reportable. Detailed reports on cancer cases in each city of 10 000 or over and in each county have been made available to district health officers and to city and county health commissioners.

Physicians reported the disease as 'early' in 27.2 per cent of the cases and moderately early' in 37.4 per cent. More than half 55 per cent was in women and 45 per cent in men Seventeen per cent of the women and only 9 per cent of the men were under forty five years of ago. There were 113 cases reported among children under fifteen years of age

The type of cancer which occurred most frequently in men was cancer of the skin and lip Next in frequency were cancer of the prostate, stomach large intestine rectum, bladder and lung Cancer of the breast was the most frequent type in women, followed by cancer of the uterus skin and lip large

intestine ovary stomach and rectum.

It is noteworthy, Doctor Levin commented, 'that the most common forms of cancer in both men and women are among those that are cariest to dis-cover early and to treat successfully. There were al-most 5 000 cases of these types of cancer alone Prompt attention to early symptoms should result in early diagnosis and a high percentage of cures in the majority of these cases

Among early symptoms he listed a persistent growth or sore on the skin or lip a single lump in the breast abnormal or unusual uterine bleeding persistent indigestion, continued hearse-ness unusual changes in bowel habits, abnormal bleeding from any body cavity

The need for intensifying efforts toward early

diagnosis and treatment through public education is

self-ovident .- Health News Way 19 194"

^{*} Since this article was submitted. I have found this ayn-"Since this article was submitted. I have found this syndrome of senary polyneurities associated with sensory disturbances in other nerves, which subsided with the disappearance of the objective findings in the cartemities. (1) hyperajecial of the first lumbur nerve with complaint of particles of the fifth dorsal nerve with complaint of presortial pain, not aggravated by reservious and with normal electrocardiograph (6 cases) (3) "burning sensition of the tip of the tongue without glossific (lingual nerve) (2 cases)

ANEMIA IN INDIGENT BLOOD DONORS

IRWIN S ESKWITH, MD, and ROLF S KROLL, MD, New York City

(From the First Medical Division, Bellevue Hospital, and the Department of Medicine, Columbia University, College of Physicians and Surgeons)

DURING the past few months, a number of instances of rather marked anemia have been seen in the First Medical Division of Bellevie Hospital in patients who have been making frequent blood donations. Since this condition is not mentioned in recent reviews of the subject, ¹ ² a brief report of its seems warranted.

Table 1 gives the essential data in fourteen such cases. In addition to the examinations of the blood, all had blood urea nitrogen determinations. These were within normal ranges. Ten had one or more stool specimens negative for occult blood by the benzedrine method. Hemoglobins were done with the Sahli hemoglobin-ometer. Other relevant data are given in the table.

It is interesting to note that none of the patients were admitted with a diagnosis of anemia per se. For a time the cause of their low hemoglobin was missed. However, once it was realized that these patients had been donating blood frequently, it became a routine to question all anemic patients on this point.

These patients show certain common features All were men, indigent, unemployed, or unemployable. They were all residents of either municipal lodging houses or cheap Bowery hotels. Eleven were chronic alcoholics. They donated blood, in one pint quantities, either to blood banks in hospitals, or to commercial companies manufacturing blood products. The small sums they received, five dollars a pint, were usually spent not on food, but on the purchase of more alcohol.

Six patients had, as their primary diagnosis, lobar penumonia, and one had the diagnosis of bronchopneumonia. There was one fatality in this group a patient admitted quite ill who became comatose shortly after admission. The diagnosis at death was lobar pneumonia. He had given twelve transfusions in four months.

One patient (Number 9, O J) (see Table 1) was seen in consultation on the surgical service, for an opinion as to his cardiac status. His dyspnea and orthopnea were relieved as his anemia improved by iron therapy. Two other patients were admitted with cardiac complaints. One (Number 6, F. J.) had definite arteriosclerotic heart disease.

It is probable that the frequent blood donations of these patients, their poor food and iron intake.

and their chronic deficiency states were responsible for their anemia These patients were, in many instances, donating blood when they were already anemic For example, patient 2 (F W) had given 23 transfusions in twenty-four months, the last one three days before admission hemoglobin on entry was 40 Gm per 100 cc of Patient 11 (Q T) was one of three admitted with a diagnosis of cardiovascular discase. He had given ten transfusions in twelve months, the last one nine days before admission His initial hemoglobin was 50 Gm that he had continued to donate blood after the onset of dyspnea and orthopnea His symptoms cleared with iron and supplementary vitamin therapy

Some of these cases, such as patients 9 and 14, had given no blood for three months, but, nevertheless, had failed apparently to regenerate hemoglobin. In view of other negative findings, one may assume that poor diet and chronic deficiency disease were responsible for this failure.

Discussion

The effect of frequent blood-letting on the hemoglobin levels is disputed Bryce and Jakobowicz³ found that hemoglobin levels in men donors remained constant if transfusions were given not more than once every three months

In a short communication, Brewer⁴ states that frequent donations do not depress the hemoglobin levels On the other hand, Santy⁵ has reported anemia, responding well to iron, in professional donors

Fowler and Barer⁶ did hemoglobin determinations on professional donors at a university hospital Their donors were medical students, residents, or hospital employees. They found that the hemoglobin fell 2 3 Gm per 100 cc after a 500 cc transfusion. It took an average of forty-nine and six-tenths days for the hemoglobin to return to normal. Twenty-five per cent of the donors had not returned to normal levels at the end of eight weeks. These results were obtained in a presumably well-nourished and healthy group, hardly comparable to our patients.

Snapper, Liu, Chung, and Yu⁸ found microcytic anemia, clearing with iron administration, among Chinese professional donors. They attributed the anemia to their poor dietary regimen

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Declarate Hemoglobia Other Laboratory Data Om. Stool strettle for blood serving Abunin 25 of blood fobbild Not of the blood for	9 0 Stool negative for blood; serum alberna 3.8 Gm.; globulin 3.7 Gm. positive cept. for, blood urea citroem 10.5 mr.		8 0 Stool negative for blood; W B C 27 600 P 946, blood	11 0 W B C 16,000, P 88%; blood urea nitrogen 10.2 mg.	10 5 W B. C. 2 950- platelets 150 000 blood urea mitragen 9.9 mg.	7 5 Blood ures nitrogen 11.5 mg.	Blood ure nitrogen 16 mg; many pneumococel in sputum	Stool negative for blood non- protein nitrogen 27 mg; total protein 6.5 Gm; no free HCl	8 3 Stool negative for blood; W B,	8 5 No free HCl in guitrie contents; stood argadive for blood	10 0 Stool negative for blood; W B C 11,000; positive blood culture; blood uses altrogen	9 0 Stool negative for blood pruris	Still in Stool negative for blood; blood bospital ures nifrogen 10 mg.
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Conclusions

- Fourteen men patients presenting themselves with moderate to marked anemia were found to have been making frequent blood donations
- All were indigent, unemployed individuals, 2 Eleven had chronic in a poor state of nutrition In no instance was other evidence alcoholism of acute blood loss demonstrated
- In a number of instances blood was being donated when the patients were already anemic In other instances their poor state of nutrition and

poor dietary regimen appeared to have retarded blood regeneration

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ADMISSION OF GENERAL PRACTITIONERS TO HOSPITAL SERVICES

The Joint Committee for the Coordination of Medical Activities of the A.M A expressed concern at a recent meeting that the growing tendency to exclude the general practitioner from hospital staff privileges is having the effect of making it impossible for the general practitioner to obtain the advantages of modern hospital facilities for treatment The Joint Committee therefore of his patients recommended that a long range program be formulated on the part of all professional bodies con-The immediate need, the Committee felt, was the integration of general practitioners into the hospital staffs throughout the country. To accomplish this the Committee recommended that the Council on Medical Education and Hospitals of A M.A. develop, as soon as possible, several alternate plans The Committee further recommended that the American Medical Association and other professional organizations, as well as the hospital associations in their regional and annual meetings and in their publications, give prominent place to a

discussion of how this hospital staff integration can best be accomplished in order to make available for each eligible physician and his patients all the facilities provided in the community for medical care

The House of Delegates in December, 1946, passed a resolution to the effect that all hospitals should be encouraged to establish general practices, stating that appointment to a general practice stating that appointment to a general practice. tice section shall be made by the hospital authorities on the merits and training of the physician Copy of this resolution has been sent to all hospitals in the country by the Council on Medical Education

and Hospitals Further, complying with House of Delegates directive of December, 1946, the Section on General Practice of Medicine has given serious consideration to the plan for the formation of a certifying board, and such a plan will be proposed to the Section in June The Joint Committee does not believe that the cetting we are the continuous board. believe that the setting up of a certifying board for general practice will meet the need at this time

A LA CARTE

A little restaurant near my office is a favorite spot " among physicians in the neighfor "coffee and borhood One day a group of us noticed that Willie, the counterman, was doing a lot of fidgeting Between times he would scratch his posterior on the corner of the counter

Several of us tried on-the-spot diagnoses, but came up with as many answers as there were M D's present Finally I asked "Wilhe, have you got hemorrhoids?" Pointing to the bill of fare, he answered, "Just what's on the menu, Doctor"—MD, ILLINOIS-Medical Economics, May, 1947

EVALUATION OF ANGINAL PAIN IN THE VARIOUS STAGES OF CORONARY ARTERY DISEASE*

Particularly the Premonitory Phase of Coronary Occlusion and Infarction without Occlusion

HARRY L JAFFE, M.D. HARRY HALPRIN M.D., 201d LYLE M. NELSON M.D., New York City

IN RECENT years numerous advances in our knowledge of coronary heart disease have emphasized the diversity of this disease and the madequacy of the classic syndromes of angina pectoris and coronary thrombosis to embrace the various phases of the disease Correlation of clinical, electrocardiographic, and pathologic observations has enabled us to understand and classify many cases hitherto labeled atypical as is not unusual following the introduction of new concepts the terminology employed by various authors is not uniform, a circumstance leading to some confusion The importance of this subject has been pointed out by one of us previously and a classification of coronary artery disease was presented 1. The application of this classification is illustrated in this paper

The major recent contribution to this field has been the demonstration of myocardial infarction or necrosis without acute occlusion or thrombosis of a coronary artery 2-6 The infarction occurs us a result of myocardial ischemia and is frequently associated with some factor inducing a severe degree of coronary insufficiency e.g. effort emotion shock with fall in blood pressure acute hemorrhage heart failure tachy cardia aor tic stenosis 1-6 In other cases a precipitating factor is absent, which is the rule in coronary occlusion with infarction Postmortem the infarction is found with rare exceptions to consist of focal disseminated areas of necrosis in the subendocardial region and papillary muscles, and thus differs from the infarct in coronary occlusion which is usually confluent and extends from endocardium to pericardium 135 These pathologic differences probably explain the disparity in the electrocardiographic alterations in the two conditions In coronary occlusion with infarction the electrocardiogram exhibits RS-T elevation, Q-waves, and reciprocal relationship between leads 1 and 3 There is progressive RS-T change into T wave inversion which is usually longstanding In infarction without occlusion RS-T depression and T wave inversion may be present angly or in combination in one or more leads. The changes show considerable variation and disappear by the end of several weeks as a rule. Although the two conditions may be similar clinically, they can be differentiated electrocardiographically in over 90 per cent of cases. These views recently have received some confirmation indirectly in experimental studies. 14

Angina may arise as a result of acute coronary insufficiency under the following conditions (1) transitory myocardial ischemia, the classic recurrent brief angina of effort, this is a physiologic disturbance unaccompanied by acute changes in artery or muscle or by residual changes in the electrocardiogram following the attack, (2) severe or protracted myocardial ischemia, usually with infarction but without coronary occusion as described above, (3) acute occlusion with complete myocardial ischemia and infarction, the acute attack is often preceded by a premonitory period of recurrent pain of varying degree.

Diagnosis on the basis of the type and dura tion of pain alone often fails to reveal its true While the infarction following acute occlusion characteristically is accompanied by severe pain and other symptoms these may be mild and of short duration and the diagnosis missed unless an electrocardiogram is taken. In infarction without occlusion the degree of pain is even more variable, it may be minimal or very severe In the course of a longstanding anginal syndrome some of the attacks may be severe and protracted, although electrocardiographic changes or other evidence of myocardial necrosis are absent The following two cases demonstrate the importance of the electrocardiogram in evaluating "angma pectoris" and illustrate the premonitory phase of coronary occlusion and the possibility of preventing the latter

Case Reports

Case I—W H. L., No 280530 a man, aged 49, was well until two months prior to his admission to the hospital At that time he began to complain of substernal oppressive pain radiating into the neck and both forcarms, on exertion Cessation of effort afforded prompt relief The singinal syndrome in creased in frequency and he was admitted to the U.S. Naval Hospital St. Albans New York,

The work reported was done at the U.S. Naval Hospital St. Albana, New York, while the authors were in military service.

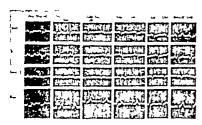


Fig. 2 Myocardial infarction without coronary occlusion July 28 IAD RS-T1,24 depressed T1 low July 28 RS-T depressons less marked T1 higher, T2 isoelectric, T3 semi-inverted July 30 (r.u.) T1 2 3 diphasic July 30 (r.u.) T1 upright, T2 isoelectric, T3 more inverted Aug. 7 RS-T1,2 depressed T1 lower, T2 3 diphasic Sept 20 Normal record (transverse heart)

Blood pressure was 100/70 Repeated sedimenta tion rates were normal Five months later follow ung an upper respiratory infection, he experienced several bouts of substemal pain relieved by nitroglycerin Examination failed to reveal any cardiac abnormalities. The blood pressure was 100/70

On admission the electrocardiogram (Fig. 2) precented marked RS-T depression and T wave lower ing indicating myocardial ischemia. These changes showed considerable variation during the following weeks and the electrocardiogram returned to nor mal approximately four weeks after the cessation of the pain. They reappeared transiently five months later when there was a recurrence of angina.

Discussion

Since both patients recovered we are unable to offer final evidence, but the course of events in these cases was probably as follows In Case 1 the abrupt onset of a persistent progressive an ginal syndrome, at first on effort, later at rest represented the prodromal stage of acute coronary occlusion which occurred several months later During the premonitory phase there was probably subintimal hemorrhage with progressive formation of a thrombus and gradual occlusion of the lumen of the coronary artery * 10 This resulted in increasing coronary insufficiency and subendocardial infarction with episodes of pain, waxing and waning RS-T depression and T wave inversion in varying leads of the electrocardiogram, and a very abnormal sedimentation rate When the occlusion became complete (October 13), resulting in massive, through and through infarction, the pain was severest and collapse The electrocardiogram abruptly asensued sumed the typical pattern of coronary occlusion with posterior infarction i o Q2,3, RS-T2 3 elevation T1 became inverted suggesting anterior infarction in addition As is usual following coronary occlusion there were characteristic residual changes after many months

Case 2 also began suddenly with a severe anginal syndrome and transient, recurrent RS-T depression and T-wave inversion in the electrocardiogram indicating acute coronary menticiency with myocardial ischemia. In view of the revents and frequency of the attacks for several days, it is likely that there were some areas of infarction in the myocardium as in the premonitory phase of Case I The process came to an end after three days when the pain ceased and the electrocardiogram remained entirely normal, although RS-T depression could be reproduced after exercise. At no time did the electrocardiogram exhibit any of the changes associated with coronary occlusion, i.e., Q-waves and RS-T clevation Five months later the patient had a brief recurrence of coronary insufficiency with several attacks of pain and RS-T depression in the electrocardiogram. There was probably no necrosis at this time This episode followed an upper respiratory infection but what factor suddenly precipitated this man a original status anginosis can only be conjectured. It is not unlikely that the process of sclerosis in the coronary arteries was progressive and that his increased activity during the previous month, to which he was unaccustomed had overburdened his coronary system and produced myocardial ischemia. It is also possible that as in Case 1, the sudden onset was associated with a subintimal hemorrhage. In this case it was resorbed and did not lead to formation of a thrombus Such hemor rhage is a common spontaneous occurrence in diseased coronary arteries and may cause temporary decrease in the lumen of a coronary artery

It is evident that the term angua pectors is essentially descriptive and that pain produced by coronary artery disease may be similar in the various phases of that disease. It is therefore, incumbent upon the physician to exercise thoroughness and caution in evaluating the anginal syndrome particularly when there is a sudden onset or abrupt aggravation of a proexisting one, with the superimposition of angina at rest.11 Serial electrocardiograms and recording of the temperature, blood count, and sedimentation rate may reveal evidence of acute myocardial ischemia with infarction, necessitating bed rest In addition, a sudden anginal syndrome may be the harbinger of a coronary occlu During this premonitory phase the electrocardiogram may also indicate myocardial ischemia as in Case 1 but frequently remains unaltered up to the time of complete occlusion when the typical pattern of coronary occlusion with infarction appears. The recognition of impending coronary occlusion is of considerable

practical importance in view of the recent studies indicating the value of anticoagulants, such as dicumarol and heparin, in diminishing the incidence of mural thrombosis following coronary occlusion ¹² It is possible, as experimental studies suggest, ¹³ that institution of such therapy during the premonitory phase of coronary occlusion may prevent the thrombosis from becoming complete. It has been shown ³ ¹⁰ that the commonest mechanism of formation of coronary thrombosis is subintimal hemorrhage with secondary endothelial changes and superimposed thrombosis. The process may take several weeks or, as in Case 1, even several months, for completion.

Experience has shown that bed rest does not prevent the occlusion although it may mitigate its effect. Therefore, in the presence of a sudden and persistent anginal syndrome, it may be beneficial not only to put the patient to bed but also to investigate the prothrombin activity and, if indicated, administer dicumarol or heparin even though it is not possible to determine whether the pain represents myocardial ischemia with necrosis alone, as in Case 2, or the premonitory phase of coronary occlusion, as in Case 1

Case 1 demonstrates how the electrocardiogram in coronary occlusion with infarction differs from that seen in infarction without occlusion and emphasizes the value of retaining the term coronary occlusion. Since the symptoms in both conditions may be similar, some writers 14 have advocated discarding the term coronary occlusion.

However, the two conditions are different pathologically and can be distinguished electrocardiographically in the vast majority of cases, and it would appear desirable, for the sake of clarity, to consider them as entities. Furthermore, we have shown that it may be of importance therapeutically to do so

Summary

Anginal pain is the result of acute coronary insufficiency which may be divided into three types (1) transitory myocardial ischemia, a physiologic disturbance, (2) protracted myocardial ischemia, frequently with infarction but without acute coronary occlusion, (3) complete myocardial ischemia with acute occlusion and infarction

These three types can be differentiated electrocardiographically in the vast majority of cases. This diagnostic procedure is essential when the clinical picture is not characteristic.

A persistent anginal syndrome, beginning abruptly or showing sudden acceleration, may signify infarction without occlusion or the premonitory phase of occlusion. During this phase the electrocardiogram may present the changes of infarction without occlusion. When the occlusion becomes complete, the electrocardiogram assumes a typical pattern.

It is suggested that anticoagulant therapy in the stage of impending occlusion may prevent the latter

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THE SWEETEST LIVES

The sweetest lives are those to duty wed,
Whose deeds both great and small,
Are close-knit strands of an unbroken thread
Where love ennobles all
The World may sound no trumpets, ring no bells,
Thy love shall chant its own beatitudes
After its own life-working A child's kiss
Set on thy sighing lips shall make thee glad,
A poor man served by thee shall make thee rich,
A sick man helped by thee shall make thee strong,
Thou shalt be served thy self by every sense
Of service which thou renderest
ELIZABETH BARRETT BROWNING

PRIMARY STREPTOCOCCUS VIRIDANS MENINGITIS

Report of a Case with Necropsy Findings

STANLEY A KORNBLUM M.D., CHARLES ZALE M.D. and IRVING W. ROBINSON, M.D. Bronx, New York

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TT IS known that streptococcus viridans has a low pathogenicity for man' but it can and does cause disease leading to death. Neal (1924) 1 in a review of meningitis and its distribution according to ctiology and age states that "streptococcus viridans vers rarely causes meningitie ' A review of the literature since has revealed only one case report of primary streptococcus viridans meningitis.* There have been many reports of streptococcus viridans meningitis but they have all been secondary to some focus of infection 4-4 We wish to present the clinical course and necropey findings in a case of primary streptococcus viridans meninzitis.

The patient was a 16-month-old white boy ad mitted to the pediatric service of Morrisania City Hospital on February 28 1946 and died April 6, 1946. Fourteen days before admission the patient developed a running nose which cleared up spon-taneously Three days before admission be became taneously Three days before admission be became febrile, lethargic irritable and vomited several times.

On admission the temperature was 104 F (rectally) and the child presented the following positive physical findings The patient was drowsy and neurologically presented the following signs of meningitis marked Kernig and Brudzinski, distinct nuchal rigidity with head rotated to the right The deep tendon reflexes were hyperactive and the child was irritable to any passive movements Funduscopic examination showed no papilledema or venous distension

Past history and development history were non-contributory Under the family history it was noted that the patient a father was rejected for duty by the army because of inactive pulmonary tubercu losia

Hospital Course.-The child presented a septic Isbrile course during his hospital stay despite chemotherapy. The Mantoux test in a dilution of 1-100 was negative. Repeated spinal fluid examinations (Table 1) failed to reveal tubercle bacilli torula or other organisms. On the twenty ninth hospital day the patient had a convulsive episode On the thirty fourth hospital day the temperature

rose to 105 F and there were physical findings of bronchopneumonia. The patient expired on the thirty-sixth hospital day Repeated blood, urine, stool and throat cultures were all negative. Blood chemistry studies were all normal.

Necropsy findings revealed that the body was that of a well-developed, well-nourished white boy infant Only 25 cc. of slightly cloudy fluid could be obtained on lumbar puncture. The cisterna was then tapped and gave a further 15 cc of similar fluid.

The dura appeared thick, injected, and dull. It was under great tension and when cut the brain substance bulged around the edges The gyrı were generally flattened. There was a dense, greenish, firm exudate covering the base of the brain. It extended from the optic chiasma to the medulia and had grown over the roof of the fourth ventricle and the inferior surface of the cerebellar lobes. The exudate was so dense that none of the cranial nerve origins or arteries could be seen without dissection. A marked internal hydrocephalus was present,

The petrous portion of both temporal bones were opened but revealed no gross evidence of infection The other annuece also showed no evidence of infection

Both lungs on section showed a terminal broncho-oneumonia. The other organs were grossly normal. No focus of infection could be found.

Bacterology —All specimens obtained at necropsy for cultures were inoculated into dextrose broth media, petragnani media, and chocolate agar slants which were incubated under CO, tension The cultures and smears from the spinal fluid were negative Smears and cultures from the petrous portions of both temporal bones were also negative Smears from the exudate over the brain revealed gram-positive cocoi in short chains. Cultures showed a good growth in dextress broth media after twenty four hours and smears again showed gram-positive cocci in short chains Subculture on blood agar yielded minute colonies with alpha hemolysis " These colonies were not bile soluble Smear from these colonies showed a gram-positive cocci in short chains.

TABLE 1 —SPINAL FLUID FINDINGS				
Spinal Fluid Pressure	Admission	Eighth	Hospital Days	Thirty-flith 260 mm of water
Turbidity Cell count	Clear 40 lymphs per ec	40 lymphs per co	50-100 lymphs	Many polys.
Total protein Chlorides	67 mg per cept 591 mg per cept	46 mg per cent 685 mg. per cent	66 mg per cent	132 mg per cent
Sugar S multaneous blood sugar	14 mg per cent	32 mg per cent 105 mg, per cent	38 mg, per cent 105 mg, per cent	0 mg, per cent
Culture Smear Colloidal gold	No growth Negative	No growth legative	No growth Negative 0-0-0-0-0-0	Negative
Wassermann Levinson test Tryptophane test	Negative	Positive Negative	Vegative	

Summary

This is a case of primary streptococcus viridans meningitis in a 16-month-old child. It followed an upper respiratory tract infection. Clinically it resembled tuberculous meningitis because of its chronicity, failure to isolate any organism, equivocal spinal fluid findings, and lack of response to chemotherapy. Moreover, findings and bacteriologic study at autopsy revealed this to be a case of streptococcus viridans meningitis for which no focus could be found.

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THE PRICE TAG ON AN M D

If harsh words are occasionally heard when a layman scans his doctor's bill, you can't always blame him He probably has only a vague notion of what it costs to become an M D and to make a start in the medical profession. Yet the plain fact is this A price tag of at least \$32,000 can be pinned on today's new comer to general practice.

THE NEW G P S INVESTMENT IN HIM	SELF
His premedical education meant an outlay of During his medical schooling he spent His six-year earning loss while training was Entering practice he invested in equipment	\$ 7,000 7 000 15 000 3 000
Total cost	\$32 000

Making such facts known to the public is obviously a job for the medical societies, and a vital one

Medical Economics has just completed a survey of fifty-two approved medical schools to determine current costs of undergraduate medical education Deans of these schools supplied their best available figures on what the average student spends for tuition, room, board, books, and instruments. The sampling was checked regionally, by size and type of school. It was found to give a true cross section of the sixty-nine approved medical schools in the U.S.

The result? A sum total of \$7,016 as the average amount the doctor-to-be lays out during his four

years of medical schooling

A number of deans commented that their own figures were probably low in relation to the national average. They do, indeed, afford a marked contrast to the costs reported by several institutions in the New England and Middle Atlantic states. At one of these schools the four-year cost to the student currently stands at \$9,640

Tabulated in the adjoining table are comparisons of Medical Economics' 1947 study with surveys conducted in 1931 and 1920. They show clearly that tution costs, though not so inflated as living expenses, are keeping step with the upward trend Medical educators predict that the tuition curve will continue to rise unless checked by subsidies or special taxes. Many point out that present income from students pays less than half the dollars-and-cents.

cost of the training given

Not all medical students, of course, have had to
get educational funds from their families During
the war the schooling of close to 80 per cent of all

WHAT THE AVERAGE STUDENT PAYS OUT DURING HIS MEDICAL SCHOOLING 1920 1931 1947 \$299 Tuition \$187 \$463 Room and board 370 Books and instruments 106 138 Clothing, entertainment, laundry and other per sonal items 265 369 528 Total for one academic year Total for four academic \$ 800 \$1 163 \$1,754 83 560 \$4,652 \$7,016 3 cars

budding M D's was paid for under Army or Navitraining programs. Currently, many veterans are using the G I Bill of Rights to finance their medical training. Sixty per cent of those entering medical school last year were veterans eligible for this subsidy.

Though an important fraction of the M D 's price tag, the sum spent during medical school is far from being the whole amount. Premedical education must be counted in, too. A number of educators to-day price college and preparatory training at \$7,000 and call it a conservative average.

and call it a conservative average

Then there is another item While the physician of the future is applying himself to medical text-books and, as an intern, to case histories and clinics, his college classmates are gainfully employed The intern may clear his living costs, but, more often than not, six years pass while young doctors learn and their lay contemporaries' earn

Studies in certain castern universities show that the average college graduate who goes directly to work today will earn about \$15,000 during that six-year period So add to an M D's price tag the \$15,000 he didn't make

Even when he has completed his basic training, the young M D isn't ready to start recouping his investment. That takes professional equipment. A survey, for 1943, showed that the average physician in practice one or two years owned \$3,275 worth of office and medical equipment. That sum has to be counted.

Thus, the overall estimate of \$32,000 may be looked upon as a fair price tag for today's privately educated young doctor. If more of your patients knew that, it's likely that they would scan your bills with greater understanding—Medical Economics, May, 1947

MASSIVE GASTROINTESTINAL HEMORRHAGE IN FULMINATING MENINGO COCCUS MENINGITIS (WATERHOUSE FRIDERICHSEN SYNDROME) WITH RECOVERY

INVING GRAY, MD, FACP, Brooklyn New York, and M ROBERT TALISMAN, MD, Woodmere New York

(From the St Joseph & Hospital Far Rockaway)

THE symptoms caused by meningococcus infec tion are primarily those of acute cerebrospunal Whenever sudden collapse with pur pura occurs in meningitis or following a sore throat the diagnosis of infection by A cuseria intracellularis meningococcus should be suspected. Until 1940 ! fulminating meningococcemia or the Waterhouse-Friderichsen syndrome was described as uniformly fatal The authors call attention to the fact that in a group of 51 cases reported there had been only 7 recoveries. Four additional cases are noted, one of which survived Three of these cases were in adults. The presence of purpuric or petechial spots on the skin associated with massive hemorrhagic destruction of both adrenals, as evidenced by clinical and objective findings in the presence of a fulminating septicemia, is recognized as the Waterhouse-Fri derichsen syndrome. Hemorrhagic changes in the adrenals were recently reported in four patients who died and came to autopsy ! In 1 case, the adrenals were grossly normal but microscopically showed extensive edema and hemorrhage of the capsule. In the other 3 cases there was macroscopic evidence of hemorrhagic destruction of the adrenals. In the case reported by Kwedar, a housewife aged 58, died of this clinical syndrome (Waterhouse-Friderichsen) At autopsy, the right adrenal was firm and very dark red in color This discoloration involved both medulls and cortex The left adrenal was softened but the hemorrhagic discoloration was Microscopic examination of both adrenals showed extensive, massive hemorrhage with almost complete destruction of all of the tissue elements. Bacterial stain showed meningococci in the adrenals. Jacobi and Harris' collected 130 cases of this syndrome and added an additional case in which recovery occurred Recovery following treatment with penicillin has recently been doscribed by Hayes. In discussing the treatment, Bush and Baileys stress the excellent response to sulfonamide therapy Seventy-six cases recovered satisfactorily with this type of treatment. Recovery also occurred in 50 patients who had men ingococcus bacteremia. The authors stress the fact that the patients presented the characteristic clinical features of the Waterhouse-Friderichsen syndrome In 4 fatal cases of this group which came to autopsy 3 had bilateral and 1 unflateral advenal hemor rhage.

The following case is reported for reason of the fact that the clinical symptoms at the onset were somewhat bizarre and manifested by marrive gastrointestinal hemorrhage. The symptoms of bleeding into the gastrointestinal truct, as noted by the vomiting of blood and the tarry stools anto-

dated the appearance of the petechial and purpurier ash over the skin by several hours. The clinical symptoms were those usually described and characteristic of the Waterhouse-Friderichsen syndrome. Recovery followed the use of sulfonamide and penicillin therapy.

Case Reports

A man white adult, 30 years of age, in good gen eral physical condition and always well previously. returned from a trip West on February 20, 1945. He complained of general fatigue and feeling tired. The patient was seen at various intervals from February 1933, until the present date for mild general complaints. The blood pressure at all times was within normal limits. A unnalysis done in 1943 was normal. On the evening of February 20 there was a sudden onset of severe chill, headache and pain in the extremities. The physical exam: nation was essentially negative except for a mild red throat Temperature was 103 F by rectum There was no nuchal rigidity and no abnormal neurologic findings. The lungs were clear A diag nosis of acute upper respiratory infection was made on the basis of a mild red throat. Antipyretic therapy was instituted and at 3 00 P M. on the following day (February 21) the fever had completely subsided The patient had no complaints except for headache. There was no nucleal rigidity The skin was clear At 4 00 PM. on February 21 there was a sudden onset of vomiting of blood with the rectal elimination of tarry stools. About two hours after the onset of these symptons, the patient presented all the clinical symptoms of shock. The skin was cold pulse rapid and the blood pressure had dropped to 100/80 The patient was irrational and tossed about the bed. During the next two hours a petechial and purpure rash developed and con-tinued to spread in intensity The neurologic signs were changing rapidly. The deep reflexes were at Nuchal rigidity was present There was black vomitus about the bedelothes and all about the bed The patient was given 1/4 grain of morphine sulfate by hypodermic, and at 8 00 r.m. about four hours after the onset of the bloody vomiting and melena, was transferred to the St. Joseph s Hospital in Far Rockaway New York.

Hospital Course - February 21 1945. The pa

Hannial Course — February 21 1945. The pastent was violent and uncontrollable when stimulated A spinal tap was unsuccessful Ten thou sand units of penicillin were given perithecally and the intravenous drip of penicilin started. The patient received 90 000 units within the next few hours and another 100 000 units within the first eight hours after hospital admission. The clinical picture was that of fullminating meningococcus infection (Waterhouse-Friderichem syndrome) although the organism had not as yet been isolated. A Levine tubo was inserted into the stomach and 5 Gm of sodium sulfadiazine given in solution

p 1

through the tube on February 22, 1945, morphine was continued since admission because the patient was violent and uncontrollable He could not be aroused and responded only to very painful stimuli with motor activity of an uncontrollable type Sodium sulfadiazine was introduced into the stomach by a Levine tube, and some six hours later this procedure was repeated Sodium bicarbonate in solution was administered following each installation of the sulfadiazine Spinal tap was successful and cloudy fluid obtained Twenty thousand units of penicillin were introduced perithecally patient received another 90,000 units of penicillin during the day and evening. On occasions, he would vomit large quantities of blood There was rectal incontinence with the passage of large, tarry The purpuric spots noted the day previously increased in amount and size and there was coalescence of these areas especially in both upper extremities, most prominent over the elbows

Laboratory Data—Blood hemoglobin was 100 per cent, red blood count was 424 M, white blood count was 24,900 with 81 per cent polymorphonuclears, 17 per cent lymphocytes, 2 per cent monocytes Bleeding time was fifty seconds Coagulation time was four and one-half minutes. Urine was amber, acid, and the specific gravity was 1025, 1 plus albumin, 2 plus sugar (infusion sugar), negative acetone. Microscopic examination. hyaline and coarsely granular casts in moderate numbers, 3 to 5 white blood cells per high power field.

Spinal fluid Cell count was 8,860 polymorphonuclears per cm, 300 red blood cells per cm Albumin 2 plus, globulin 2 plus, sugar 30 mg per cent, chlorides 720 mg per cent, smear, no organism seen

Feb 23, 1945 The patient continued in a coma all day The temperature ranged between 102 and 103 F. Vomiting had ceased There was still rectal incontinence with passage of large, black stools. Penicilin was continued throughout the day, 50,000 units in Ringer's solution intravenously and then 20,000 units every three hours intramuscularly. Five doses of sulfadiazine (1½ Gm) and sodium bicarbonate solution were given by Levine tube throughout the day. The patient's clinical condition remained critical throughout this entire twenty-four hour period (forty-eight hours after the onset of his illness and admission to the hospital)

Blood sulfadiazine level in the morning was 12 0 mg per cent, white blood count was 21,400 with 85 per cent polymorphonuclears, 7 per cent lymphocytes, 4 per cent monocytes, and 4 per cent juvenile forms Cultured spinal fluid Neisseria intracellularis meningococcus Urine (A.M.) 10 to 12 red blood cells per high power field, occasional white blood corpuscles, rare coarsely granular casts. Urine (P.M.) 18 to 20 red blood cells per high power field, few white blood corpuscles, few pus clumps, few pus casts

Feb 24, 1945 Sulfadiazine therapy was discontinued because of the high concentration in the blood and more especially because of the findings after examination of the last specimen of urine. Twenty thousand units of penicillin were given intramuscularly for 4 doses. About 9 00 a M, some sixty hours after the onset of his acute illness, the patient spoke his first rational words. His speech was thickened and his mind wandered but some of the sentences were recognizable. The temperature still remained elevated to about 101 F. Nuchal rigidity was marked and the absence of reflexes persisted

The patient continued to complain of severe and constant headache. There was no vomiting during this day and none during the rest of the hospital stay. He had two large and black stools this day. The blood sulfadiazine level dropped to 6 mg per cent Examination of the urine showed a few white blood corpuscles, and a rare pus cast, and there were 3 to 4 red blood corpuscles, per high power field. Sulfadiazine therapy in 1-Gm doses with adequate amounts of sodium bicarbonate was again introduced. During the following forty-eight hours, a total of 6 Gm of sulfadiazine was administered.

Subsequent Course -20,000 units of penicillin were given to the patient on February 25, 1945 (four days after admission), and then entirely discon-Tarry stools continued until February 28, The headache was rather severe for the first two weeks and then gradually tapered off rigidity remained for a tike period of time. Abdominal redexes returned the first day after admission to The deep tendon reflexes were evithe hospital denced within one week after the patient's illness The temperature persisted over 100 F until March 11, 1945 (nineteen days after admission to the hospital), although a renewed course of sulfadiazine was started on March 5 for a seventy-two hour period A total of 81/2 Gm was given by mouth during this time. After the third or fourth hospital day, the petechial rash gradually wanted and disappeared by the end of the week However, the purpure spots over both elbow regions which had become confluent, showed evidence of a deep, dry gangrene The surrounding tissue and periarthritic tissues of both elbows were red, swollen, and hot Response to continuous wet soaks and local therapy was slow The patient was discharged from the hospital on March 13, 1945, after twenty-one days of hospitalization. There was occasional headache but no nuchal rigidity was present and the temperature The gangrenous had been flat for about one week area in the region of the left elbow healed within several weeks after discharge from the hospital The sloughing and gaugrenous area in the right elbow region was much slower in healing deep, irregular ulcer over the posterior surface of the right elbow region which did not heal for about four to six weeks after discharge from the hospital Several smaller purpuric areas of the right metacarpophalangeal joints produced a gradual separation and sloughing of these local tissues, but these healed rather rapidly

On February 26 the blood contained a sulfadiazine level of 75 mg per cent, hemoglobin was 722 per cent, red blood count was 37 M, white blood count was 17,600 with 71 per cent polymorphonuclears, 15 per cent lymphocytes, 10 per cent monocytes, 2 per cent juveniles, 1 per cent eosinophils, 1 per cent Turk cells Urine was amber, alkaline, with a specific gravity of 1 019, a trace of albumin, sugar and acetone negative, 3 to 5 red blood cells per high power field, few white blood corpuscles, rare coarsely granular casts On March 2 the urine was amber, acid, with a specific gravity of 1 025, albumin and sugar negative, and there were one to 2 red blood cells per high power field, few white blood corpuscles On March 5 the hemoglobin was 702 per cent, red blood count 369 M, white blood count 20,100 with 65 per cent polymorphonuclears, 16 per cent lymphocytes, 13 monocytes, 3 eosinophils and 3 juveniles On March 6 the urine was light amber, acid, specific gravity was 1 016 with a faint trace of albumin, 1 to 2 red blood cells per high power field, 4 to 6 white blood

corpuscles. On March 9 the hemoglobin was 70 6 per cent red blood count 375 M white blood corpuscles 12 100 with 56 per cent polymorphonuclears 31 per cent lymphocytes 11 per cent monocytes, and 2 per cent cosinophils. The urine was straw-colored, acid with a specific gravity of 1 020 and a trace of albumin 2 to 3 red blood cells per

high power field occasional white blood corpuscles In the latter days of the hospital stay, the pa-tient presented a picture of peripheral median nerve paralysis of the right hand. There was loss of sensation in the thumb and the second and third fingers, and an mability to use these fingers. This neuritis was not progressive and when last examined, one year after the initial illness there still remained some decrease in sensation of the right thumb and index finger but the muscle power of the hand was good The anemia as a result of the massive gastrointestmal bleeding was resistant to therapy at first but there was gradual improvement of the blood picture toward normal

Summary

A man, white adult, 39 years of age had a sudden onset of chill headaches, pains in the extremities, and fever There was favorable response to antipyretics. Twenty four hours later, there were signs and symptoms of a severe blood stream infection with pronounced vomiting of blood and the passage of tarry stools. The signs of shock and the general clinical picture was that usually described

as the Waterhouse-Friderichsen syndrome. The overwhelming infection produced hypotension tachycardia, the presence of nuchal rigidity, and the diffuse netechial rash These findings warranted the assumption that the patient had a bacteromia with involvement of the meninges Neisserm intra cellularis meningococcus was cultured from the spinal fluid The patient received 540 000 units of penicillin and 15 Gm. of sulfadiasine during the period of his acute illness. The patient was comatose for about sixty hours The vomiting of blood oc curred at intervals during the first thirty-six bours. Evidence of ulceration of the gastrointestinal tract, as indicated by the presence of tarry stools, continued until February 28 1945, one week after ad mission to the hospital Evidence of involvement of the peripheral median nerve of the right hand persisted and, at the end of one year the patient still had some decrease in sensation of the thumb index and to a lesser extent, of the middle finger

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AMERICANS WORRY TOO MUCH ABOUT MENTAL DISEASES

If you have ever thought Am I going crazy?

here is reassurance

Americans worry too much about mental disease. Dr C Charles Burlingame, president of the Institute of Living, formerly known as the Hartford Retreat warned recently And we may be developing a "national schisophrenic personality

People are bewitched by psychiatric jargon and see mental disease in perfectly normal emotional swings. Unless this dangerous preoccupation is stopped, thousands of America ing for help from mental specialists. thousands of Americans will be look

The vast majority will never have the opportunity to get within speaking distance of a psychiatrist, even to be reassured that they have no budding serious mental disease There are only 4 000 psy chiatrists to take care of advising all the worried people in the country and only 2,500 of these are certified by the American Board of Psychiatry and Neurology

We have been talking a good deal about taking a leaf from the book of the tuberculoris and cancer movements, said Dr Burlingame, preaching that

mental illness must be attacked. like tuberculous and cancer through a national alertness to carly psychiatric disorders

But the man who thinks he may have signs of tuberculosis or cancer can get a physical checkup promptly The person who fears he has mental symptoms is not going to be so lucky

Explaining the developing of a possible 'national schizophrenic personality Dr Burlingame observed that 'schizophrenic means "a splitting of the per sonality and Americans are split between group generosity and individual selfishness.

On one aide we as a nation, are extolling the need for love and light and philanthropic kindliness around the world, while on the other side we as individuals, are basing our entire existence on the precept of 'What do I get out of it?'

He urges a new appreciation of spiritual values and teaching children social responsibility through the establishment of 'parentoriums. These would be parent guidance centers, not necessarily related to suckness of any kind.—Science News Letter May 3 1947

BENADRYL TREATMENT OF ANGIONEUROTIC EDEMA

MARDOQUEO I SALOMON, MD, ScD, Bronx, New York

ALTHOUGH the exact pharmacologic action of beta-dimethylaminoethyl benzhydryl ether hydrochloride (commonly known as benadryl) is still imperfectly understood.2 there can be no doubt about its usefulness in a large gamut of allergic disorders of the skin! and nasal mucosa. The reports on its effectiveness in asthmatic conditions are definitely much less encouraging On the other hand, the widespread use of antibiotics, especially penicillin, has certainly contributed to enhance the frequency of angioneurotic edema and urticaria in clinical practice, hence, the augmented frequency of indications for use of benadryl The following is a brief account of 3 cases in which I had the opportunity of using this drug

Case 1 —A 28-year-old white Central American woman, without any history of allergic manifestation and usually in good health, developed a rather mild fever (101 5 F), accompanied by lower abdominal pains and cough. The physical examination revealed diffuse bronchial rales in both lung fields and a tender, fairly hard tumefaction in the region of the right adnexa. The diagnosis of acute bronchitis was established As for the adnexa, in view of the history of an old (seven years' duration) chronic, probably gonoccic anexitis, I believed it to be an acute "poussee" of her chronic pelvic infection, apparently reactivated by her acute bronchitis There was no sputum, nor was there any significant vaginal discharge, the bacteriologic examination of the latter disclosed the presence of a banal mixed flora Otherwise, the physical and routine laboratory examination of the patient was negative, except for a moderate leukocytosis

I decided to treat the patient with penicillin, 300,000 units in wax was administered intramuscularly once daily The result was dramatic fever, cough, rales, and tenderness in the pelvic region melted away After five days of treatment, abnormal findings disappeared entirely except for a residual tumefaction in her right adnexa, surely due to the fibrotic organization of her chronic pelvic infection However, while still under treatment, about thirty-six hours after the first injection of penicillin, the patient complained of pruritus in her perincal region, slightly aggravated by the further administration of the antibiotic (Absolutely no other therapeutic agent had been given the patient,

except rest, of course)

Shortly after the fifth and last injection, the patient developed an extremely marked angioneurotic edema involving the face, especially the eyelids, and a diffuse urticaria, mainly on the extremi-The usual antipruriginous lotions, hypodermic administration of epinephrine, intravenous administration of calcium thiosulfate, and oral administration of bellergal, and mild sedatives were entirely without effect. As a matter of fact, and in spite of the elimination of further penicillin therapy, the patient's condition became intolerable during the first two days following the last injection of penicillin. At that time, I decided to give her benadryl, 50 mg three times a day. About one hour after the first capsule, the marked edema of

the face started to diminish On the next day, after the fourth or fifth capsule, her skin condition faded She did not need more than six away entirely capsules altogether No side-effects were noted

Case 2 -A 22-year-old white married American noman, usually in excellent health, consulted me on account of a marked angioneurotic of the uvula, so marked, indeed, that she had been unable to eat or drink since the sudden onset of the disorder cause of the angioneurotic edema could be disclosed, the search for the offending agent (almentary, inhalational, toxic, etc.) was entirely fruitless. The only interesting point in her family history was the fact that her mother is a slightly "neurotic" woman whom I had treated several times for hysteric "globus" in the throat

I also administered benadry 1 in doses of 50 mg three times a day to this patient. The result, how-ever, was nil. In the meantime, the patient's condition became much worse, and in the late evening, about twelve hours after the onset of the disorder, the patient became afraid of suffocation, although she is usually a nonapprehensive woman intravenous injection of calcium thiosulfate (5 cc of a 10 per cent solution) gave her immediate relief The second injection, administered the next morning, cured her completely

Two points should be noted in connection with this patient first, that her disorder was strictly limited to the uvula, her general physical examina-tion remaining negative, second, that the first dose of benadryl caused nausea, while the second made her vomit and she did not take more than two capsules altogether

Case 3 -Although this case does not concern angioneurotic edema, I believe it worth mentioning for reasons that will appear obvious later patient, a 19-year-old white girl, without a history of any kind of hypersensitiveness, consulted me because of a typical dermatitis venenata Due to the special circumstances of the case (the patient lived on a farm some distance away) I could not ascertain the exact cause of her condition. In view of the severe pruritus on her arms and forearms, I prescribed an antipruriginous (calamine) lotion and benadryl capsules in the same dose as above fortunately, I did not see the patient again until about three weeks later, then I learned that a few hours after the ingestion of the first capsule she had become deeply cyanotic and felt oppressed for about ten hours She attributed the "trouble" to the drug and did not take it the next day

However, on the third day, because of the persistence of the dermatitis, she took another capsule of benadryl Again, her deep, generalized cyanosis and the distress reappeared for the rest of the day Incidentally, the dermatitis did not improve under the influence of benadryl, but it disappeared spontaneously ten days later. The physical examination of this patient revealed nothing abnormal except a moderate atrophy of the tibialis anterior, peroner, and gastrocnemius on the right leg, sequelae of an episode of poliomyelitis suffered as a child . In particular, the examination of her cardiovascular, respiratory, and hematologic condition was entirely negative

Comment

Case 1 needs little elaboration—the causal relationship between the administration of penicillin and the appearance of the dermatosis seems to be obvious. Incidentally an analogous case has recently been published *confirming again the useful ness of benadryl in this kind of disorder

Case 2 is an example of the failure of the drug in a certain percentage of cases although it clearly showed the effectiveness of calcium thiosulfate

The last of our series of cases deals with an allied, yet different, condition. Nevertheless, it seems to suggest a possible side-effect of benadryl that has

not been described thus far I fully realise the deficient description of the cyanosis, having relied solely on the patient and har mother for it, but not-withstanding this deficiency I feel that the case should be reported because benadryl is still a new and not too-well clinically experimented drug.

1450 BRYANT AVENUE

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MARKED DECLINE IN MORTALITY AMONG OLDER PEOPLE

The remarkable success achieved in reducing the death rate in infancy and childhood has tended to distract attention from the large declines in mortality recorded at the older ages. A good picture of the trend of the death rate at ages 45 to 74 over the past thirty five years is available from the experience among the Industrial policyholders of the Metropolitan Life Insurance Company

As a matter of fact, in this insurance experience, the ago-adjusted death rate at 45 to 74 years decilined 37 1 per cent among white men and 43 9 per cent among white women between 1011 to 1915 and 1942 to 1946 Each of the individual ago groups within this range showed a very material reduction in mor tahty although the relative declines decreased with each advance in age. Fven at 65 to 74 years the re-

duction in mortality during the interval was as much as 31 0 per cent among white men and 38.6 per cent

among white women.

Corresponding to these decreases in mortality were notable increases in the expectation of life. At age 45 the expectation of life increased by 50 years among white men and 57 years among white women between 1911 to 1912 and 1945 the earliest and the latest year respectively, for which such data are available even at age 65 the corresponding gains were 2.2 years and 29 years. This is an increase of about one quarter in the thirty five year period Under present conditions white men who reach the normal retirement age of 65 may expect to live about 12 years.—Statistical Bulletin, April, 1937

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE

The American Congress of Physical Medicine will hold its twenty fifth annual scientific and clinical session September 2, 3 4, 5 and 6, inclusive at the Hotel Radisson, Minneapolis. Scientific and clinical sessions will be given the days of September 3, 4, 5, and 6. All sessions will be open to members of the medical profession in good standing with the American Medical Association. In addition to the

scientific sessions the annual instruction courses will be held September 2, 3 4 and 5. These courses will be open to physicians and the therapitis registered with the American Registry of Physical Therapy Technicians. For information concerning the convention and the instruction course address the American Congress of Physical Medicine 30 North Michigan Avenue Chicago 2 Illinois.

PERFORATION OF THE GALLBLADDER

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(From the Eastern Long Island Hospital, Greenport)

PERFORATION of the gallbladder usually occurs in patients who have had a long-standing history of chronic calculous cholecystitis, a small portion of the acutely inflamed gallbladder becomes gangrenous and internal pressure causes a stone to break through the weak wall evacuating bile into the peritoneal cavity Eliason and McLaughlin state that early operation is urged in all cases of acute cholecystitis which do not promptly subside under adequate With the modern use of sulpalliative treatment fonamides and penicillin, plus the liberal use of blood plasma and transfusions, the mortality rate in this disease has been lowered considerably of cholecystostomy and cholecystectomy for this entity are both correct in their respective choice of operative procedures provided the patient survives

Case Report

J G, a white man, aged 42, was first seen at home on May 3, 1946, complaining of severe pain in the epigastrium of three days' duration. At the onset of his illness, he was under the care of another physician, who had given him repeated injections of 1/4 to 1/2 a grain of morphine to relieve his pain There was no vomiting, and bowels moved daily, the patient The only drank liquids sparingly during this time positive history elicited was one of chronic indiges-Gallbladder 1-rays with no demonstrable pathology had been taken two years before Physical examination revealed a very sick man with peritonitis facies, shock, a temperature of 97 F and a pulse of 140 The abdomen was very rigid throughout, with maximum tenderness over the epigastrium A tentative diagnosis of empyema of the gallbladder or perforated peptic ulcer was made, and the patient was rushed to the Eastern Long Island Hospital The trip, 22 miles, in an ambu-lance was endured with difficulty, as his pain was At the Hospital, the white blood count was 23,250 with 90 per cent polymorphonuclears The urinalysis was negative, and a flat plate of the abdomen was negative for obstruction and perfora-Gallbladder calculi were not seen

Immediate laparotomy under ether anesthesia was performed Five hundred cc of blood plasma was

An upper right rectus instarted intravenously cision was made, and the peritoneum was opened with release of 200 cc of bile. The stomach, The stomach, omentum, and intestines were all markedly bile-A perforation the size of a B B shot was seen in the fundus of a gangrenous gallbladder, which was tightly packed with stones. The gallbladder was packed off with warm saline packs and opened widely, all stones were removed by digitally milking them out and with the scoop. The gallbladder was removed by clamping across the upper two-thirds with Kocher clamps, and evening this portion, the cystic artery and duct were then identified easily, doubly ligated with chromic 0 catgut, and the remainder of the gallbladder re-moved Ten grams of sulfanilamide powder was placed in the gallbladder bed, a Penrose drain was placed in the foramen of Winslow and brought out through a stab wound in the right flank Closure was made routinely, a subcutaneous gutta-percha drain used An additional 500 cc of blood plasma were given intravenously one hour postoperatively, 2,000 cc of a saline solution were administered subcutaneously, 30,000 units of penicilin were given every third hour, and coramine, 1 ampule every fourth hour for nine doses. The postoperative course was entirely uneventful, temperature and pulse were normal by the fourth day, the wound drained for eight days, penicillin was discontinued on the eighth day, and the patient was discharged on the thirteenth day as cured

This was a neglected case of acute perforation of the gallbladder, gangrenous and packed tight with stones, in which a cholecystectomy was performed as the method of operative choice, with cure

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BOND-A-MONTH PLAN FOR THE DOCTOR

The US Treasury Department, in cooperation with the Nation's banks, is offering to physicians a systematic savings program starting June first and continuing through July Under the Plan, a onetime order blank is signed at the bond buyer's bank and the bank then delivers to the doctor a bond of the

denomination designated each month, debiting his checking account for the purchase price

This constitutes a simple method for providing for future security and deserves the attention of Further details are available at the profession local banks

CHARCOT'S JOINT IN DIABETES MELLITUS

MILTON H MORRIS, M D, Far Rockaway, New York

THE modern conception of diabetes is that it is a widespread disease involving many tissues and organs remote from the pancreas. It is the alterations in these structures which determine the confort and longevity of the diabetic

The diagnostic triad of diabetes, vix polyuria, polyphagia, and polydipsia as early symptoms of diabetes must be replaced by remote changes in volving nerve tissue even before the actual diabetic

state

Woltman and Wilder' describe pathologic changes in the spinal cord and peripheral nerves. Root and Rogers' describe diabetes neurits with paralysis Gill' refers to the diabetic cord bladder Pryces' reviews 3 cases of diabetic pseudotabes. Jordan's reviews the effects of diabetes on the nervous system and states that pain and parethesia are just as frequent as frequency hunger, and thirst.

These changes in nerve tissue appear early and may antedate the onset of hyperglycemia which may be revealed at this time only by carefully con-

ducted augar tolerance tests.

Under this same classification of diabetic neuropathy is the so-called neuropathic or Charcot s joint. Whereas changes in nerve structures are common, the so-called Charcot s joint is rare. This is demonstrated by the few cases reported in the literature the only large group being the report of the 14 cases from the New England Deaconess Hospital by Bailey and Root 4

The pathology consists of separation and frag mentation of the tarsal and metatarsal bonom There is absorption of bone in which the periosteum attempts to lay down new bone. A loss of delineation between the tarsal bones and the proximal

head of the metatarsal bones is seen (Fig. 1)

The cause is unknown Arteriosclerous is a possible factor but many cases show no arternal involvement Laboratory studies and clinical observation have not revealed the presence of syphilis syringomyelia, or leprosy

The clinical course is that of a painless, noninflammatory swelling of the nudloot with a characteristic appearance. A limp will develop which is associated with the alteration of the mechanics of the foot and its relationship to weight-bearing. The subsequent history is that of a slow progressive lesion unaffected by the proper control of the diabetic state.

The rare occurrence of Charcots joint in diabetes mellitus and the possibility of confusing it with similar lesions has prompted me to report the following case

Case Report

W M a woman aged 53 years, was admitted to St Joseph & Hospital complaining of a limp on walking and swelling of the left foot. There was no history of diabetes or other motabolic desorders in the family. About three weeks before hospital



Fig 1

admittance, the patient noticed a swelling of the left foot

The general physical examination was negative except the findings herein described limited to the lower extremities. There was some evidence of trophic or nutritional changes on the anterior aspects of both legs consisting of dryness and surface desquamation. There was an absence of pulsations in the anterior and posterior thial vessels of both feet. At the foot levels oscillometric readings recorded zero. There was a marked diminution of the ankle and knee jerks. Positional and vibrators sensation was lost.

The left foot showed a diffuse, irregular swelling limited to the middoot and extending forward and decreasing in size toward the proximal tarsal bones. There was no redness and no pain on pressure Grasping this area gave the impression of a bag of bones. The plantar surface of the foot showed a loss of the normal configuration of the longitudinal

Walking was accomplished and transverse arch with a pronounced limp

The following laboratory observations were made

on September 8, 1945

Blood Count—Hemoglobin—79 4 per cent, red

11-24 count—4.050,000, white blood count—

12-24 count—4.050,000 to the blood count— 8,200, polymorphonuclears—70 per cent, lympho-cytes—21 per cent, monocytes—6 per cent, eosmophils-2 per cent, and juveniles-1 per cent

Urine—Amber colored, acid reaction, the spe-ic gravity, 1017, negative albumin, trace of cific gravity, 1017, negative albumin, sugar, the microscopic examination revealed a few calcium oxalate crystals, 1/2 RBC/hpf

The blood sugar tests were as follows September 8, 242 2 mg, September 17, 150 mg, September 20, 130 6 mg On September 10, 14, and 20 the albumin and sugar were negative The Kline test

was negative, and the nonprotein nitrogen was 36 0 mg per 100 cc of blood

Clinical Course—The patient was given a diet of 150 Gm of carbohydrate, 80 Gm of protein, and 60 Gm. of fat The treatment consisted of fifteen units of protamine zinc insulin and five units of crystalline insulin in the morning at break-She also received 100 mg of thiamin chloride, Two cc of depropanex was parenterally, daily given intramuscularly every other day

The mild diabetic state was easily controlled by the above regimen The peripheral nerve and cord involvement showed some subjective improvement The alteration and disturbed sensory phenomena were still present. The local condition of the foot as described above remained the same on discharge, one month after the patient's hospital admittance,

Summary

A case of Charcot's in a diabetic has been pre-Its rare occurrence in diabetes and the possibility of confusion with similar conditions were The relatively benign state of such emphasized individuals is such that the condition may require clinical observation and sugar tolerance tests to prove its presence The condition is chronic and is little affected by treatment

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VENOUS THROMBOSIS, CLOTTING OF BLOOD IN VEINS, INCREASING

Two Baltimore physicians point out that venous thrombosis, a condition in which the blood clots in the veins, is on the increase because more operations are performed today

Writing in the April 26 issue of the Journal of the American Medical Association, the physicians—Thomas B Aycock and James W Hendrick, from the Department of Surgery, University of Maryland School of Medicine and College of Physicians and Surgeons suggest treatment for the two types of venous thrombosis, phlebothrombosis, and thrombophlebitis

The blood clot in phlebothrombosis is the result of tissue injury and can become detached easily from the vein wall These patients, although apparently not ill, are potential fatalities because of the danger that the clot will become detached and be carried by the blood stream to the lungs where it may act as a plug and cause death Early detection of this condition is possible if the patient is examined for tenderness of the legs following any tissue damage such as an operation

Cutting of the affected vein, which runs under the skin in the thigh, above the thrombus will prevent this clot from reaching the heart, suggest the physi-

On the other hand, the blood clot in thrombophlebitis is the result of inflammatory changes and is firmly attached to the vein wall This condition

usually can be diagnosed easily from symptoms such as fever, pain, and swelling The patient's chances of recovery are good, but, if he does not receive effective treatment, complications such as swelling, pain, ulceration of the legs and infection may develop

Treatment of this condition, which the physicians say will effect a cure, consists of injecting a local anesthetic such as procume hydrochloride or Bromsalizol into the sympathetic ganglions, nerve centers which run alongside the spinal cord. In addition, the leg is elevated until the swelling disappears, which usually requires from three to 10 days

Drs Aycock and Hendrick point out some of the factors which contribute to the development of venous thrombosis Citing other investigators, the authors state that a greater incidence of the disease was found during the winter months, especially when grippal infections were most prevalent Also, more cases have been reported in Northern states than in Southern states, which may be attributed to the greater incidence of the infections of the upper part of the respiratory tract in the northern section of the country. In addition, venous thrombosis has been found to occur more often in the older age group of patients and in patients who have cancer, heart disease, and serious infections

ALLERGIC DEAFNESS

ABNER M FUCHS MD, and RALPH ALMOUR, MD New York City

IT HAS been estimated that 10 pxr cent of the population suffers from major allerge manifestations and at least an additional 50 per cent ovperience minor allergic reactions. We are familiar with brouchial asthma, hay fever vasomotor rhinits urticaria, angioneurotic odema, gastrointestinal allergy, and migraine but until recently little attention has been given to similar reactions which occur in the ear of hypersensitive individuals. They have been recognized in their several phases for these past years.

The literature¹⁻² records allergic conditions involving the auditory canal, such as dermatitis of the car canal, those affecting the middle car, an acute otitis media due to an edoma of the tympanic cavity, and in the inner car cases of periodic vertigo as an entity or when vertigo is found in conjunction with tinnius deafness and gastric upset—the Ménerd's syndrome. On occasions the following category of oftice allergy is encountered

_ '_'

Case Report

An adult man highly allergic suffering from symptoms of hay fever bronchial asthma migraine and occasional attacks of vertigo complained that ingestion of aspirin produced a violent attack of asthma On one occasion, following a self-administered pollen extract injection, he went into shock and was found unconscious two hours later. He had been deaf in his right ear following myringotomy per formed during childhood. Several years ago he suddenly lost his hearing in his left ear, but it returned to normal within a few hours. He had several such occurrences at frequent intervals. Recently the deafness in his left ear has increased in frequency first once a month and later about every four days.

He is able to forctell the onset of an attack. He experiences fullness in both ears, followed within twenty four hours by a diminution of hearing acuity in his left car This becomes progressively worse during the following three days. From then on for another period of three days, the hearing rapidly improves returning to what he considers normal

During the entire period of the attack he experiences itching inside the car Audiometric readings between attacks were within normal limits for the left car namely 7 per cent loss (Fig. 1). The conversational runge was normal. The right car showed no hearing perception. At the onset of the attack, the tmongs showed a decoded loss in hearing which reached its maximum on the fourth day with a 49 per cent loss in the left car (Fig. 2). On the fifth day the patient reported that his hearing was improving (Fig. 3). He said that he felt "a gush of lluid in the back of his throat that seemed to come from his ears.

Hearing tests during the next three days revealed a rapid return to the original audiometric findings (Fig. 4) The patient stated that he now heard perfectly Examination at the termination of his attack was identical with the one preceding it, namely a 7 per cent loss Two subsequent seisures were studied with almost identical

findings

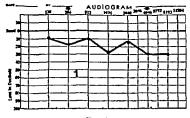
Otolaryngologio examination was otherwise essentially negative. There was no pathology found upon inspection of the ears, nose nasal accessory sinuses or the pharyngolarnygeal tract. The estanchian tubes were patent. The narophyaryngoscope aboved no abnormalities. The significant factor, however, was that the bone conduction for sound decreased during the attack and rapidly returned to normal after the episode was over. Blood pressure was 134/86. Blood count showed no abnormalities.

Sensitization tests with inhalant and food extracts gave marked reactions to grasses weeds, orris root, dust feathers, animal danders, such as rabbit and goat, and tobacco Marked reactions were also obtained on testing with wheat, oats, barley cod fish peanut, peach white potato cucumber and

tomato

By avoiding contact with the offending in halants such as feathers, orris root, animal danders, and tobacco and by eliminating the foods to which he was found to be sensitive both by testing and clinical trial, the patient s hearing improved. It was interesting to note that the ingestion of fish, tomato or ketchup which he ate to excess, produced a marked deafness which lasted about three days. The attacks were also precipitated by exposure to tobacco smoke and face powder. On three occasions when complete deafness occurred a sub-





Fra. 1

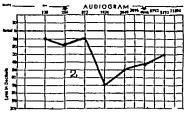


Fig 2.

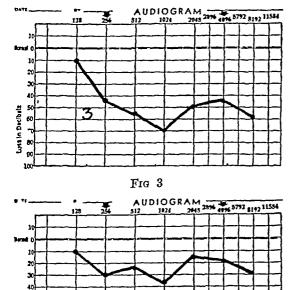


Fig 4

cutaneous injection of slow epinephrine such as 1/10 cc of a (1-500) gelatin epinephrine relieved the con-This was confirmed by dition within half an hour audiometric readings (Figs 5 and 6) An injection of sterile saline did not relieve the condition

Comment

Loss in Decibels

Wittmaack has shown experimentally that irritants in contact with the round window produced a marked increase in the fluid within the perily mphatic This in turn resulted in a compression of the endolymphatic spaces with pressure changes exerted on the end organs of the cochlear and vestibular Dependent upon the extent of these pressure changes, microscopic examination revealed various degrees of pathologic findings in the organ of Corti and in the canals Alterations varying from a mild edema to a complete degeneration from pressure necrosis were found

In the case presented here, it is felt that the allergic factors produce a repeated and successive hydrops of the perlymphatic space which temporarily exerted pressure upon Corta's organ through While this status exists, an imthe endolymph pairment of auditory function results and is evidenced clinically That no permanent damage has resulted until now is because the perilymphatic fluid pressure has not been of sufficient severity to produce lasting changes in the perceptive mechanism of the eighth nerve

Deafness due to the allergic states have been reported by Amberg and Hewitt, Mayo, Dean,7 and The recognition of this type of hearing loss depends upon the following factors

- A history and clinical proof of allergy
- 2 The absence of organic ear pathology
- The periodic occurrence of deafness of short duration with rapid return to normal

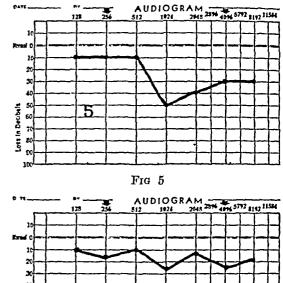


Fig 6

- The ability to produce an attack of deafness following exposure to offending allergens
- The immediate relief of hearing loss by injections of an epinephrine product

Conclusions

50 Loss in Decibels

Ø 70 80 6

Early recognition of the nature of this condition, especially in this patient, was of the utmost impor-He has complete nerve deafness in his right tance The edema in the internal left ear is as yet a reversible pathologic condition, that is, the condition may be relieved by avoidance of the offending substances or by the injection of epinephrine edema in the internal ear can be reproduced also by deliberate feeding of the known offending foods or by exposure to a large amount of the antigenic inhalants If the condition is not corrected, the frequent episodes of angioneurotic edema in the internal ear, by exerting pressure upon the organ of Corti, eventually will produce permanent lesions The condition then will become irreversible and improvement from allergic management will be of The patient is now avoiding the known offending foods and inhalants and also is receiving immunization treatment with dust and orris root extracts and the pollen extract of the grasses and weeds

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MEDICAL NEWS

Rheumatic Heart Disease to be Subject of Large-Scale Study

THE crippling effects of rheumatic fever and rheumatic heart disease among school children, 7,000 of whom are estimated to be infected in New York City, will be the subject of a forthcoming study in the Lower East Side District by the New York University, College of Medicine, in coopera-tion with the New York City Health Department,

ıt was announced ın Mav

In an address before the annual meeting of Irvington House, which cares for approximately one third of the City's rheumatic fever victims during the convalescent period, Dr Henry E Meleney, pro-fessor of preventive medicine of the New York University, College of Medicine, said the study will get under full swing in the fall. It is planned for a minimum period of three years, and will have the guidance of a Medical Advisory Committee from cooperating agencies

Dr Meleney said the study will be directed by Dr Elvira DeLice, of the Department of Preventive Medicine, New York University, College of Medicine, who, with Dr Charles A R Connor and Dr Mortimer W Weber, conducted a preliminary study in 1946 in the same district Eleven hundred and ninety eighth-grade children were examined at that time, and 39, or 33 per cent, were found to have existing or potential rheumatic heart disease Thirteen of the latter class were previously unknown to the School Health Service, Dr Meleney pointed

The project has the financial support of the New York Heart Association and the United States Public Health Service Other cooperating agencies

ınclude

Nen York City Department of Education, Rheumatic Fever Council of the American Heart Association, the US Children's Bureau, the New York School of Social Work, the Metropolitan Life Insurance Company, and other departments of the New York University, College of Medicine

Urological Association to Hold Annual Meeting

FROM June 30 to July 3, the American Urological Association will hold its 42nd annual meeting at the Hotel Statler, Buffalo, New York

foreign guests have been invited to deliver papers, and it is hoped that there will be an attendance of about 1,000

PERSONALITIES

Dr Walter W Palmer, professor of medicine at Columbia University, New York, has been chosen president-elect of the American College of Physi-He will take office next May 1 Dr Reginald Fitz, of Boston, was named first vice-president, Dr Francis G Blake, of New Haven, Connecticut, second vice-president, and Dr Charles T Stone, of Galveston, Texas, third vice-president *

Dr John M Loré, a fellow of the American College of Surgeons and of the New York Academy of Medicine, has been chosen president of the Alumni Association of the New York University, College of Medicine Dr Royal A Schaaf, also a fellow of the College of Surgeons, is vice-president Other officers include Dr Barbara Ann Parker, other others include Dr Barbara Alm Parker, secretary, Dr Richard M Hyman, treasurer, Dr Henry H Ritter, Dr John Munn Hanford, and Dr H M Wertheim, alumni federation directors, and Dr Sydney D Weston, Dr Walter Levy, and Dr S Aubrey Gittens, executive committee members at large *

Dr John W Ferree, former director of the division of educational services of the American Social Hygiene Association, has been appointed associate executive director of the National Health Council, New York City

* Asterisk indicates that item is from a local newspaper

Dr Ferree will help existing local, county, and state health councils broaden the scope of their usefulness and will stimulate formation of councils where their establishment would advance the effectiveness of community and state health agencies *

Dr William H Schwartz, a physician of the village of Colton for more than fifty years, observed his eightieth birthday on April 14 at his home, carrying on his practice by attending patients in that section as usual during the day

Dr Schwartz continues active in his profession and serves a large area, including Colton, South Colton, and rural sections He is a member of the physicians' staff at Potsdam Hospital, as well as of various medical organizations, and has served as county coroner *

Dr Byrne W Mayer has announced the opening of his office for the practice of general medicine at

1353 Union Street, Schenectady Dr Mayer was graduated from Long Island College of Medicine in 1940 and before entering the Navy, he spent two and one-half years as intern at Kings County Hospital, Brooklyn His four year service in the Navy included a year and a half of overseas duty in the Mediterranean area with participation in the landings at Sicily, Salerno, and Anzio

Dr Charles R. Witherspoon's long service in the advancement of medical practice in the Rochester community was given special recognition by his professional associates at the annual meeting of the Academy of Medicine on May 6

Dr Paul W Beaven chairman of the Academy's committee on awards, announced that Dr Wither spoon was elected to life membership in the Academy and received a citation for 'exemplifying the best

ethical traditions of the medical profession

As a member of the attending staff at General' Hospital, Dr Witherspoon has served there con tinuously for more years than any other member of the present staff. He is a past president of the Medical Society of the County of Monroe a mem-ber of the Medical Society of the State of New York and of the American Medical Association He also is secretary of the board of visitors of Rochester State Hospital *

Seven physicians who have been members of the Richmond County Medical Society for more than forty years were honored on April 9 at the Society's 53rd annual dinner in the Meurot Club,

St. George
The physicians are Dr. Charles Allers. Dr. Frederick Coonley, Dr. C. E. Pearson, Dr. MacDonald
Peggs, Dr. Robert Severance. Dr. R. M. Macrae

and Dr M. B Morris

Recognition was also given to the 29 doctors who recently have joined the Society and to the 40 members who served with the armed forces and have re-Dr Milton S Lloyd, a past-president presented to Dr Stanley Pettit a plaque engraved with the names of the 49 members who enlisted.

Dr Pettit represented the veterans.
Dr Walter T Heldmann, president, who presided, mentioned the fact that two doctors, Dr Edward Wisely and Dr Newton D Chapman have been members of the group for more than fifty years.

Dr Daniel K Adler who served five years in the Army, going on inactive duty as a lieutenant-colonel, has returned to Syracuse and established a medical practice in association with Dr Henry H Haft in the Medical Arta Building

A graduate of Syracuse University, College of Medicine in 1939, he served a year each in hospitals in Cleveland and New York before entering the

For a year and a half he was chief of medical serv ice at the Newfoundland Base Hospital Then he joined the 104th Infantry 26th Division as regimental surgeon He served more than a year over seas, in France, Germany, Austria, and Czecho-slovakia. He was awarded the bronze star medal

On being separated from service in February 1946, he became a resident in internal medicine at Mt. Sinal Hospital in New York.*

Dr William R. Donovan of Baltimore Maryland. was appointed to serve temporarily as deputy health commissioner of Rensselaer County, succeeding the late Dr. James C. Boland.

Dr Donovan assumed his duties as deputy com musioner on June 1 He will serve as assistant to Dr F E. Coughlin health commissioner of Rensselaer County *

Dr L. Eugene Daily, has been appointed director of clinical medicine for the Eaton Laboratories Inc.

Dr Daily goes to Norwich following a career of ten years in the U.S Navy Medical Corps during which time he was for two and one-half years in medical research at the Naval Research Laboratory in Washington. He received a letter of commendation from the Secretary of the Navy for this work. Following his graduation from the University of Maryland Medical School in 1937 he served his intenship in naval hospitals. During his career in the Navy, he completed courses in deep sea diving and submarine medicine, was senior medical officer of the U.S.S. Baxer staff medical officer of Task Force 58, and attended the School of Aviation Medicine graduating as a flight surgeon *

Dr Maynard W Gurnsoy, of Corning and Dr Edward H. Ober, of Painted Post are associated

in the former's office in Corning

Dr Gurnsey has been in general practice in Corning for the past twelve years He is a graduate of Colgate University and received his medical degree at the University of Buffalo Dr Ober, who has been in general practice for seventeen years was graduated from Dartmouth and received his medical degree at Rush Medical School in Chicago *

Dr Joseph I. Pascal, director of the eye depart ment, Stuyvesant Polyclinic, New York City has been invited to read a paper at the next Congress of the Mexican Society for the Prevention of Blindness to be held August 11 to 16, 1947, in Mexico Dr Pascal s paper is to be on the subject of 'The Spherical Equivalent in Cross Cylinder Tests'

Dr Harold B Hermann, of Brooklyn New York, formerly a colonel in the Medical Corps has been appointed a civilian consultant in urology to the Office of the Surgeon General, United States Army

Dr Milton S. Dunn of Albany, recently returned there after an absence of more than a year during which time he was a teaching fellow in allergy of the department of medicine at the University of Pitts-burgh and, also resident in allergy at the Montefiore Hospital in Pittsburgh.

Dr John J Levbarg spoke on May 15 at the Veteran's Sounding Post, \$1, on "Hypnosis—Its Use in Deafness and Speech Defects."

On May 19 Dr Levbarg spoke before the Alumni (neuropsychiatrusts) of the Institute of Living. His lecture was on hypnosis with a demonstration on the serious and light aspects, and its use in corrective medicine

COUNTY NEWS

Albany County

The Albany County Medical Society April 28 appointed eight Albany doctors to serve as members of the medical advisory board in connection with the Albany Mental Hygiene Center

They are Dr James W Bucci and Homer L

Nelms of Memorial Hospital, Dr R. Sydney Cunningham, and Edward S Goodwin, Albany Hospital, Dr Albert Vanderveer and Raymond T Leddy, St Peters Hospital, Dr Francis W Dodge of Childs Hospital and Dr Joseph Kiernan of Brady Maternity Hospital *

Broome County

Dr Frank W CoTui, professor of experimental surgery New York University, College of Medicine, recently addressed the Binghamton Academy of Medicine at Binghamton City Hospital auditorium Dr CoTui, who is a graduate of Philippines

Dr CoTui, who is a graduate of Philippines Medical School in Manila, discussed "Medical and Surgical Aspects of Protein Deficiency"*

"Cancer stands second only to heart ailments in claiming deaths by disease, and is steadily increasing," Dr Victor W Bergstrom, chairman of the Cancer Committee of the Broome County Medical Society, declared on April 11

A former president of the Broome County Cancer Society, Dr Bergstrom addressed a luncheon meeting of the Binghamton American Cancer Society at the Arlington Hotel On April 14 Dr Bergstrom

spoke to the Brookvale Home Bureau on the same subject.*

A combined meeting of the Broome County Medical Society and Binghamton Academy of Medicine was held on May 13 at the Binghamton State Hospital Dr Frederick MacCurdy, commissioner of mental hygiene, State of New York, spoke on the "New York State Program for the Care of the Mentally III, in the Light of Recent Developments" Drs J Worden Kane and Herman B Snow spoke on "Experiences with Prefrontal Lobotomy"

Columbia County

The annual dinner meeting of the Tuberculosis Eradication Association took place on April 15, at the General Worth Hotel, Hudson Dr Herbert R Edwards, director, Division of Tuberculosis, New York City Department of Health, was the guest speaker

Cortland County

Dr Edward P Maynard, Jr, professor of clinical medicine at Long Island College of Medicine, addressed the Cortland County Medical Society at a meeting held April 18, at the Cortland County Hospital Dr Maynard's subject was heart disease and major surgery

This instruction is provided by the Medical Society of the State of New York with the cooperation of the New York State Department of Health *

Dutchess County

The Dutchess County Medical Society met on May 14 at the Hudson River State Hospital Dr Harry Ungerleider, director of medical research of the Equitable Life Assurance Society of the United States spoke on "Cardiac Enlargement," and Dr Richard Grubner, assistant medical director, spoke on "Interpretation of Symptoms and Signs in Cardiovascular Disease"

Kings County

Ten physicians have been appointed as vice-chairmen to assist in furthering the Long Island College of Medicine's Alumni Division drive for \$500,000 toward the proposed medical center for Brooklyn and Long Island, it was announced in April by Dr Benjamin Zolin, chairman of the division

The doctors, all graduates of the Brooklyn Medical School, will direct the efforts of five-year groups of alumni in carrying the appeal to friends and associates of individual workers, and to those graduates who have not yet contributed

The proposed medical center development will be located opposite the Kings County Hospital on Clarkson Avenue, where the college plans to erect four new buildings. It is planned to have the center in operation by the time of the College's 100th anniversary in 1960.

Dr Zohn also announced the appointment of nineteen class representatives who will assist the vice-chairmen in solicitation. The vice-chairmen are Drs Irving I Reissman, Philip Kassen, Solomon Hendleman, Hyman I Teperson, George H. Lordi, Leo Drevler, Charles T. Chiaramonte, Jacob J. Jarvis, George Liberman, N. Jack Mazzola, and Paul Pedolitz.*

Madison County

Dr Louis C Kress, director of the Roswell Park Memorial Institute, Buffalo, addressed the Madison County Medical Society at a meeting held on April 3, at the Hotel Oneida, Oneida, New York Dr Kress' subject was the organization of a tumor clinic and its importance to the community

This instruction was provided by the Medical Society of the State of New York with the cooperation of the New York State Department of Health *

Monroe County

Rochester Regional Diabetes Association has been organized by a group of Rochester physicians to carry on a diabetes educational program

carry on a diabetes educational program

Dr Charles B F Gibbs, Rochester specialist in
the disease, was chosen president of the new orgamization, which will be a subdivision of the

American Diabetes Association
Purposes of the association include education of
the public to the importance of early recognition of
the disease, obtaining medical supervision, and
dissemination among physicians of information
relative to diagnosis and treatment of diabetes

The organization will encourage and support clinical, experimental, sociologic and statistical studies of diabetes, and will compile and publish statistical surveys on diabetes. It also will work toward establishment of summer camps for diabetic children

Dr Gibbs, president of the new association, organized the first diabetic clinic at Rochester General Hospital in 1925 and served as its head for twenty years. At present he heads the diabetic clinic at Strong Memorial Hospital and is consultant

[Continued on page 1408]

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When the body-building substances of whole cow's "Milk, low curd tension small curd size dispersion of milk solids and added Vitamin D all help promote that necessary digestion and utilization.

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- Nestlé s was the first evaporated milk fortified with 400 USP units of genuine Vitamin Da per pint
- Nestlé a accepts milk only from carefully inspected herds As further assurance of quality rigid con trols check Nestle's Milk every step of the way We even take the plant apart every day and wash itl



No wonder so many doctors recommend NEXTLE's Milk by name [Continued from page 1406]

to the Monroe County Hospital and Rochester State Hospital He is a past-president of the

Rochester Academy of Medicine

Dr B A Watson of Clifton Springs, chairman of the medical conference of the Council of Rochester Regional Hospitals, was chosen first vice-president Dr David McGarvey is second vice-president, and Dr H Raymond Drysdale, secretary-treasurer

A Centennial clinic day of the Rochester General Hospital was held on May 15 at the Rochester Academy of Medicine Dr Henry Cave spoke on "Surgical Aspects of Ulcerative Colitis", Dr Frederick C Irving, "Disease and Pregnancy", Dr George Morris Piersol, "Functions of a Department of Physical Medicine in a General Hospital", Dr Newton D Smith, "Proctology in Relation to Gen-eral Medicine", and Dr Tom D Spies spoke on "Recent Research in Nutrition"

Nassau County

A group of Nassau County fellows of the International College of Surgeons after consultation with Dr A A Berg, International president, met at the Long Beach Memorial Hospital on March 6, 1947,

with the idea of forming a local surgical society

For the purpose of implementing a program for the dissemination of knowledge in progress of the science and art of surgery and to facilitate interchange of related interests of its members, the Long Island Surgical Society of the International College

of Surgeons was formed

The following officers were elected president, George S Reiss, MD, FICS, Long Beach, vice-president, Wm S S Horton, MD, FICS, Lynbrook, treasurer, Wm Ginsberg, MD, FICS, Lynbrook, treasurer, wm Ginsberg, MD, FICS, Far Rockaway, and secretary, Sidney Hirsch, MD, FICS, Cedarhurst

A meeting open to the surgical profession was held on Tuesday evening, May 13, 1947, at the Long Beach Memorial Hospital under the auspices of this society At this meeting Dr A A Berg was the speaker of the evening, his topic being, "Surgery in Recto-Sigmoidal and High Rectal Carcinoma with Preservation of Anal Sphincter"

New York County

A meeting of the Society of Medical Jurisprudence was held at the New York Academy of Medicine Building on May 12 The program of the evening, which was a joint meeting with the New York Section of the American Industrial Hygiene Association, was on the subject "Second Injury Funds in Relation to the Employment of Handicapped Workers" Dr Henry H Kessler, director, New Jersey Rehabilitation Clinic, spoke on the medical problems involved, Miss Mary Donlon, chairman, New York Workmen's Compensation Board, spoke on the legal problems involved, and Dr Howard A Rusk, professor of rehabilitation and physical medicine, New York University, College of Medicine, opened the discussion

The New York County Chapter of the Physicians Forum held its fourth public meeting of the year at the New York Academy of Medicine on May 15 The subject of the meeting was "The Present Day Status of Psychiatric Facilities" Dr Bernard C Meyer presented an evaluation of the Mental Hygiene Clinics in New York County, Dr Samuel Atkin spoke on the care of the mentally ill in State

and Dr S Ralph Kaufman and Mr hospitals. Albert Deutsch discussed the two papers presented

The Convocation Meeting, marking the end of the Centenary Celebration of the New York Acadcmy of Medicine, was held on April 24

The Convocation Address was delivered by the Reverend Dr Henry Sloane Coffin, his theme being "Medical Work in Troubled Lands"

The Academy Medal was awarded on this occasion to James Alexander Miller, past-president of the New York Academy of Medicine The citation to Dr Miller was pronounced by Dr George Bachr, president of the Academy

The five county medical societies have announced their acceptance of the offer made by five American Red Cross Chapters some time ago to supply free blood and blood plasma to civilians The plan is slated to go into operation in one city hospital in each of the five boroughs and will be extended to include other hospitals as soon as the number of donors is sufficient to meet the needs of the additional institutions

The program will be financed and administered by the five New York Red Cross Chapters Medical and technical aspects will be handled by a committee composed of representatives of the five county medical societies, the New York Academy of Medicine, the Department of Health, Department of Hospitals, the Greater New York Hospital Asso-

ciation, and the American Red Cross

If enough donors are recruited under this free blood plan the stinting which has been necessary in giving transfusions to patients heretofore will not be necessary *

Niagara County

Dr Vincent D Leone, of Ningara Falls, was re-elected president of the Tuberculosis and Health Association of Niagara County at the group's annual

meeting, held in April at Hotel Ningara An address by Dr. H. Frederick Kilander, associate health educator with the National Tubercu-losis Association, and the election of 21 board mem-

bers also featured the meeting *

Ontario County

A series of cancer detection clinics will be sponsored by the Ontario County Medical Society, when plans made at a dinner-meeting at Chiton Springs Sanitarium on April 10 go into effect

Sixty-five doctors present approved the plan which was presented by Dr Winthrop, of Canandai The clinics, for diagnosis only, would be con ducted regularly in Ontario County on a basis similar to the tuberculosis and orthopedic clinics *

Dr Charles J Bobeck was host to the Canandaigua Medical Society, on April 4, at the Canandaigua Hotel Readers of papers were Dr Gustav Selbach, of Canandagua, whose topic was "Blood and Plasma Transfusions," and Dr Carl B Smith, of Victor, who spoke on "Streptomycin in Pedi atrics"

Dr Smith and Dr Bobeck are cochairmen of a Journal Club of current medical literature originated

at the last meeting *

[Continued on page 1410]

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and when you prefer a lathering cake detergent for routine use, prescribe DERMOLATE, the new non-irritating nonabrasive, hypoallergenic skin cleanser May be used on all skins even on infants for DERMOLATE is actually milder than the mildest castile

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[Continued from page 1408]

Dr Jerome Syverton, associate professor of bacteriology at the University of Rochester, and bacteriologist at Strong Memorial Hospital, Rochester, and terrologist at Strong Memorial in April on "Nonhood addressed the monthly staff conference of the Canandal Rochester and Veterans Hospital in April on "Nonhood angua Veterans Hospital in April on "Nonhood angua Veterans" addressed the monthly staff conference of the Canandaigua Veterans Hospital in April on "Nonbacterial Pneumonias" He has worked for fifteen years in the field of nonbacterial pneumonias *

A tour of the Orange County home and infirmary A tour of the Orange County home and innrmary at Goshen highlighted the spring meeting of the Orange County Medical Society in April As guests of Commissioner of Public Welfare Ierome A Simon of Commissioner of Public Welfare Ierome Orange County of Commissioner of Funite Weitare Jerome A Simon at Orange Farm, the group was conducted through the infirmary by Dr John F Mars, of Newburgh, medical officer in charge

Dr John C M Brust, of Syracuse, addressed a Dr John C M Brust, of Syracuse, addressed a neeting of the Oswego County Medical Society at He spoke under the Fulton club in Fulton recently He spoke under the State Society's Committee the spokesselve of the State Society Oswego County he Fulton club in Fulton recently He spoke under he sponsorship of the State Society's Committee on Medical Education on Medical Education His address dealt with the diagnosis and treatment of diseases of the rectum His address dealt with the

diagnosis and treatment of diseases of the rectum
Dr Francis L Carroll, of Oswego, president of the
County Society, presided at the meeting Following Dr Brust's address, a business session was held
at which routine matters were taken up *

Rensselaer County

Dr Frederick W Marty, clinical instructor of medicine at Syracuse University, College of Medicine, was the guest speaker on April 8 at the meeting of the Medical Society of Rensselaer County Dr. Rensselaer County of the Medical Society of Renselaer County Dr.
Marty spoke on blood, blood derivatives, and blood
substitutes He was introduced by Dr. Francis J.
Francis J. Program programmer who programmer who programmer. Fagan, president, who presided

Dr Raymond J Pieri, professor of clinical obstetrics, Syracuse University, College of Medicine, delivered a talk on 'Prolonged Labor and Its Operative Treatment' before the St Lawrence County Medical Society on May 22 St Lawrence County

A meeting of the Medical Society of the County of Schenectady was held at the Schenectady County Schenectady County of Schenectady was held at the Schenectady County
Medical Society Library Room, Ellis Hospital, on
May 13 Dr J W Howland, major, Medical
May 13 Army, and chief of the Research Branch
Corps, US Army, and chief of the Research Branch
of the Medical Division, US Atom Energy Comof the Medical Division, "Medical Effects of the
mission, spoke on the "Medical Effects of the
Atomic Bomb"

Tioga County

Dr Richard H Bennett, clinical professor of medicine at Long Island College of Medicine, admedicine at Long County Medical Society at a meeting medical the Tioga County Medical Society at a meeting held April 3 at the Iron Kettle Inn, in Waverly migheld April 3 at the Iron the treatment of non-Dr Reprett's subject was the treatment of non-Tioga County Dr Bennett's subject was the treatment of non-

tupercures purmonary diseases
This instruction was arranged by the Medical
This instruction was arranged by the Medical
Society of the State of New York with the cooperation of the New York State Department of Health
t tuberculosis pulmonary diseases

Dr Leo E Gibson, professor of clinical surgery (urology), Syracuse University, College of Medicine, Tinctions of the Genitourinary Tract, spoke on "Infections of the Tompkins County at the regular meeting of the Tompkins County Medical Society on May 10 Tompkins County Medical Society on May 19

Yonkers and Westchester physicians recently at tended a postgraduate seminar sponsored by the Westchester Cancer Committee and the Cancer Committee of the Medical Society of Westchester County Westchester County

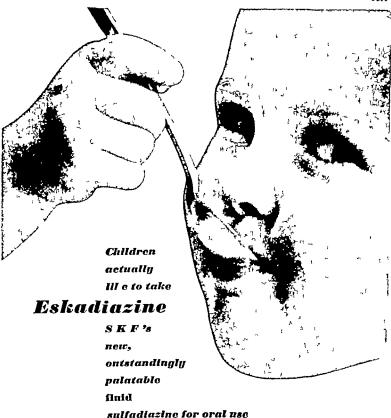
County
The seminar program, arranged by the College of Physicians and Surgeons, Columbia University took place in the auditorium of the New Yol Hospital's Westchester division in White Plans The first session was Wednesday, April 16, with The first session was Wednesday

The first session was Wednesday, April 16, will be a marice Lenze, professor of clinical radiole at the College of Physicians and Surgeons, specified in the College of Physicians and Surgeons, specified in the College of Physicians and Surgeons, specified in the College of Physicians and Surgeons, in the College of Physicians and Surgeons of Physicians and Parsons, Dr. Hugh Auchincloss, Dr. Barclay Parsons, Dr. Hugh Auchincloss, Howard C. Tahlor, Jr., Dr. George F. Cahill, and Dr. John L. Pool.* Dr John L Pool

Just as I was leaving the house of a patient, his DOG'S LIFE

pet dog was grazed by a car
The woman driver braked to a stop, jumped out, picked up the injured animal, and started toward the house

As she bounded up the steps, she paus glance at me and my bag, then continued on disappointed, "Oh, you're just an ordinary aren't you?"—K W LOWENTHAL, M.D.—I Economics May 1917 Economics, May, 1947



Eskadiazine—a new fluid sulfadiazine for oral use—is so palatable that children actually like to take it Parents, too are grateful to be relieved of the chore of crushing tablets and coaxing a sick child to swallow an unappealing mixture

Therapeutically, too this preparation constitutes an important advance in oral sulfonamide therapy. The findings in a recent clinical study* indicate that, with Eskadiazine, the desired serum levels may be attained 3 to 5 times more rapidly than with sulfadiazine in tablet form

*Flippin II F., et al Am J M Sc. 210 141 147 1945

Smith Kline & French Laboratories, Philadelphia, Pa

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NECROLOGY

Edward R. Baldwin, M D, 82, of Saranac Lake, ed on May 6 He was graduated from Yale died on May 6 University Medical School in 1890 He was Dr Edward Trudeau's chief assistant in his research on tuberculosis, and later maugurated the Trudcau Foundation From 1916 to 1934, he was vice-president of the Trudeau Sanatorium, from 1916 on, he was chairman of its executive committee, and in 1945, he became its honorary president he instituted the Trudeau School of Tuberculosis and from that year until 1938, Dr Baldwin was a director of the school and of the Trudeau Foundation

Dr Baldwin received the Trudeau medal in 1927 and the Kober medal from the Association of American Physicians in 1936, served as president of the American Climatological and Clinical Association, was a former president of the National Tuberculosis Health Association, also had headed the General and Reception hospitals at Saranac Lake He was formerly editor-in-chief of The American Review of Tuberculosis, and was a member of the Medical Advisory Board of the United States Public Health Service, of the Consulting Medical Board of the United States Veterans Bureau, the New York State Health Commission's Tuberculosis Committee, the American Medical Association, New York Academy of Medicine, and the State and County medical societies

Louise Beamis, M.D., 69, of Buffalo, died on Dr Beamis was the first woman secretary of the Eric County Medical Society past-president of the New York Women's Medical Association and the Women's Physician League of

Buffalo

She received her medical degree from the University of Buffalo, School of Medicine, in 1919 Dr Beamis was a member of the Academy of Medicine, the American Medical Association, and the State and County medical societies She was affiliated with the Deaconess and Millard Fillmore hospitals in Buffalo

Selna Bloom, M D, 81, of Brooklyn, died on June 6, 1946 She was graduated from the Women's Medical College in Cincinnati, Ohio, in 1892 Dr Bloom was a member of the Academy of Medicine of New York, the American Medical Association, and

the State and County medical societies

Sidney James Colton, M.D., 62, of Johnstown, died on April 8 He was graduated from New York University and Bellevue Hospital College in 1909 Dr Colton served as examining physician for the local draft board during World War II and received three presidential citations for this service He was a member of the American Medical Association, the Medical Society of the State of New York, and the Fulton County Medical Society He was attending surgeon at the Nathan Littauer Hospital ın Gloversville

Siegfried Falkenstein, MD, of Kew Gardens, ed on July 24, 1946 He was a member of the died on July 24, 1946 American Medical Association, and the State and County medical societies Dr Falkenstein received his medical degree from the University of

Bonn, Germany, in 1904

Carl H Fornell, M D, 60, of New Rochelle and New York City, died on May 7 He was graduated from Harvard Medical School in 1914 During World War I, Dr Fornell served as a lieutenant in

the Navy Medical Corps He was a former medical director of the Hartford Accident and Indemnity Company, and a member of the staff of the Manhattan Lye, Ear, Nose and Throat Hospital He was a member of the American Otorhinological Society for the Advancement of Plastic and Reconstructive Surgery, the American Medical Association, and the State and County medical societies Since 1931, Dr Fornell had been serving as otolaryngologist in the medical department of the New York Stock Exchange

Robert G Fowler, M.D., 61, of Cherry Creek, died August 15, 1946 He received his medical degree from the University of Buffalo, School of Medicine, in 1913

Arnold J Gelarie, M D, 61, of Ossining, died on as 8 From 1915 to 1916 he served as a bacteri-May 8 ologist at the United States Quarantine Station, Public Health Service, Port of New York member of the American Medical Association, Association for the Advancement of Science, the Pathology Society of Great Britain, and the State and County medical societies Dr Gelarie studied medicine at the University of Jena, in Germany, and was graduated in 1909 He was chief of the arthritis clinic at the Stuyvesant Polyclinic Hospital in Manhattan and a member of the New York Academy of Science, as well as the Society of Experimental Biology and Medicine He had done extended research in cancer and dermatology at the Rockefeller Institute in New York

Philip Grover Hirtenstein, M. D., 74, of New York City, died on August 9, 1946 He received his medical degree in 1903 from New York University and Bellevue Hospital Medical College, and was a member of the American Medical Association, and

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[Continued on page 1414]



ANGINA PECTORIS

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The following episodes may be prevented by appropriately regulated administration of a vasodilator laving a sustained effects:

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- who suffers "ladigestion" and "gas" on exertion, or after a heavy meal.
- who is stricken with precordial pain on unusual exertion or emetion, or when exposed to cold.

The vacodilatation preduced by Ery throl Tetranitrate Merck begins 15 to 20 minutes after administration, and lasts from 3 to 4 bours.

It is generally agreed that the acute attack of anginal pain is most readily relieved by the prompt removal of the proceeding factor and by the use of nitrites. For prophylactic purposes—to control anticipated purposysms—the delayed but prolonged action of crythrol tetrantimuse is effective. Erythrol tetrantimute, because of its shorter and more prolonged action, is also considered preferable for the purpose of preventing measural attacks.

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[Continued on page 1414]



Restorative treatments in the relaxing environment of the Saratoga Spa have become more widely known in medical circles as, year by year, increasing numbers of physicians have found them beneficial to patients.

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[Continued from page 1416]

Announcement of a six-months affiliation of the White Plains Hospital School of Nursing with Presbyterian Hospital-Columbia University, in pediatric nursing at the Babies' Hospital and in orthopedic nursing at New York Orthopedic Hospital, New York City, has been made by William G Illinger, hospital administrator Beginning May 15, 1947, Mr Illinger said students were sent to Presbyterian Hospital for these clinical experiences

With (1) the nursing course now lengthened to three full years, (2) basic sciences taught at the University of Connecticut, (3) the continued affiliation of three months in psychiatry at New York Hospital

—Cornell University (Westchester Divison), and
(4) the lately made affiliation of six months with

Presbyterian Hospital—Columbia University, Mr Illinger summarized that the White Plains Hospital School of Nursing now offers its students a far greater breadth of education and of superior quality than heretofore *

Patients totaling 2,036, including 853 men and 1,183 women, 315 more than its certified capacity allows, were under treatment at St Lawrence State Hospital in Ogdensburg, at the end of March, Dr J A Pritchard, senior director, has reported to the Board of Visitors *

Vassar Brothers Hospital, Poughkeepsie, plans to start a course of instruction for hospital aides Young women between the ages of 18 and 40, who have completed eighth grade schooling and who can satisfactorily pass a physical examination, will be eligible

Miss Mary Louise Fernald, Director of Nursing at the Hospital, intends to include the following in the training course a short course in hospital ethics, personal hygiene, physiology, demonstrations of practical procedures, fixing trays and

serving food *

At a board meeting of the Chase Memorial Hospital of New Berlin, it was decided to set aside certain days for the examination, diagnosis, and treatment of patients who desire this service

The Board has arranged for Dr Barnard Wells of Utica to set up this service and receive patients each day, except Sunday, at the hours of 9 AM to 11

All patients who desire this service will be given a thorough examination, diagnosis, and recommendation for treatment at fees that will be commensurate with the trend of the times *

Establishment of a prenatal clinic at Glens Falls Hospital, Glens Falls, has been authorized by the board of directors Opening of the clinic will mark a new field of activity for the hospital, which has never before undertaken clinical service. The clinic will be conducted every two weeks, with members of the obstetrical staff in charge

Immediate modernization of facilities at Troy Hospital and erection of a new nurses' residence to meet the constantly increasing demands for hospital service in Troy and the immediate vicinity, has been announced by Sister Angela, superintendent of the Hospital

A survey recently completed by the Joint Hospital Board, New York State Postwar Public Works Planning Commission, disclosed that Troy and Rensselaer counties have hospitals designed to accommodate 622 patients. The survey recommended that 722 hospital beds be made available to meet community hospitalization needs '

Operating costs of the Jewish Memorial Hospital at Broadway and 196th Street in 1946 were \$756,-878, it has been announced by Milton M Goldsmith, the president The 1946 deficit was \$90,432 Last year the hospital admitted 7,556 patients, who received 58,948 days' care Visits to the outpatient department numbered 19,957

The social service department served 1,679 patients and their families Recently the hospital opened a psychiatric clinic in the outpatient department *

The New York Hospital celebrated the 176th anniversary of its founding on May 14 with a ceremony in the lounge of the Nurses' Residence The hospital is the oldest in the city

The ceremony was conducted by the Society of the New York Hospital, with John Hay Whitney, vice-president of the society, president of the society, William Harding Jackson, president of the society, and Dr Edmund Ezra Day, president of Cornell University *

The goal of \$3,000,000 sought for the Alfred E Smith Memorial Hospital in New York City has been reached it has been made known by Cardinal Spellman, head of the Alfred E Smith Memorial Foundation

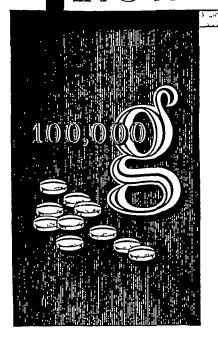
The hospital is to be an annex to St Vincent's Hospital, Seventh Avenue and Thirteenth Street, of which the former governor of New York was a

trustee and director for thirty years."

The board of trustees of the Hudson City Hospital is planning the establishment of a tumor clinic, which will include clinical and laboratory diagnosis and treatment. With the approval of the Columbia County Medical Society, a cancer detection clinicalso will be established for the benefit of all persons. in the county *

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SPECIFY

Bristol

[Continued from page 1418]

At the Helm

Dr Victor M Breen has been elected a member of the board of directors of Dansville General Hospital He is to fill out the unexpired term of the late Sidney H Stevenson, whose term would have expired in December, 1948 *

Dr Melvin S Martin, of Susquehanna, Pennsylvania, has been appointed roentgenologist at Binghamton City Hospital, and took over his new duties on May 1 *

Dr Frederick Carpenter, of Bayside, director of obstetrics and gynecology at Flushing Hospital, has been elected president of the medical board at the hospital, succeeding Dr Thomas N D'Angelo, of Flushing, who served the maximum two terms

Dr Richard C Porter has been appointed director of medicine at the County Home and Infirmary, Wende, Eric County Dr Porter, former associate in medicine at the University of Buffalo and resident physician at Meyer Memorial Hospital, Buffalo, will be in charge of all medical and nursing care for the 1,000 residents of the home He will also be associated with the University of Buffalo Department of Medicine

Others elected at the annual meeting were Dr Robert V Williams, of College Point, who succeeds Dr Carpenter as vice-president, and Dr Daniel J Swan, Flushing, who was named secretary-treasurer Dr Carpenter also becomes chairman of the executive committee Dr Daniel J Swan is the secretary Others on the committee are Drs C Nelson Baker, James R Reuling, Harold T Vogel, Joseph V Sullivan, and R V Williams *

Dr Dan Mellen has been named to represent the board of managers of Rome and Murphy Memorial Hospital, Rome, on a personnel practices committee to deal with problems affecting the staff. This committee, established on recommendation of the personnel committee of the Central New York Hospital Council, will include a staff nurse, private duty nurse, head nurse, supervisor, medical staff representative, director of nurses, and hospital supervisor.

The efficient operation of Brooklyn State Hospital by Dr Clarence H Bellinger, former first assistant physician at Utica State Hospital, was reviewed in a recent issue of This Week Magazine, a national newspaper supplement, as proof that a mental hospital need not be a "snake pit"

Improvements

Centenary Methodist Church in Malone has pledged \$150 for a polio bed in the new pediatric ward of the Alice Hyde Memorial Hospital, according to an announcement by Dr Marshall Kissane and Dr Harry C Campbell *

during the recent war. The organization is now withdrawing from military service, but will continue to function *

the product of the first World War and also served

A baby-formula sterilizer is the latest gift to be presented to the Niagara Falls Memorial Hospital by the Niagara Falls Service League A baby incubator has been donated to the United Hospital, Port Chester, by the Elks Club of Port Chester The gift was accepted by Carl P Wright, hospital superintendent *

The sternizer was purchased through the league's Louise Fifield Daggett Fund, established by the organization to provide care for children *

A new four-room formula unit has been opened recently at Children's Hospital in Buffalo Located on the ground floor of the Maternity Building, the unit reduces to an absolute minimum the possibility of infection through food for infants at the hospital *

An ambulance has been given to the Jamaica Hospital in Queens by the American Women's Hospital Reserve Corps, a semimilitary organization that was

-FOODS

If Columbus were alive today, he would be astounded to learn that the land he discovered and had hoped would furnish the Old World with an abundance of spices actually raises very few major spices, but instead supports the largest spice-consuming nation in the world—Food and Nutrition, April, 1947



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BOOKS

Books for review should be sent to the Book Review Department at 1313 Bedford Avenue, Brooklyn, N Y Acknowledgment of receipt will be made in these columns and deemed sufficient notification. Selection for review will be based on ment and interest to our readers

RECEIVED

An Integrated Practice of Medicine A Complete General Practice of Medicine from Differential Diagnosis by Presenting Symptoms to Specific Management of the Patient By Harold Thomas Hyman, M D In Four Volumes and Index Octavo of 4,336 pages, illustrated Philadelphia, W B Saunders Company, 1946 Cloth, \$50 set

Postgraduate Obstetrics By William F Mengert, M D With Drawings by Ruth Maxwell Sanders Octavo of 392 pages, illustrated New York, Paul B Hoeber, Inc., 1947 Cloth, \$500

Your Rheumatism and Backaches By Joseph D Wassersug, M D Duodecimo of 310 pages New York, Wilfred Funk, 1947 Cloth, \$2 50

Military Neuropsychiatry [Res Publ Asst Nerv Ment Dis, Vol 25] Ed Bd, Col Franklin G Ebaugh, MC, Chairman Octavo of 366 pages, illustrated Baltimore, Williams & Wilkins Company, 1916 Cloth, \$600

Gynecological and Obstetrical Pathology With Clinical and Endocrine Relations By Emil Novak, M D Second Edition Octavo of 570 pages, illustrated Puladelphia, W B Saunders Company, 1947 Cloth, \$7 50

Allergy in Theory and Practice By Robert A-Cooke, M D In Association with Horace S Baldwin, M D, Robert Chobot, M D, R Clark Grove, M D, et al Octavo of 572 pages, illustrated Philadelphia, W B Saunders Company, 1947 Cloth, \$800

Parenteral Alimentation in Surgery With Special Reference to Proteins and Amino Acids By Robert Elman, M D Octavo of 284 pages, illustrated New York, Paul B Hoeber, Inc., 1947 Cloth, \$4 50

Pharmacology and Therapeutics Originally written by Arthur R Cushny, M D Thirteenth Elition Revised by Arthur Grollman, M D, and Donald Slaughter, M D Octavo of 868 pages, illustrated Philadelphia, Lea & Febiger, 1947 Cloth, \$8 50

Cardiovascular Diseases By David Scherf, M D, and Linn J Boyd, M D Octavo of 478 pages, illustrated Philadelphia, J B Lippincott, 1947 Cloth, \$10

White House Physician By Vice-Admiral Ross T McIntire, Surgeon General of the Navy, in collaboration with George Creel Octavo of 241 pages New York, G P Putnam's Sons, 1946 Cloth, \$300

Progress in Gynecology Edited by Joe V Meigs, M D, and Somers H Sturgis M D Octavo of 552 pages, illustrated New York, Grune & Stratton, 1946 Cloth, \$7 50

Peace of Mind By Joshua Loth Liebman Octavo of 203 pages 1946 Cloth, \$2 50

Are You Considering Psychoanalysis? Edited by Karen Horney, M D Octavo of 262 pages

New York, W W Norton & Company, 1946. Cloth, \$3 00

Modern Dermatology and Syphilology B, & William Becker, M D, and Maximilian E Obermayer, M D Second Edition Quarto of 1,017 pages, illustrated Philadelphia, J B Lippincott, 1945 Cloth, \$18

The Medical Clinics of North America. Chicago Number January, 1947 Octavo Philadelpha W B Saunders Company, 1947 Published Re-Monthly (six numbers a year) Cloth, \$16 m Paper, \$12 net

The Treatment of Diabetes Mellitus By Ellic P Joslin, M D, Howard F Root, M D, Priscil White, M D, Alexander Marble, M D, and Cabell Buley, M D Eighth Ldition Philsde phia, Lea & Februer, 1946 Cloth, \$10

Emergency Surgery By Hamilton Bailes, FI CS (Eng.) Fifth Edition Octavo of 969 page illustrated Baltimore, Williams & Wilking Com pany, 1944 Reprinted 1946 Cloth, \$18

Uterine Contractility in Pregnancy A Study of the Contractions of Pregnancy and Labor Under Normal and Experimental Conditions By Dougla P Murphy, M D Octavo of 134 pages, illustrated Philadelphia, J B Lappincott, 1947 Chills \$5.00

A Surgeon's Domain By Bertram M Berkeim, M D Octavo of 253 pages New lort, W W Norton & Company, 1947 Cloth, \$300

Heparin in the Treatment of Thrombons. An Account of Its Chemistry, Physiology and Application in Medicine By J Erik Jorpes, MD Second Edition Octavo of 260 pages, illustrated. New York, Oxford University Press, 1946 Cloth, SG 50

Food and Health By Henry C Sherman, Sc D New Edition Octavo of 290 pages New York, Macmillan Company, 1947 Cloth, \$100.

Technique of Psychoanalytic Therapy But Sandor Lorand, M D Octavo of 251 pages 1946 York, International Universities Press, 1946 Cloth, \$4 50

Adjustment to Physical Handicap and Illness A Survey of the Social Psychology of Physique and Disability By Roger G Barker, Bestrice A Wright, and Mollie R Gonick Octavo of 37 Wright, and Mollie R Gonick Octavo of 87 Physique and New York, Social Science Repages, illustrated New York, Social Science Research Council, 1946 Cloth, \$200 (Bulletin 55)

Selective Job Placement A Plan for Promoted Personnel Proficiency By Tobias Wagner, Ph.D. Octavo of 151 pages, illustrated New 1946 Ckh. National Conservation Bureau, 1946 Ckh. \$2.50

Pre-Frontal Leucotomy in 1,000 Cases. Board Control, England and Wales Octavo of 31 page, illustrated London, His Majesty's Statement Office, 1917 Paper, 6d

[Continued on page 1426]



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[Continued from page 1424]

REVIEWED

Modern Drug Encyclopedia and Therapeutic Index. Edited by Alexander B Gutman, M D Third edition Octavo of 1,157 pages, illustrated New York, Yorke Publishing Co, 1946 Cloth,

In this volume, including over a thousand pages, are listed all of the drugs, etc , commercially available in this country The items are conveniently listed in three sections devoted to pharmaceuticals, biologicals, and allergens There are appended a therapeutic index, a manufacturers' and distributers'

index, and a glossary

Under the able editorship of A B Gutman, the son of the original author who has died since the appearance of the second edition, the book has been completely rewritten and obsolete preparations deleted As usual, supplementary pamphlets will be issued by the publisher

This Encyclopedia will be of some value to those practicing physicians who already know and use New and Nonofficial Remedies

MILTON PLOTZ

Psychological Medicine A Short Introduction to Psychiatry With an Appendix on Psychiatry Associated with War Conditions By Desmond Curran, MB (Eng), and Eric Guttmann, MD Octavo of 246 pages, illustrated Baltimore, Wil-Baltimore, Williams & Wilkins Company, 1945 Cloth, \$3 50

As a short introduction to psychiatry this book is eminently successful in that it simply and succinctly

discusses the neuroses and the psychoses

The student is not lost in a maze of psychopathologic theory The authors rather emphasize the multiple causation of mental disorder logic, physical, and constitutional factors as well as the social milieu are evaluated They remind us that "psychiatry cannot be sharply differentiated from general medicine A sound knowledge of medicine is therefore essential for psychiatric study and practise"

ARTHUR J LAPOVSKY

Disorders of the Blood Diagnosis, Pathology, Treatment and Technique By Sir Lionel E H Whitby, M D, and C J C Britton, M D edition Octavo of 665 pages, illustrated Fifth Philadelphia, Blakiston Company, 1946 Cloth, \$10

This book on hematology is one of the leading works on the subject. In this fifth edition the authors have maintained their usual excellent standards, have enlarged the book and have included such new and important developments as the origin and development of blood cells, hemolytic anemias, anemias of infancy and childhood, and the Rhesus The illustrations and tabular mablood factors terial are clear and instructive, and the bibliographies are adequate Unfortunately, in the section on the Rhesus factors, three different nomenclatures are used, with confusion similar to that caused by the use of the Moss and Jansky nomenclatures for the four Landsteiner blood groups It is hoped that in the next edition this will be corrected, be-cause the original nomenclature of the Rh-Hr types is simple, unambiguous, and comprehensive, so that there is no need for more than a single nomenclature

A S WIENER

Technique in Trauma Planned Timing in the Treatment of Wounds Including Burns From the Montreal General Hospital and McGill University By Fraser B Gurd, M D, and F Douglas Ackman, M D Octavo of 68 pages, illustrated Philadelphia. J B Lippincott. 1944 Cloth. 82 00 phia, J B Lippincott, 1944 Cloth, \$2 00

This book of 68 pages deals with the planned timing in the treatment of wounds, including burns The text is about equally divided between these

tn o subjects

Briefly, the use of congulating chemicals on burns is not recommended notwithstanding that credit is given to Davidson, who introduced the tannic acid method of treating burns in 1925

In general, the authors recommend the careful and atraumatic cleansing of the burned area with the application of a nonadherent compression dressing, and then advise careful attention directed toward meeting the requirements of an altered physiologic equilibrium

Similar fundamental principles are recommended in the care of wounds. The authors feel that physiologic and anatomic rest, the prevention or limitation of bacterial contamination, proper dressing, and adequate surgical treatment are of more importance than the application of bacteriocidal agents

Several excellent colored plates have been inserted, and innumerable case reports illustrating the text, taken from the Montreal General Hospital, are found throughout the book

MERRILL N FOOTE

Familial Nonreaginic Food-Allergy By Arthur F Coca, M D Second edition Octavo of 191 pages, illustrated Springfield, Ill, Charles C Thomas, 1945 Cloth, \$3.75

The writer of this book presents additional studies leading to the separation of a group of allergic diseases designated as idioblapsis (familial nonreaginic food allergy) An increase in the pulse rate of 20 or more, together with a high maximal pulse (88 or more) is offered as a reliable criterion for identification of the offending food causing the idioblaptic reaction. In addition to various clinical manifestations previously described, the author reports studies indicating a close relationship between dementia praccox, malignant growth of the breast, epilepsy, and essential hypertension with the idioblaptic phenomenon

The point of view presented in this book should be of interest to both the allergist and the internist The subject needs further study by other workers

MAX HARTEN

Voluntary Health Agencies An Interpretive Study By Selskar M Gunn and Philip S Platt. Under the auspices of the National Health Council Octavo of 364 pages New York, Ronald Press Co, 1945 Cloth, \$300 The medical profession has participated in the Voluntary health agency movement in the United

voluntary health agency movement in the United States, and should be interested in this study of the

now over 20,000 such agencies

As the medical profession takes the more active part which it should assume, it is essential that it participate in the, to use the authors' words, "revitalizing of local voluntary health agencies

[Continued on page 1428]

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[Continued from page 1426]

Modern trends toward consolidation may conceivably produce supercolossal, dehumanized health Coordination is essential, and this volume gives the background for the thinking physician who is actively participating in the health movement of his community at, to use the modern language, the local level If he does not know the national, state, and even international complications of health promotion, his advice and guidance at the so-called local level may be unsound This book will help him in his orientation

ALEC N THOMSON

Under the Penicillin Its Practical Application general editorship of Sir Alexander Fleming, M B Philadelphia, Octavo of 380 pages, illustrated Blakiston Company, 1946 Cloth, \$7 00

This book by Sir Alexander Fleming and his coauthors is a timely presentation of penicillin therapy as it exists today. It is reasonable to assume that some of its content will be outdated in the not too distant future

In a most delightful introductory chapter, Fleming traces the history and development of penicillin He points out that penicillin was the first agent ever encountered which destroyed bacteria without ap-

parent injury to leukocytes

The clinical application of penicillin is claborately discussed in the various specialties and conditions such as war wounds, gas gangrene, chest surgery, orthopedics, fractures, venereal diseases, etc ever, there is a paucity of information regarding antibiotic therapy of the ambulatory patient such as would be of interest to the general practitioner

On the whole, the book is well illustrated and contains a wealth of material which is excellently pre-It belongs on the bookshelf of every physi-

cian and scientist

LEO LOEME

Everyday Psychiatry Concise, Clinical, Practi-l By Comdr John D Campbell, (MC), USNR Octavo of 333 pages Philadelphia, J B Lippin-Cloth, \$6 00

Dr Campbell, drawing largely on his experience with military personnel, has written a textbook which covers in clear fashion many of the common psychiatric problems encountered by the general practitioner He covers intelligence and mental deficiency, psychopathic personalities, and the psychoneurotic reactions. He is inclined to emphasize constitutional and hereditary factors in the genesis of clinical entities usually considered psychogenic and, with some pertinence, cites Ives Hendricks' remarks on the etiology of paranoid Dr Campbell incorporates some dissymptoms cussion of the problem of compensation for psychoneurotic veterans and discusses the difficulties involved in the rehabilitation of returning service men

EDWARD F FALSEY

The Autonomic Nervous System By Albert Third edition Octavo of 687 pages, Kuntz, M D Philadelphia, Lea & Febiger, 1945 illustrated Cloth, \$8 50

This book has become a classic in American medical teaching, as well as in neurologic reference The present edition is the third, and is greatly revised, bringing the morphologic and physiologic basis of modern drug dynamics, as well as psychosomatic medicine, up to date The tremendous bibliography, which is a classic in itself, is amplified by a fine text, making the book practically encyclopedic in its field

SAM PARKER

Medical Biochemistry By Mark R Everett, a D. Second edition Octavo of 767 pages, illus-New York, Paul B Hoeber, Inc. 1946 trated

Cloth, \$7 00

The second edition of this textbook of biochemistry reflects the marked advances in this subject in the past decade This text presents its material from the biochemical viewpoint. Each subject is covered briefly giving first the chemical background and then the physiologic and medical implications. The coverage of material is encyclopedic in scope, making the book a good reference source for physicians interested in catching up with the vast amount of new material uncovered in recent years in carbohydrate, protein, and fat metabolism as well as enzymology, endocrinology, bacteriology, vitamin studies, etc. Explanations are scanty, but refer-ences are well chosen and will assist in easily finding more detailed knowledge when necessary

MILTON B HANDELSMAN

Proceedings Conference on Diagnosis in Sterility Sponsored by the National Committee on Maternal Health January 26-27, 1945, New York City Edited by Earl T Engle, Ph D Octavo of 237 pages, illustrated Springfield, Illinois, Charles C Thomas, 1946 Cloth, \$500 All of the papers are by well-known authorities

in their respective fields and their discussions bring out many and divergent opinions by members of the

conference

Of particular interest is Summary of the Conference by Dr John Rock, who epitomizes the raison d'être for such a volume, "this subject is really one for specialists and an untrained general practitioner ought not to interfere. Infertility is much too detailed a subject for casual or routine It is true that patients are sometimes terribly manhandled by the first doctor to whom they go, but we, too, must be very careful not to lead ourselves or patients astray on futile examina-

Therapy of infertility is not evaluated work is recommended as a worthwhile reference to those interested in the problem of human infertility

SAMUEL L SIEGLER

The American Hospital By E H L Corwin, PhD Octavo of 226 pages New York, Commonwealth Fund, 1946 Cloth, \$1 50

This book deals with the history and develop-

ment of the American hospital

Aside from the statistical tables, it gives factual information and many references which can be used if one wishes to go to the original source of the information

The book is especially recommended to students of hospital administration, not only for its factual information, but it will give him the background which is essential for understanding modern trends

The chapter on retrospect and prospect is thoughtprovoking and can be read not only by administrators and trustees, but by heads of clinical departments who have any administrative responsibility

Joseph Tenopyr



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- COLA Y REVLE

[Continued from page 1428]

By Gordon Introduction to Clinical Neurology Holmes, M D Octavo of 183 pages, illustrated Baltimore, Williams & Wilkins Company, 1946 Cloth, \$4 00

In this volume of 183 pages an eminent neurologist has presented a lucid description and interpretation of the manifestations of neurologic disorders

Complex terminology and confusing diagrams are conspicuous by their absence Nevertheless, accuracy and thoroughness are nowhere sacrificed The eighteen chapters cover the entire field including such phases as speech disorders, agnosia, apraxia, autonomic system, and methods of examination

This book is highly recommended to all physicians and students who come in contact with patients presenting neurologic problems. It can be considered an excellent clinical guide as well as an intro-

duction to neurology

ARTHUR J LAIOVSKY

Narcotics and Drug Addiction By Erich Hesse, Translated by Frank Gaynor Octavo of the New York, Philosophical Library, 1946 MDOctavo of 219 pages Cloth, \$3 75

The author, a professor of pharmacology and biology, states that nature offers a lavish supply of the substances which enable man to experience all stages of well-feeling and that a not inconsiderable percentage of mankind suffers temporary or lasting injuries to health from their overindulgence

In reference to tobacco, he objects to the claim of certain representatives of the tobacco industry that tobacco smoking is actually beneficial to health, on the ground that it is a serious misrepresentation As to coffee, he feels that physicians will recommend caffeine-free coffee in many instances It is the contention of the author that, conceding the harmfulness of narcotics and stimulants, the physician alone is unable to make them harmless, it is up to the lawmaker to come to his aid

JOSEPH RAPHAEL

Manual of Nursing Procedures, the Mount Sinai Hospital, New York City Prepared by the Faculty of the Mount Sinai Hospital School of Nursing, Grace A Warman, MA, Principal Quarto of 313 pages, illustrated New York, Mount Sinai Hospital Press, 1946

The collaboration of doctors and nurses in the preparation of this book has led to a nell-organized, specific account of nursing care preferred by the Mount Sinai Hospital staff

The binding is good, the printing is well done, the important parts are in heavy print or italics.

The illustrations are good, but there could be

The procedures can be followed readily and should be of great value to new employees on the hospital staff

MARIE M BEHLEN

Die Grundlagen Unserer Ernährung und Unseres By Professor Emil Abderhalden Duodecimo of 202 pages Bern, Fifth edition Bern, Switzerland, Medizinischer Verlag Hans Huber, Paper, 8 50 Sw fr 1946

The book is a good introduction to the physiology of our metabolism and fundamental foodstuffs

The author criticizes the tendency to schematize too much and to attach (quickly) a name to not yet properly understood biologic occurrences He feels that a name is often only a pretense for imperfect knowledge Overanxiety in many people to do something special for their health often produces the opposite effect Suggestions in this direction are given in the final chapter Although there is nothing new in it, the book is to be recommended because it is well-written and easy to understand

MAX G BERLINER

Allergy By I Gottlieb, M D By Erich Urbach, M D, and Philip M Second edition Quarto of 968 pages, illustrated New York, Grune & Stratton, Cloth, \$12 1946

This second edition, with considerable new material, represents much labor However, it exhibits the same faults as the first edition, namely in presenting much controversial material, which only confuses the general reader Much of the therapy is outmoded and some of the concepts have never been accepted by a majority of allergists. The bibliography is large and the text presents the subject in a complete and scholarly fashion. It will be read with interest by many allergists, but cannot be recommended as a text for the general practitioner

G A MERRILL

Oral Diagnosis and Treatment. A Textbook for Students and Practitioners of Dentistry and Medicine By Samuel Charles Miller, D D S Second edition Octavo of 905 pages, illustrated Philadelphia, Blakiston Company, 1946 Cloth, \$10

Dr Miller and his collaborators have been entirely successful in producing a first rate book on diseases of the mouth There are 574 black and white illustrations and 39 color plates, all of them clear and to the point

Much of the book, especially those sections dealing with treatment, will be read with profit mostly by dentists Dr Miller would help his medical colleagues by publishing a cheaper and abbreviated manual covering only the field of diagnosis. In any case, this volume is heartly recommended to everyone interested in diseases of the oral cavity

MILTON PLOTZ

The Treatment of Bronchial Asthma By Vincent Derbes, MD, and Hugo Tristram Engelhardt, M D, with chapters by a panel of contributors Octavo of 466 pages, illustrated Philadelphia, J B Lippincott, 1946 Cloth, \$8

In this new book, Derbes and Engelhardt have attempted to present a comprehensive, well-rounded picture of bronchial asthma in all its aspects

Better than average coverage is given psychogenic factors, cardiac asthma, surgery in bronchial asthma, and the chapter on vital statistics is handled in an unusual fashion

Many of the chapters are written by eminent authorities in other fields who have looked at asthma in reference to their own experience and specialty

This is a concise and up-to-date book, to be recommended particularly to the general practitioner because it is not verbose, encyclopedic, or technical

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ANNOUNCEMENTS

THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT BOARD OF MEDICAL EXAMINERS

To the County Clerks of New York State

Gentlemen

This is to notify you that the Board of Regents at a meeting held February 28, 1947

VOTED, That the determination of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to George Rothenberg, Jamaica, be accepted and sustained, that, in compliance with the recommendation of said committee, medical license No 18470, issued under date of June 26, 1924, to said George Rothenberg, permitting him to practice medicine in the State of New York be revoked, annulled and canceled, and that his registration or registrations as a physician, wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

George Rothenberg was registered for the year 1947 to 1948 from 8380 Midland Parkway, Jamaica, N Y The order of the Commissioner was served on Dr Rothenberg's attorney on March 13, 1947 Therefore the medical license of Dr Rothenberg stands revoked as of March 13, 1947

Gentlemen

This is to notify you that Dr Nicola Lanza of 4 Morton Street, New York, NY, holding New York medical license No 4521, dated February 11, 1901, has permanently retired from the practice of medicine in the State of New York and has surrendered his medical license

Dr Janza was registered for the year 1947 to 1948 from 4 Morton Street, New York, N Y

Gentlemen

This is to notify you that the Board of Regents at a meeting held April 12, 1946

Voted, That the determination of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to Burdette M Christianson, New York, be accepted and sustained, that, in compliance with the recommendation of said committee, New York medical license No 23067, issued under date of October 9, 1928, to said Burdette M Christianson, through indorsement of his Tennessee medical license, and constituting his authority to practice medicine in the State of New York, be revoked, annuled and canceled, and that his registration or registrations as a physician, wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

Burdette M Christianson was registered for the year 1945 to 1946 from 872 Park Place, Brooklyn,

NY, and 147 West 42nd Street, New York, NY The order of revocation became effective as of November 27, 1946

Gentlemen

This is to notify you that the Board of Regents at a meeting held February 28, 1947

Voted, That the findings of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to Salvatore John Pannone, Brooklyn, be accepted and sustained, but that the recommendation of said committee that the medical license heretofore issued to said Salvatore John Pannone be suspended for a period of eighteen months be modified and that medical license No 34463, issued under date of February 23, 1938, to said Salvatore John Pannone, through indorsement of his New Jersey medical license, and permitting him to practice medicine in the State of New York and his registration or registrations as a physician, wherever they may appear, be suspended for a period of one year from the date of service of the order effecting such suspension, and that the Commissioner of Education be empowered and directed to execute, for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

Salvatore John Pannone was registered for the year 1947 to 1948 from 83-23 14th Avenue, Brooklyn, N Y The order of suspension was served on Dr Pannone on March 17, 1947

Gentlemen

This is to notify you that the Board of Regents at a meeting held December 20, 1946

VOTED, That the determination of the Medical Committee on Grievances in the matter of the application for the revocation of the medical license heretofore granted to Leon Caplan, Brooklyn, be accepted and sustained, that, in compliance with the recommendation of said committee, medical license No 29696, issued under date of September 27, 1934, to said Leon Caplan, permitting him to a said committee. ting him to practice medicine in the State of New York, be revoked, annulled and canceled, and that his registration or registrations as a physician, wherever they may appear, be ordered annulled and canceled of record, and that the Commissioner of Education be empowered and directed to execute for and on behalf of the Board of Regents, all orders necessary to accept the determination of said Committee on Grievances and to carry out the terms of this vote

Leon Caplan was registered for the year 1945 to 1946 from 1528 49th Street, Brooklyn, N Y The order of the Commissioner was served on January 25, 1947

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